



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jax Medeiros	Vomiting stomach bile every night or every other night for about 1 month. Vomiting is increasing in frequency and volume. Had been started on Omeprazole 50mg sid. Gives Propalin 5 drops once daily but not consistent with this. Fed raw food diet. Not vaccinated for Lepto but Lepto bloodwork negative. Had also tried Sulcrate and has been given Metacam occasionally in the past. History also of chronic cystitis(had a scoping done but no confirmed diagnosis)Was also born with spinal defect. Also owners mentioned he could have chewed up or eaten a squeaky toy - was xrayed Jan 16/23 but rads appeared normal.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Doberman	Abnormal PE/Chem/CBC/UA Results: Bloodwork suggestive of Pancreatitis and Hepatitis. CBC , WBC, RBC and platelet morphology normal. ALT 817(18-121) ALP 255(5-160)Spec cPL 875(0-200) Low free T4. Lepto Antibody negative. Please see attached radiographs.
<b>SEX</b>	
MN	
<b>AGE</b>	
9 years	
<b>WEIGHT</b>	
36.6 kg	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
Hillview Vet Clinic	
<b>REFERRING VET</b>	
Dr. Stevenson	
<b>INVOICE</b>	
15938	
<b>DATE</b>	
1/25/23	

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The residual prostate was free of overt pathology.

The area of the aortic trifurcation was free of pathology.

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 7.6 cm in length. The right kidney measured 7.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.58 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 2.1 cm length x 0.74 cm width at the caudal pole.

**Spleen**

The spleen was overtly normal in size with areas of mild capsule asymmetry and generalized mild parenchyma heterogeneity including discrete nondisruptive hyperechoic splenic nodules, likely consistent with emerging benign myelolipomas, potential for emerging splenic mineralization, or less likely previous chronic infarction. No evidence of splenic neoplastic criteria.



**PATIENT**

Jax Medeiros

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

MN

**AGE**

9 years

**WEIGHT**

36.6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

Dr. Stevenson

**INVOICE**

15938

**DATE**

1/25/23

**Liver/ Gallbladder**

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.

**Gastrointestinal**

The stomach presented intact, sonographically normal wall layering. The stomach contained a mild amount of hyperechoic focally shadowing ingesta and luminal gas. No obvious evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta / chyme was present with no evidence of small intestinal obstructive pattern or overt foreign material.

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

**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 were evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild heterogeneous spleen exhibiting intermittent benign discrete hyperechoic nodules
- Intact sonographically normal gastric wall layering with mild focally shadowing gastric ingesta
- Sonographically unremarkable small bowel with segmental ingesta / chyme
- Normal pancreas - no sonographic evidence of active pancreatic inflammation
- Benign hepatopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Some degree of nonobstructive gastrointestinal hypomotility may be a consideration in this patient, assuming documented NPO. Dietary intolerance, structurally insignificant inflammatory gastroenteropathy, low-grade to chronic pancreatitis (both of which may present as sonographically normal), and less likely early to occult infiltrative gastrointestinal neoplasia, are all potentials. The possibility of nonobstructive small amounts of gastric foreign material cannot be excluded.



