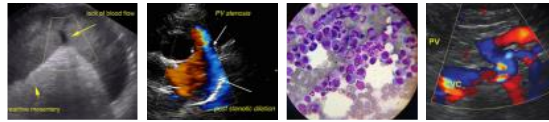
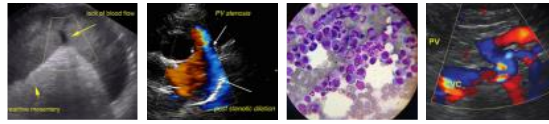


PATIENT	PRESENTING CLINICAL SIGNS
Scout Warner	loss of appetite for 4 days, lethargic. Fever of 104.5 yesterday. Normal today. Acts like he's uncomfortable. Not tense in the back, but seems tense in the stomach. No history of eating table scraps, etc. No exposure to raw fish. No exposure to Ticks. We gave barium yesterday and radiograph today shows that it has moved through. No significant abnormalities on CBC/ Full Chemistry through Antech. Amylase and Lipase normal as well Current Medications Ampicillin, Cerenia, Sucralfate
SPECIES	
Canine	Radiographic Findings normal, barium moved through to colon from yesterday
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Toy Poodle	Urinary System
SEX	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.
MN	
AGE	
21mo	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 3.6 cm in length. The right kidney measured 4.0 cm in length.
WEIGHT	
10lb	The area of the aortic trifurcation was free of pathology.
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 0.47 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole and 1.5 cm length.
IMAGING PERFORMED BY	Spleen
Jenna Walsh CVT	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
Q Street Animal Hospital	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.
REFERRING VET	Gastrointestinal
Dr. Bretschneider	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild to moderate retained primarily anechoic fluid was present.
INVOICE	
12598ag	
DATE	
01/03/2023	



PATIENT	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse duodenal and segmental jejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
Scout Warner	
SPECIES	Normal visible colon wall layers were present with apparent semi formed feces in lumen. Some areas of shadowing fecal matter to fluid potentially consistent with colonic barium was present.
Canine	
BREED	Pancreas
Toy Poodle	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
SEX	Free Abdomen
MN	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
21mo	<ul style="list-style-type: none">• Gastroenteritis pattern with non-obstructive gastric and segmental small intestinal ileus• Mild heterogenous pancreas
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
10lb	Potential for low grade pancreatitis may be suspected if evidence of cranial or subxiphoid discomfort on palpation. Acute inflammatory bowel episode, unknown enterotoxic insult or dietary indiscretion, infectious gastroenteritis, emerging inflammatory bowel disease are all potentials. No indication for surgical intervention given no evidence of mechanical obstruction or GI foreign material. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Hospitalization with IVF to correct potential dehydration and empirical therapy for acute gastroenteritis with assessment of clinical response with potential recheck sonogram if progressive clinical signs would be reasonable.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Jenna Walsh CVT	
HOSPITAL NAME	
Q Street Animal Hospital	
REFERRING VET	
Dr. Bretschneider	
INVOICE	
12598ag	
DATE	
01/03/2023	



