



PATIENT PRESENTING CLINICAL SIGNS

Brody Raby Vomiting, bloody diarrhea, pancreatitis.

SPECIES Medication: Metronidazole, Proviavle, Pepcid

Canine CBC/Chemistry Panel - WNL

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Bichon Frise Mix

SEX *Urinary System*
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

MN The residual prostate was free of pathology.

AGE The area of the aortic trifurcation was free of pathology.
2011

WEIGHT Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.
17.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.46 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.43 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

Brodheads ville VC

REFERRING VET

Dr. Goldstein

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-dependent, mobile, echogenic, non-organized

INVOICE

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DATE

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gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with a mild amount of luminal non-shadowing ingesta and gas. The ventral gastric body wall width measured 0.37 cm.

BREED

Bichon Frise Mix

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with a segmental propensity for subtly prominent to hyperechoic submucosa layer. No evidence of mechanical / metabolic ileus. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.27 cm width.

SEX

MN

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. The colon contained segmental semi-formed fecal matter.

Pancreas

AGE

2011

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

WEIGHT

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

- Gastroenterocolitis pattern - subjectively mild, possible inflammatory bowel
- Mild heterogeneous pancreas - not sonographically consistent with significant or active pancreatitis. Reactive pancreatic changes owing to gastrointestinal inflammation, or low-grade / chronic pancreatitis are possible.

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Rebekah Jakum, CVT
 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology.

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Subjective mild gastroenterocolic inflammatory criteria with potential for primary or concurrent low-grade / chronic pancreatitis is suspected. Dietary indiscretion / food intolerance, occult parasitism, dysbiosis, and less likely occult Addison's Disease (given the normal adrenal sonographic appearance) are all potentials.

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Dr. Goldstein

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for gastroenterocolitis / HGE which may include a hydrolyzed diet trial, high colony count probiotic, empirical deworming, +/- current antibiotic protocol with consideration for long-term effects on normal gastrointestinal flora, and assessment of clinical response would be reasonable. Recheck sonogram +/- endoscopy may be indicated if persistent / progressive GI signs.

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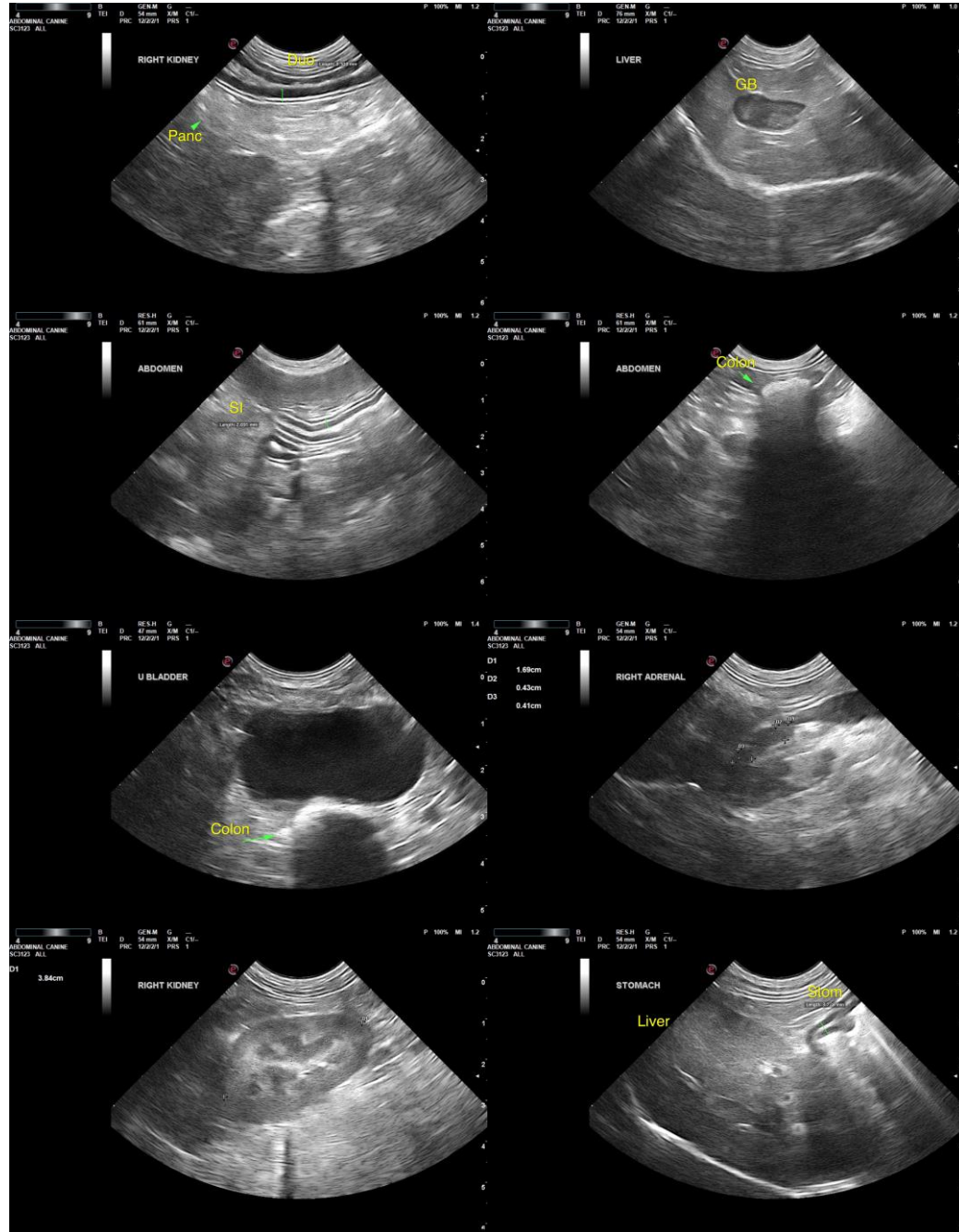
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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