**PATIENT**

Jax Medeiros

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

MN

**AGE**

9 years

**WEIGHT**

36.6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

Dr. Stevenson

**INVOICE**

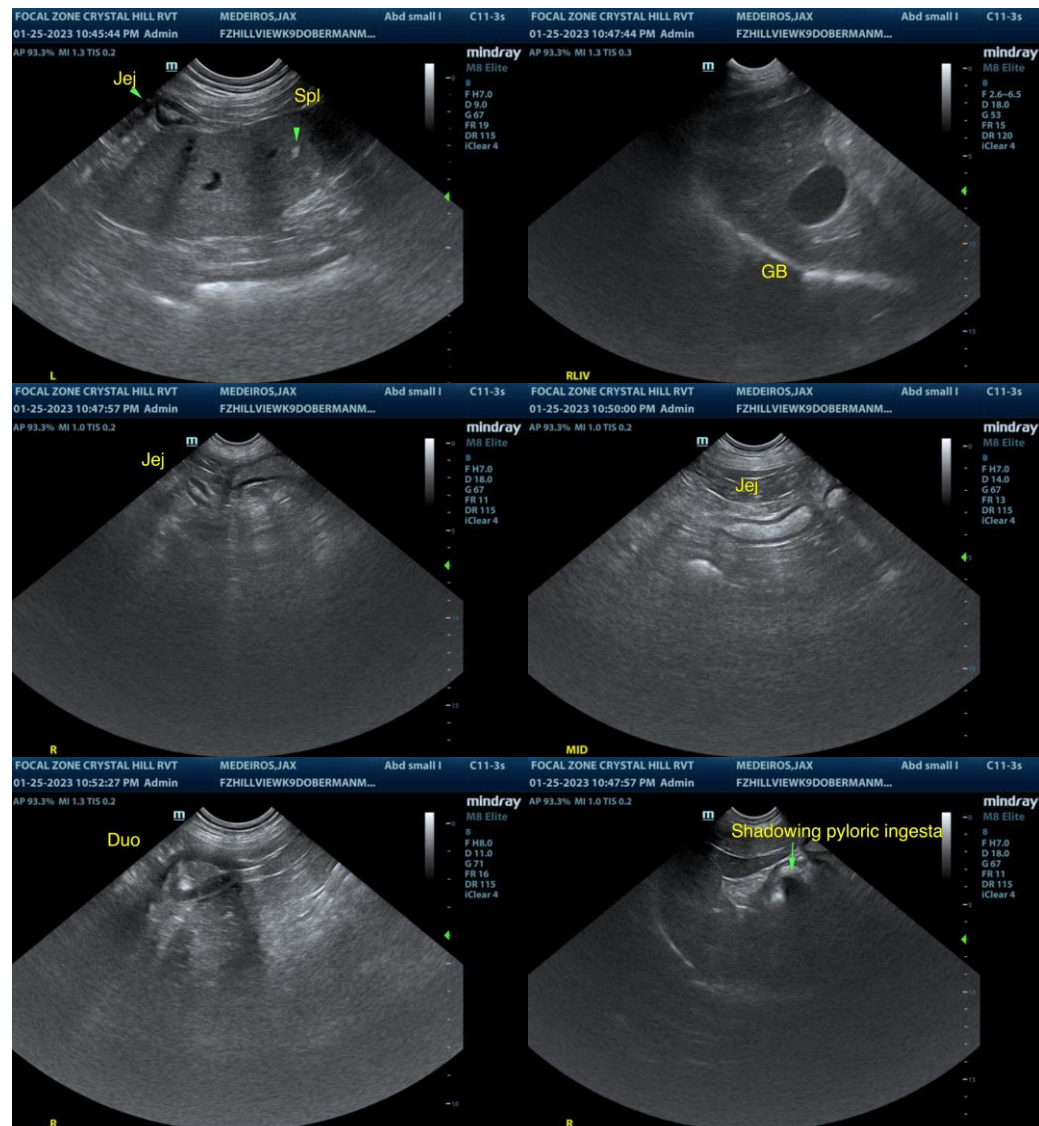
15938

**DATE**

1/25/23

Endoscopy if available is likely ideal for further clarification. Empirically, a canned hydrolyzed diet trial with smaller more frequent feedings including late-night feeding, given vomiting pattern, gastroprotectants, +/- coverage for helicobacter, and sonographic monitoring of the stomach would be a more conservative approach.

Although considered less likely, resting cortisol level to rule out occult Addison's Disease could be considered. Screening hepatic FNA cytology, assuming normal clotting status, may be considered primarily to assess for or possibly identify inflammatory cells if present. Hepatosupportive medications may prove beneficial.





