



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Hudson Parton	History: Owner feels like he has not been himself lately. This month (January) he has thrown up 3 times. Today he was lethargic, did not want to get up/out of bed, did not want to eat. This type of day has happened already twice this month. Used to be on Tylan powder for Sibo but hasn't been in a while. Royal Canin GI diet and probiotics currently.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: pending
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Shiba Inu	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone and cystourethral junction 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.
Neutered Male	No overt pathology in the area of the residual prostate.
<b>AGE</b>	No evidence of medial iliac or sublumbar lymphadenopathy.
2	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 4.0 cm in length. The right kidney measured 4.0 cm in length.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
34	The left adrenal gland was indistinctly visualized, overtly normal in size, position and shape, subjectively measuring 0.35 cm at the caudal pole in width.
<b>INTERPRETED BY</b>	The right adrenal gland was not definitively visualized.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Melissa Pascucci	<b>Liver</b>
<b>HOSPITAL NAME</b>	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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
American AH	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta, exhibiting subtle progressive distal acoustic shadowing, along with subjective mild gastric luminal gas.
Dr. Pascucci	
<b>INVOICE</b>	
20624	
<b>DATE</b>	
1/19/23	



**PATIENT**

Hudson Parton

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 mechanical/metabolic ileus.

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

**SPECIES**

Canine

***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.

**BREED**

Shiba Inu

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion was present.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen
- Structurally normal gastrointestinal tract with mild gastric ingesta/gas

**AGE**

2

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of significant visceral pathology.

**WEIGHT**

34

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. No evidence of gastrointestinal mechanical obstruction or overt foreign material. Given the patients history of gastrointestinal signs, a GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol level to assess for or rule out occult disease as a contributing factor to the patients inappetence may be considered. Correlation with pending lab work is suggested.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Melissa Pascucci

If not done, three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor to the recent vomiting.

**HOSPITAL NAME**

American AH

Empirically, hospitalization with 24 hour IV fluid and gastrointestinal supportive protocol with monitoring for evidence of gastric emptying, if clinical concern for gastric stasis, is suggested.

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**PATIENT**

Hudson Parton

**SPECIES**

Canine

**BREED**

Shiba Inu

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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**HOSPITAL NAME**

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**REFERRING VET**

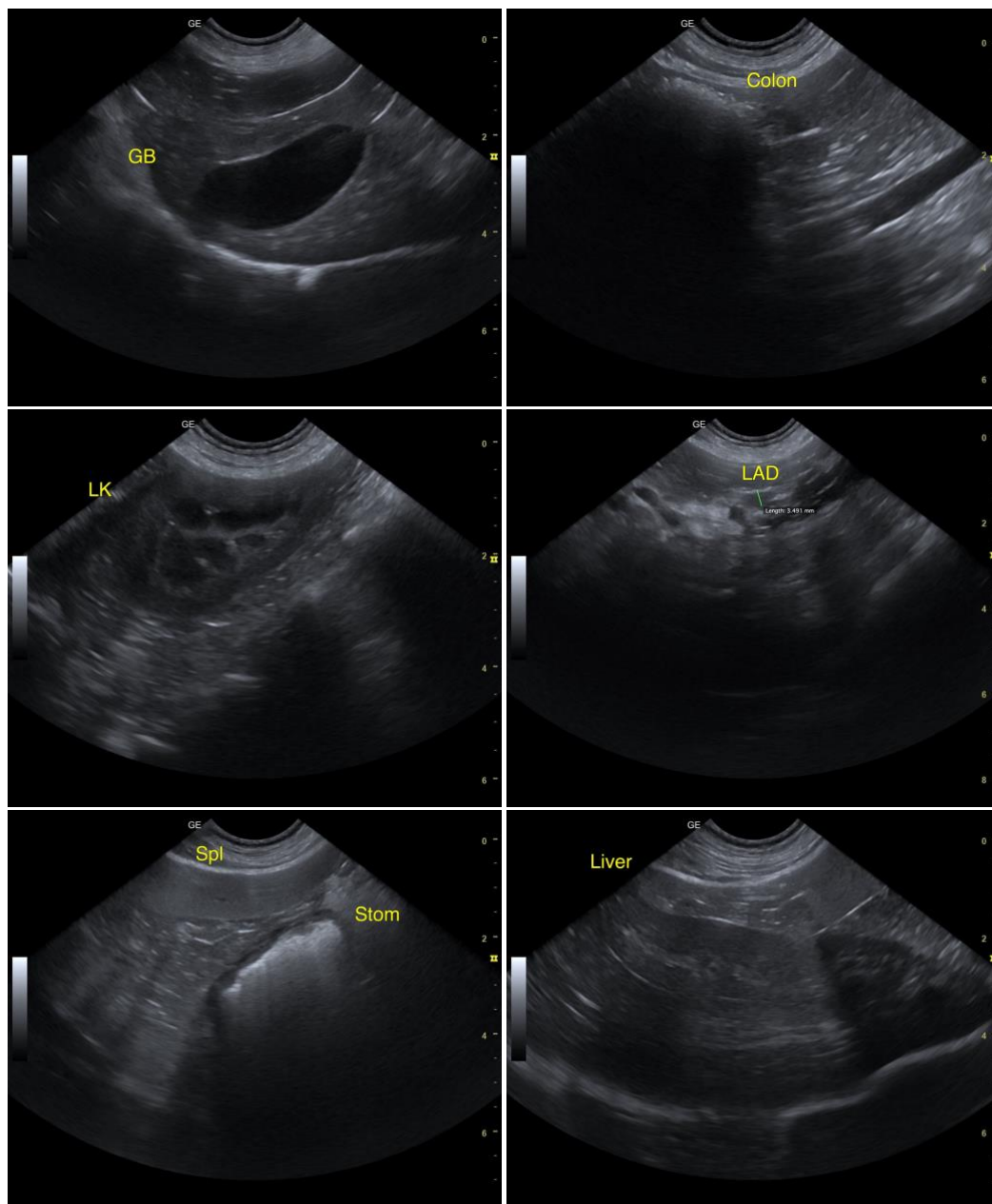
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**PATIENT**

