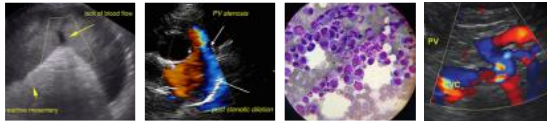




PATIENT	PRESENTING CLINICAL SIGNS
Buddy Walkup	GI issues. Vomit off/on 4 months. Diarrhea noted on the 1/12/2023. Eating less than normal In house Chem 17 and cbc WNL, Fecal NOD Current Medications Carafate 1g BID, started on 1/19/23
SPECIES	Radiographic Findings Thickened stomach wall
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Corgi Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the urinary bladder with mild dependent urinary bladder mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
AGE	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.
16 years	
WEIGHT	The area of the aortic trifurcation was free of pathology.
33.4 lbs.	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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Nonobstructive medullary mineral was noted. The left kidney measured 5.2 cm in length. The right kidney measured 5.5 cm in length.
INTERPRETED BY	Adrenal Glands
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 2.3 cm length x 0.73 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 1.8 cm length x 0.62 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Intermittent, discrete, non-disruptive, hyperechoic parenchymal nodules were present, consistent with probable discrete myelolipomas, mineralization, or splenic fibrosis. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling. No evidence of inflammatory or neoplastic splenic criteria.
HOSPITAL NAME	Liver/ Gallbladder
Amazon Park AC	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to
REFERRING VET	
Dr. Heyward	
INVOICE	
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DATE	
1/25/23	



PATIENT	benign parenchymal remodeling. 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.
Buddy Walkup	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with mild prominent wall layering primarily in the area of the pylorus. The pylorus wall width measured 0.54 cm. The stomach contained a mild amount of retained non-shadowing ingesta.
BREED	
Corgi Mix	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 0.50 cm width. The jejunum wall measured 0.35 cm width.
SEX	
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
16 years	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 were evident.
WEIGHT	<i>Free Abdomen</i>
33.4 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild dependent urinary bladder mineral • Bilateral chronic renal changes with nonobstructive medullary mineral / renolithiasis • Intact, mildly prominent pylorus walls with minor retained gastric ingesta - suspect low-grade gastritis • Overtly normal small bowel / colon
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jenna Walsh, CVT	Overall, largely geriatric abdomen without sonographic evidence of significant visceral pathology.
HOSPITAL NAME	This patient is likely passing small amounts of mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
Amazon Park AC	
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Dr. Heyward	
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PATIENT

Buddy Walkup

SPECIES

Canine

BREED

Corgi Mix

SEX

MN

AGE

16 years

WEIGHT

33.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Heyward

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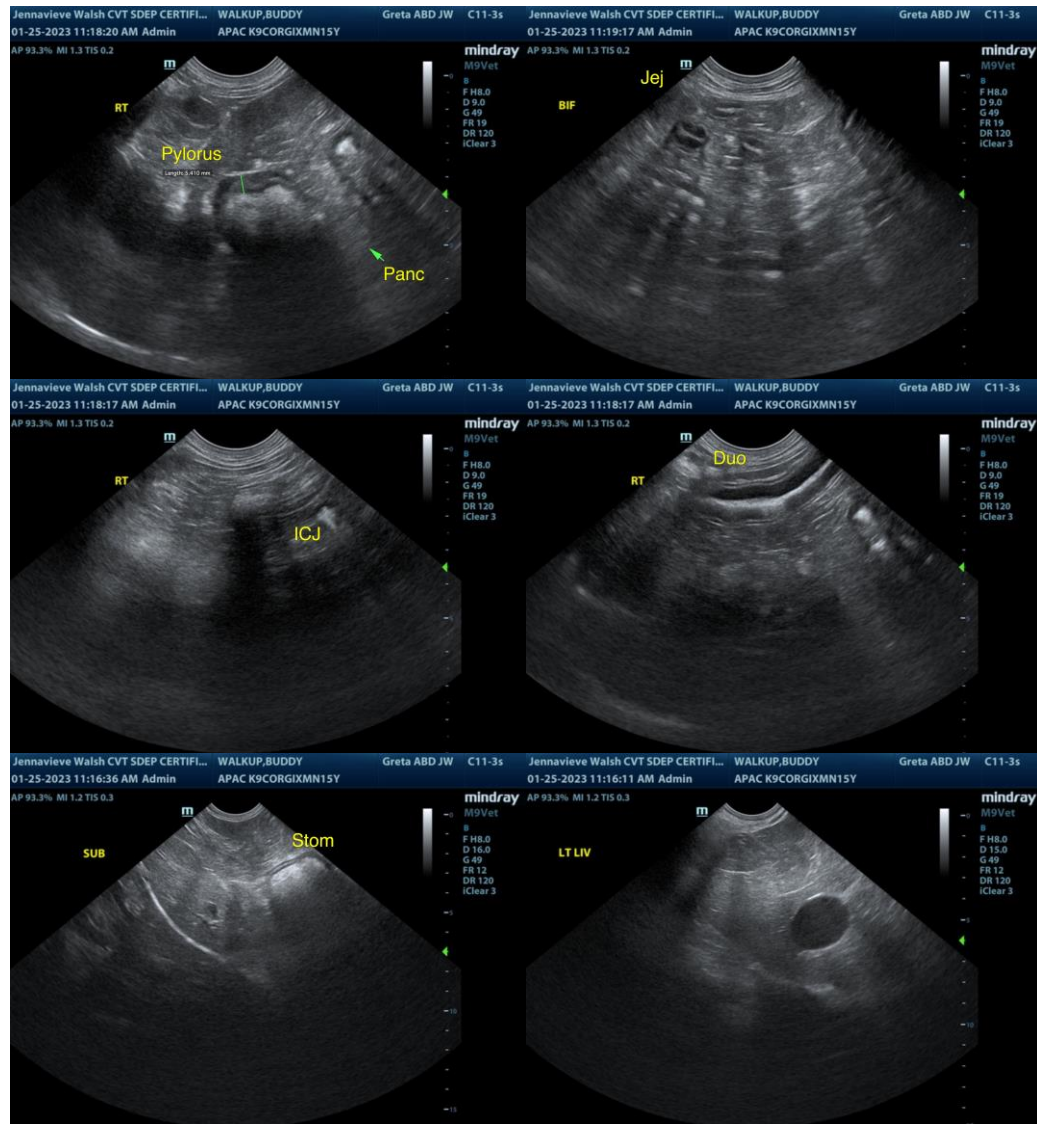
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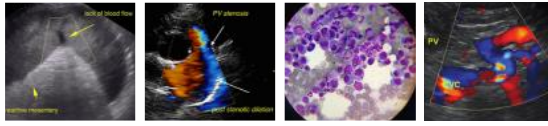
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Although considered unlikely, a resting cortisol level to rule out occult Addison's Disease could be considered.