PATIENT

Scout Warner

SPECIES

Canine

BREED

Toy Poodle

SEX

MN

AGE

21mo

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Q Street Animal
Hospital

REFERRING VET

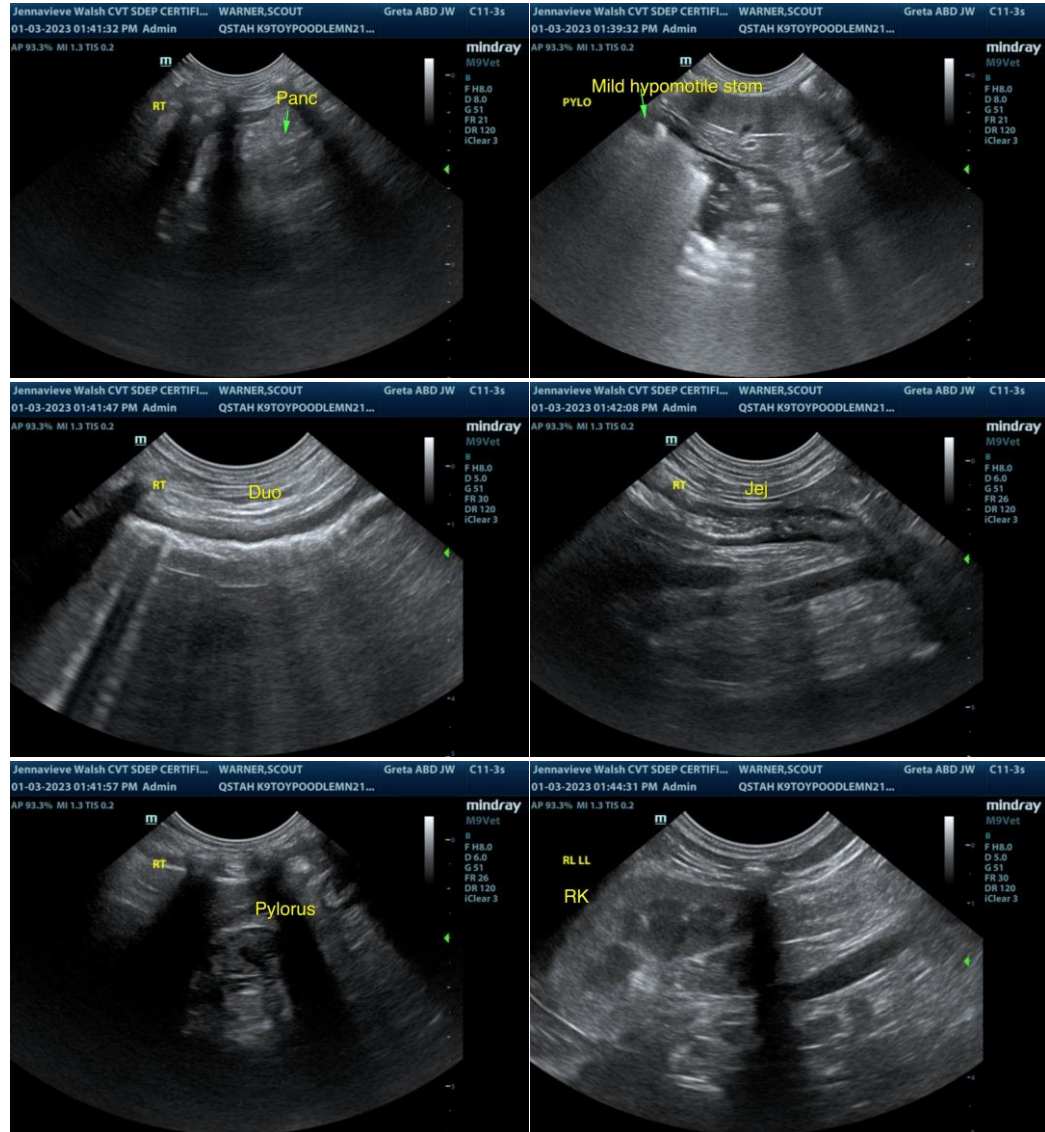
Dr. Bretschneider

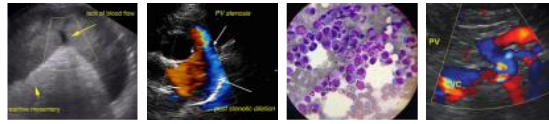
INVOICE

12598ag

DATE

01/03/2023





PATIENT

Scout Warner

SPECIES

Canine

BREED

Toy Poodle

SEX

MN

AGE

21mo

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Q Street Animal
Hospital

REFERRING VET

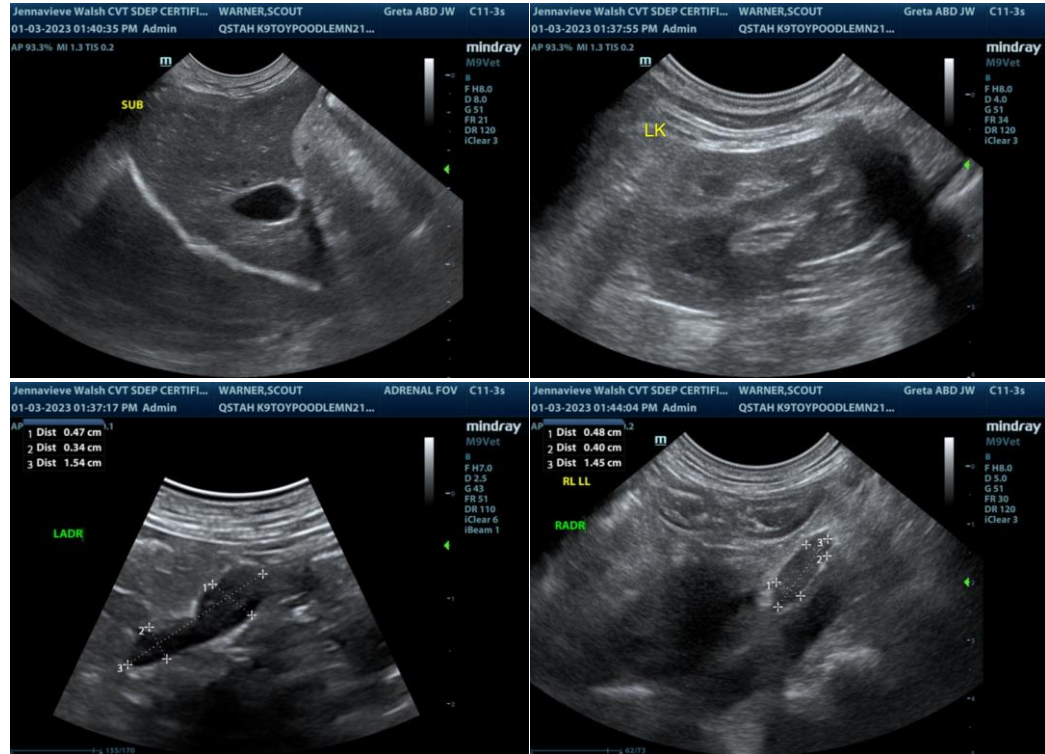
Dr. Bretschneider

INVOICE

12598ag

DATE

01/03/2023



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