



PATIENT	PRESENTING CLINICAL SIGNS
Belle Myers	Persistent vomiting + on/off diarrhea (hx sensitive GI - on I/D) -progressive since December 2022. Also mycoplasma (+) on resp PCR. Could not tolerate oral abx (V+D) off oral abx Episode Vomiting x 6 + diarrhea overnight 1/24 Rads = prominent stomach - r/o mass/other bronchitis r/o primary GI Dz / neoplasia/etc
SPECIES	
Canine	Current meds: Cerenia/carafate/prilosec/metro/Gave dose SQF/Baytril 1/24. Stopped Rimadyl + Denamarin 2 weeks ago.
BREED	
Mixed	Abnormal PE/Chem/CBC/UA Results: 1/24/23 = WBC 27-21/neutrophilia/monocytosis chronic Hepatopathy = ALP = 602 (23-212), AST = 54 (0-50), ALT= 163 (5-125) = Slightly High
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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	
16yr	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A thinly walled medial cortical cyst was present in the left kidney measuring 1.9 cm. The left kidney measured 8.2 cm in length. The right kidney measured 8.4 cm in length.
WEIGHT	
69lb	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm width in the cranial pole and 0.78 cm width in the caudal pole. The right adrenal gland was indistinctly visualized measuring 0.69 cm width in the caudal pole.
IMAGING PERFORMED BY	Spleen
Val Shumskaya	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	Liver/Gallbladder
Westwood regional Veterinary Hospital	The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
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12785ag	
DATE	Gastrointestinal
01/25/2023	



PATIENT	
Belle Myers	The stomach presented intact variably prominent wall layering with a normal wall layer ratio. The stomach exhibited marked distention with retained anechoic fluid and mild echogenic chyme extending into the area of the pyloric outflow. Definitive mechanical outflow obstruction or obstructive mural pathology was not visualized.
SPECIES	
Canine	The small intestine presented intact concurrent variably prominent wall layering with segmental subjective upper to mid intestinal ileus exhibited by variably dilated intestine. The lumen of the small intestine contained primarily non-shadowing chyme and fluid. A suspicious shadowing echo measuring ~ 2.3 cm was visualized in the upper duodenum. Concurrent segments of empty small intestine distal to the fluid dilated intestine exhibiting unremarkable wall layering to the level of the colon were present.
BREED	
Mixed	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	The right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
AGE	<i>Free Abdomen</i>
16yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
69lb	<ul style="list-style-type: none"> • Marked gastric and segmental mild to moderate small bowel metabolic vs mechanical ileus, concurrent segmental empty small intestine distal • Suspicious shadowing echo subjective upper duodenum • Concurrent pancreas base, right pancreatic limb pancreatitis pattern • Non-specific hepatopathy-possibly acute on chronic, sonographically unremarkable gallbladder • Mild chronic renal changes
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Given the degree of gastric distention with retained fluid/chyme with segmental as opposed to generalized small intestinal dilation and with the suspicious yet non-definitive shadowing echo in the subjective upper duodenum, primary concern for mechanical GI obstruction is warranted.
IMAGING PERFORMED BY	Exploratory laparotomy with gross inspection of the intestinal tract and with GI biopsies considered essential is recommended.
Val Shumskaya	Concurrent pancreas base and right pancreatic limb peritonitis could be a comorbidity in this patient. Assuming normal clotting status, hepatic biopsies at the time of surgery could be considered. No overt evidence of GI infiltrative neoplastic criteria was observed yet cannot be definitively excluded.
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PATIENT

Belle Myers

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

16yr

WEIGHT

69lb

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood regional
Veterinary Hospital