**PATIENT**

Jax Medeiros

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

MN

**AGE**

9 years

**WEIGHT**

36.6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

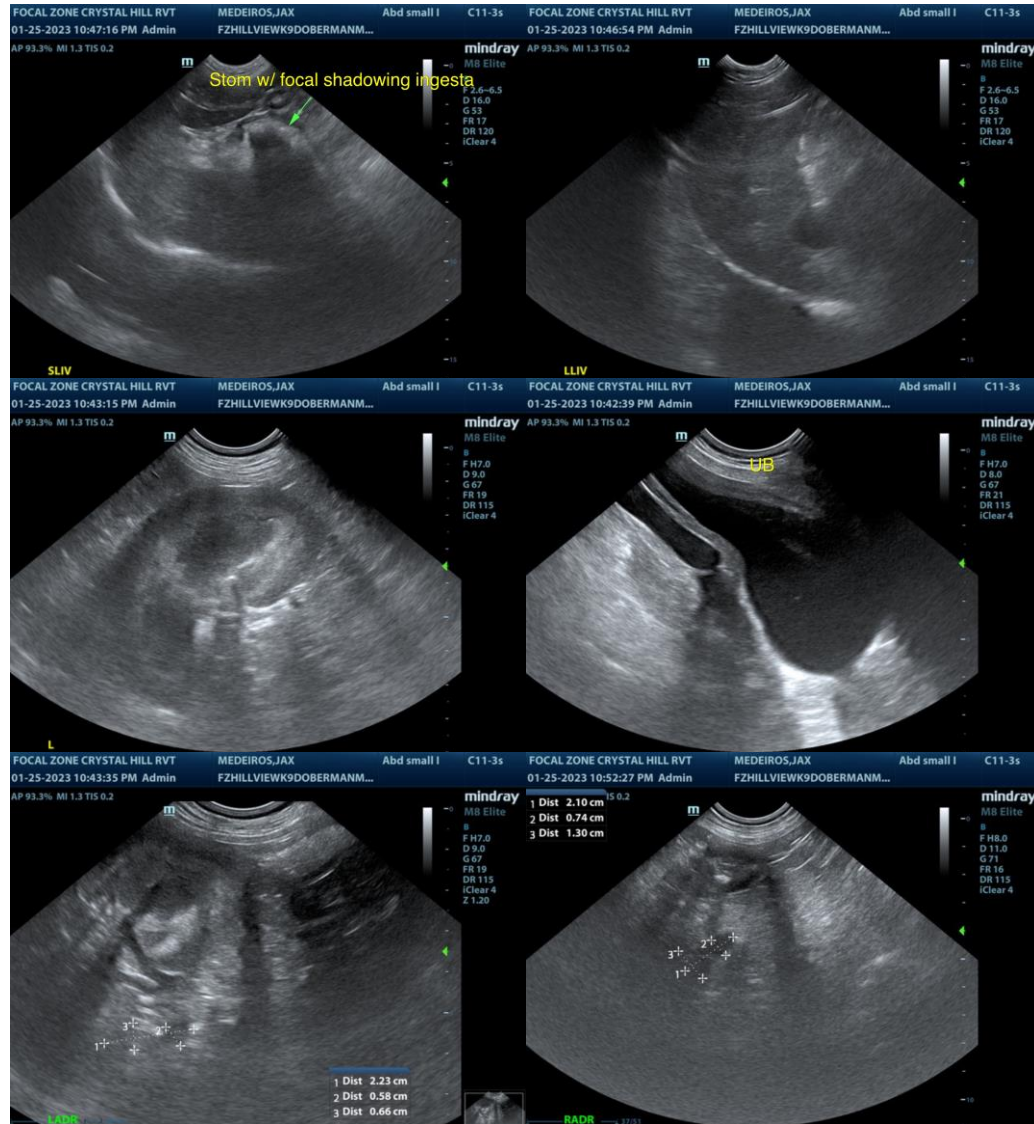
Dr. Stevenson

**INVOICE**

15938

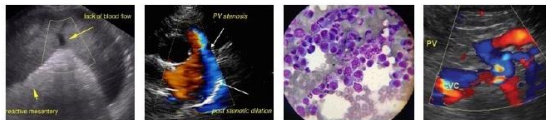
**DATE**

1/25/23



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.



**PATIENT**

Jax Medeiros

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

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

MN

**AGE**

9 years

**WEIGHT**

36.6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

Dr. Stevenson

**INVOICE**

15938

**DATE**

1/25/23