



**PATIENT PRESENTING CLINICAL SIGNS**

Mr. Pickles Brown

History: Vomiting on and off in the mornings regardless of when dinner/treats are fed. Started to become lethargic and have diarrhea.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings All WNL Current Medications Cerenia PRN, Metro

**BREED**

Boxer

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered Male

**Urinary System**

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

**AGE**

3 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 6.2 cm in length. The right kidney measured 6.0 cm in length.

**WEIGHT**

60 Lbs.

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.67 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.65 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Sara Hansen

**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**

Pawsitive Wellness VC

**Liver**

**REFERRING VET**

Dr. Hardy

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.

**INVOICE**

13496

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**DATE**

1/19/22

**Gastrointestinal**



**PATIENT**

Mr. Pickles Brown

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild to moderate luminal gas. No evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.30 cm.

**SPECIES**

Canine

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. The duodenum wall measured 0.49 cm. The jejunum wall measured 0.46 cm.

**BREED**

Boxer

Normal visible colon wall layers were present with apparent formed feces in lumen.

**SEX**

Neutered Male

***Pancreas***

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.

**AGE**

3 Years

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal gastrointestinal tract

**WEIGHT**

60 Lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of abdominal visceral pathology, specifically no evidence of gastroenterocolic pathology as an obvious cause of the patients clinical signs. Dietary intolerance/food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy may be possible. Potential for low-grade to chronic pancreatitis, which may result in similar signs and may present sonographically normal cannot be excluded.

**INTERPRETED BY**

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

Further assessment, given the emerging diarrhea, may include fresh fecal analysis to rule out parasitic ova/Giardia as well as GI panel, to include PLI, TLI, cobalamin and folate. Although considered less likely, adrenal screening with resting cortisol, to rule out occult Addisons disease would be warranted. Three-view chest radiographs, if not done, are suggested to rule out occult thoracic or esophageal pathology given the intermittent vomiting.

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Pawsitive Wellness VC

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

**REFERRING VET**

Dr. Hardy

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**SPECIES**

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**SEX**

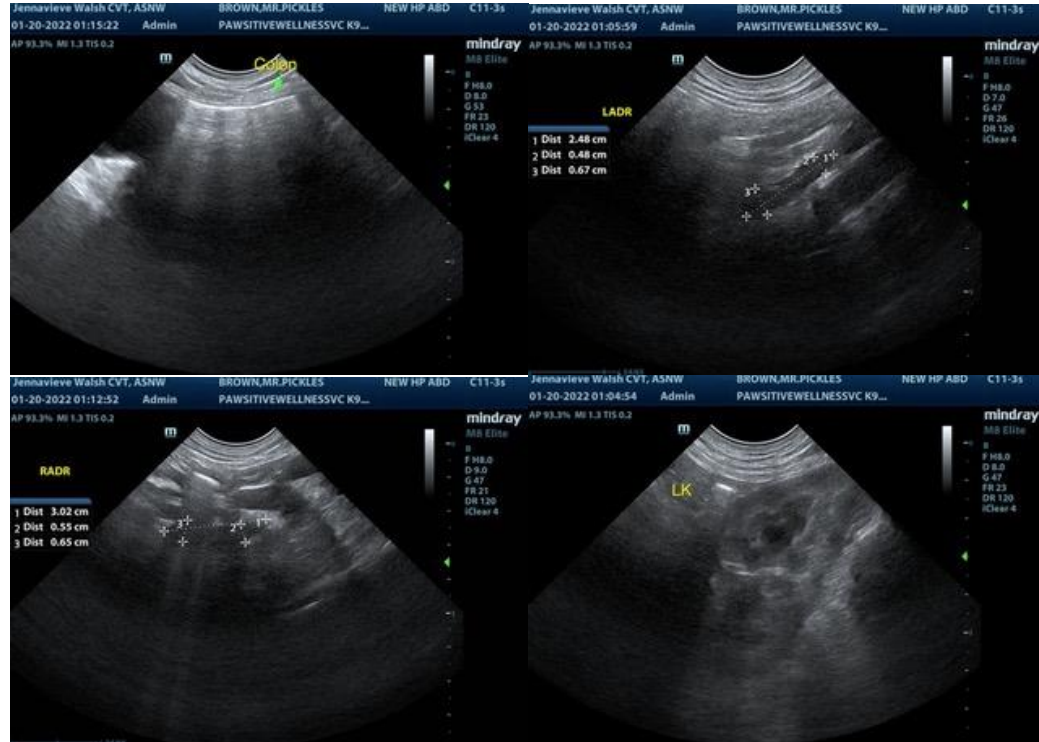
Neutered Male

**AGE**

3 Years

**WEIGHT**

60 Lbs.



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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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