REFERRING VET

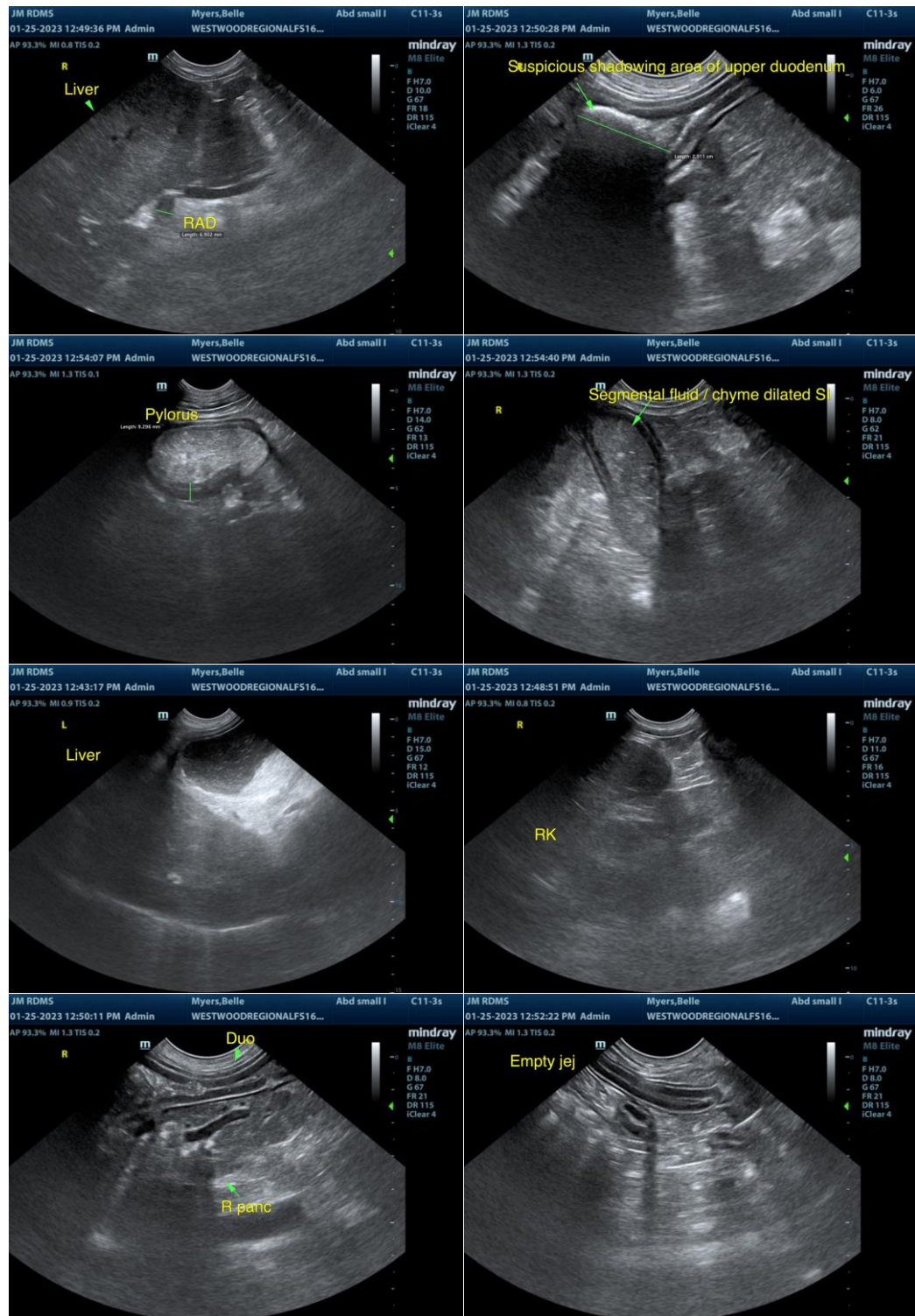
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PATIENT

Belle Myers

SPECIES

Canine

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Mixed

SEX

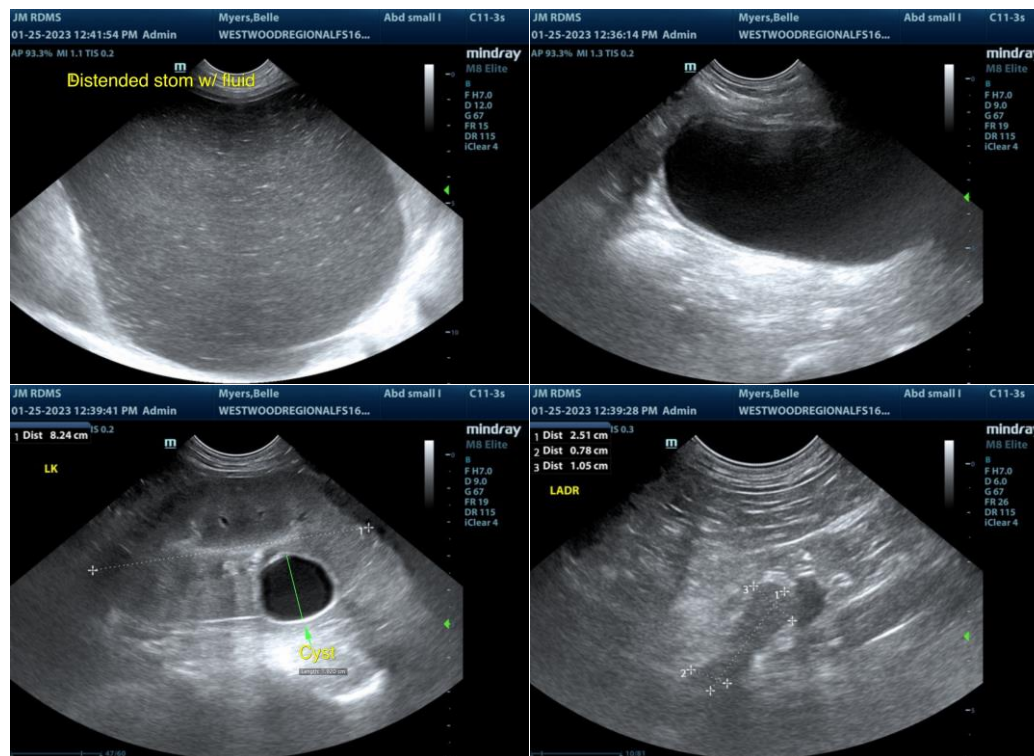
FS

AGE

16yr

WEIGHT

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IMAGING PERFORMED BY

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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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