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**SPECIES**

Canine

**BREED**

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**SEX**

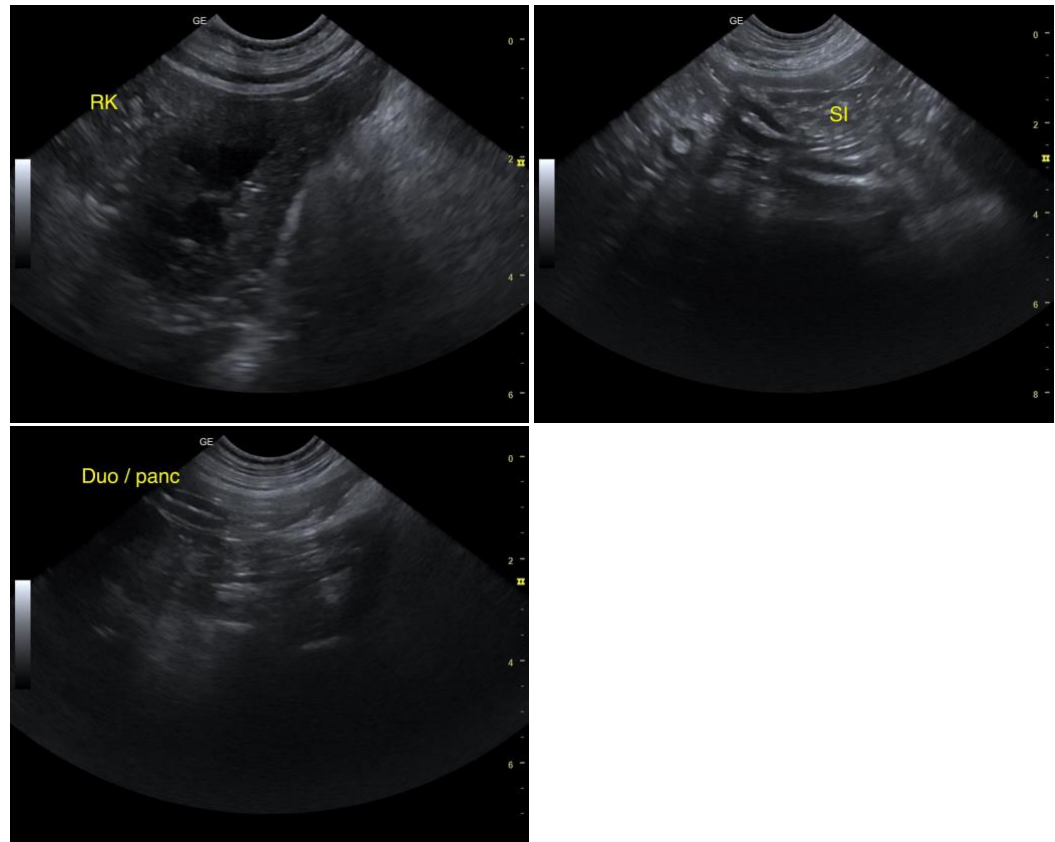
Neutered Male

**AGE**

2

**WEIGHT**

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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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