



**PATIENT PRESENTING CLINICAL SIGNS**

Chelsea Przybysz acute onset of projectile vomiting Jan 10, bloody diarrhea, better now but o concerned about long term healthy currently on cerenia, metronidazole  
Abnormal PE/Chem/CBC/UA Results: spec cPL normal, K 2.4, Lipase 5390 (200-1800), Amyl > 2500

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Bichon X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

5 Years

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 4.2 cm. The right kidney measured 4.2 cm.

**Adrenal Glands**

**WEIGHT**

11 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.47 cm at the caudal pole. The left adrenal gland measured 1.8 cm length x 0.42 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

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 with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**HOSPITAL NAME**

AH of Stoney Creek

**Gastrointestinal**

**REFERRING VET**

Dr. Martin

The stomach presented intact yet subjective mild prominent wall layering with mild retained chyme and fluid. Ventral gastric body wall measured 0.45 cm.

**INVOICE**

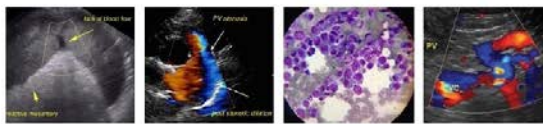
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Intermittent duodenojejunal mucosal speckling. Duodenum wall measured 0.50 cm. Jejunum wall measured 0.35 cm.

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

**DATE**

1/13/22



**PATIENT** *Pancreas*

Chelsea Przybysz

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Canine

*Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Bichon X

**ULTRASONOGRAPHIC FINDINGS**

- Mild gastroenterocolitis pattern
- Sonographically unremarkable pancreas

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastrointestinal presentation, although non-specific, is suggestive of probable resolving acute gastroenterocolitis or inflammatory bowel episode. Dietary indiscretion/food intolerance, occult parasitism are possible. If persistent or recurrent gastrointestinal signs, mild pancreatitis (which may present sonographically unremarkable), dysbiosis, dietary intolerance, or IBD could be considered.

**AGE**

5 Years

Continued supportive care for acute gastroenterocolitis +/- bland limited antigen or hydrolyzed diet trial is recommended. Recheck sonogram could be considered to assess for progressive inflammatory gastrointestinal changes if gastrointestinal signs persist or recur.

**WEIGHT**

11 Pounds

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DABVP (Canine and  
Feline)

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**HOSPITAL NAME**

AH of Stoney Creek



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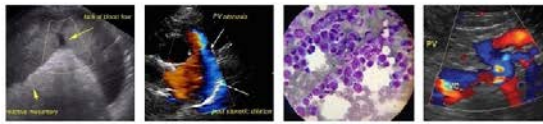
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**DATE**

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**PATIENT**

Chelsea Przybyz

**SPECIES**

Canine

**BREED**

Bichon X

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

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**HOSPITAL NAME**

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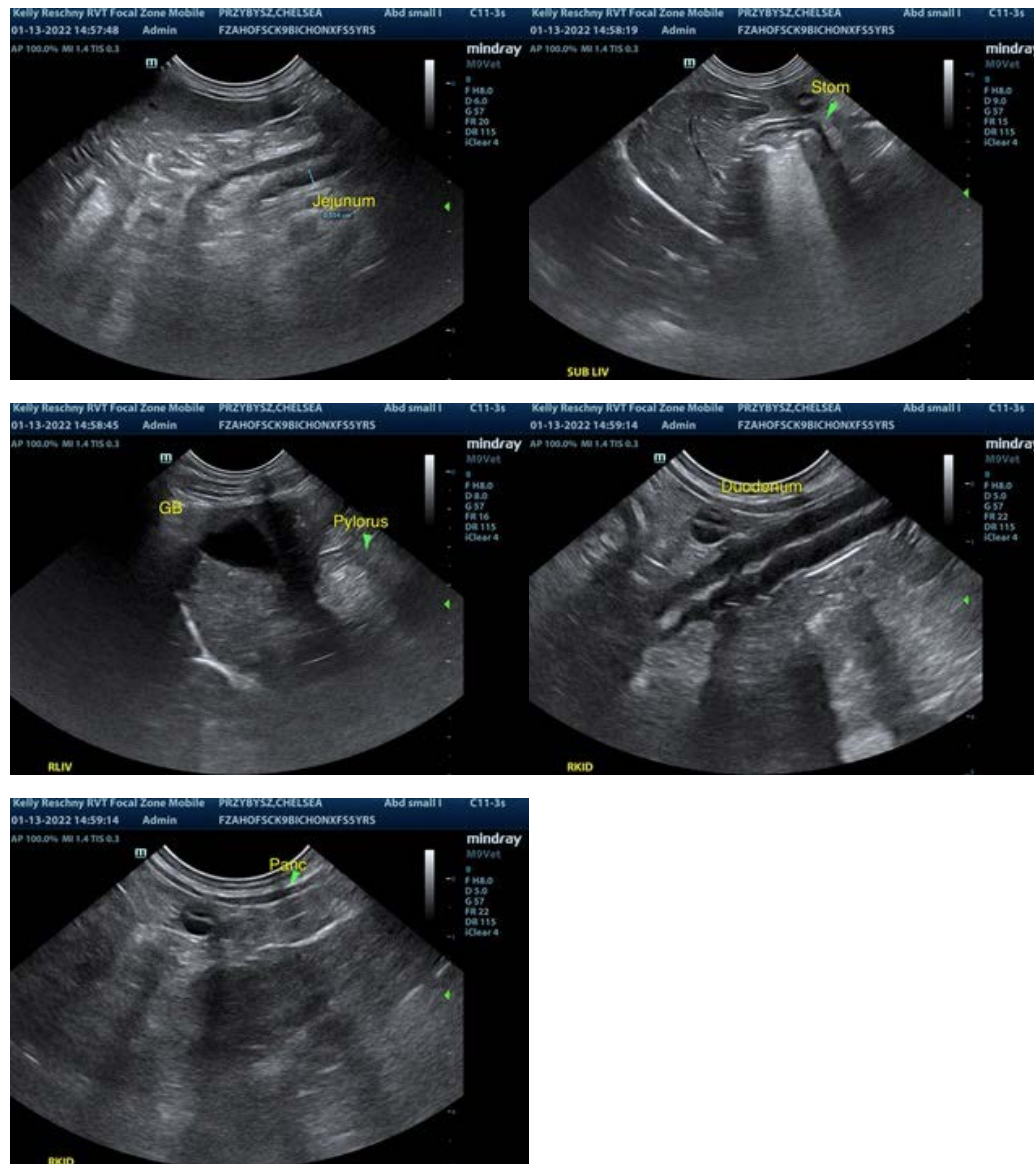
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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