Canned hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotic, gastroprotectants +/- coverage for helicobacter, or cobalamin supplementation pending assessment of cobalamin levels, may prove beneficial. No overt evidence of intraabdominal neoplastic criteria was noted.





PATIENT

Buddy Walkup

SPECIES

Canine

BREED

Corgi Mix

SEX

MN

AGE

16 years

WEIGHT

33.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Amazon Park AC

REFERRING VET

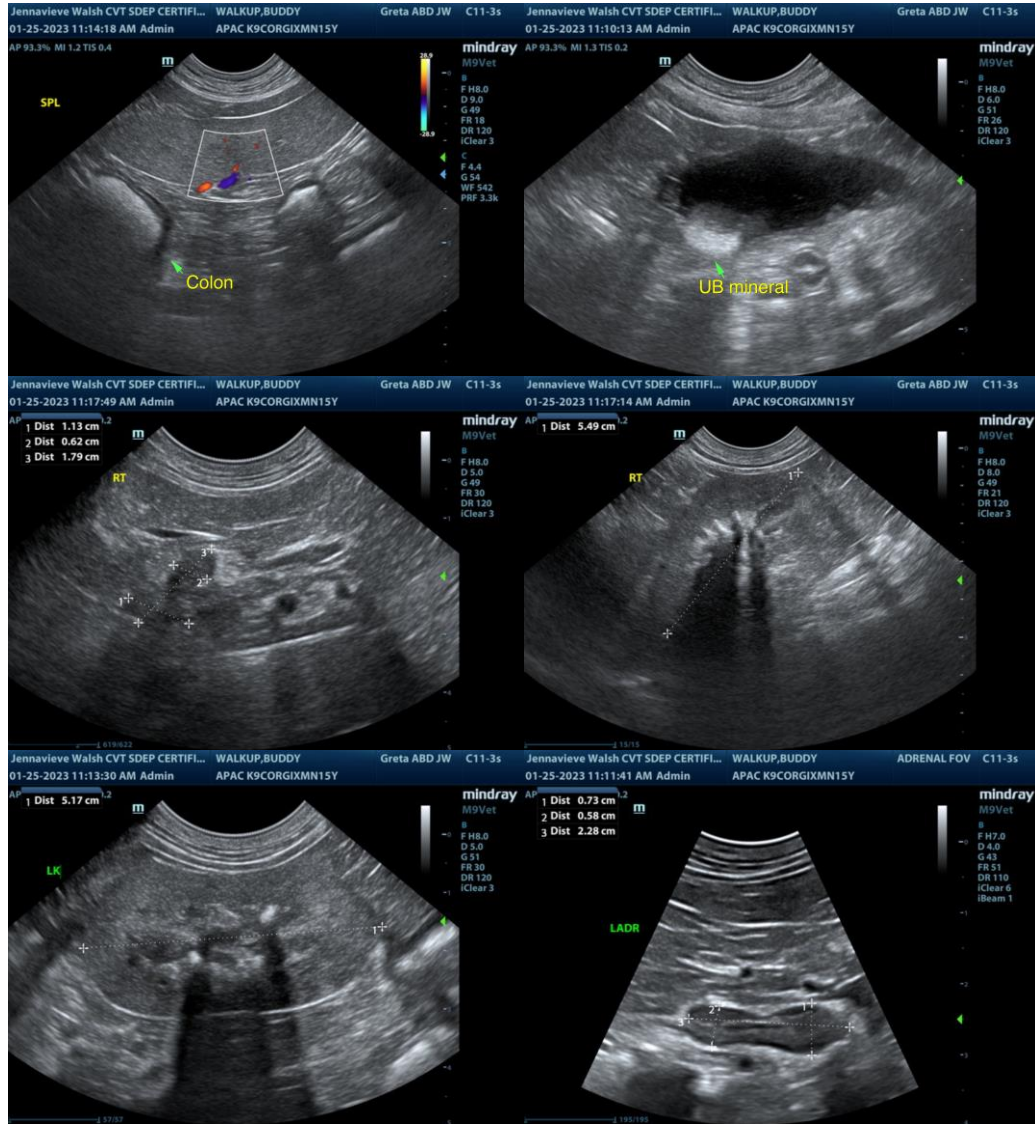
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com