



PATIENT	PRESENTING CLINICAL SIGNS
Cooper Yosh	History: Exam 12/29/21 for continued diarrhea w/ purple spots. Vomiting undigested food, lethargic, gassy. Abd rads - obstructive pattern, no FB seen.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Albumin 2.6, T-pro 5.0, eosinophilia 2.33, retic-HGB 21.9
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Lab Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 were noted. Aortic trifurcation was normal.
SEX	The area of the residual prostate (0.84 cm in width) was sonographically unremarkable.
Neutered Male	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 6.4 cm in length. The right kidney measured 6.6 cm in length.
AGE	
9 Months	
WEIGHT	Adrenal Glands
58.8 Lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm in length x 0.57 cm width at the caudal pole.
INTERPRETED BY	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm in length x 0.41 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Jessica Miller	Liver
HOSPITAL NAME	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.
ACC Flanders	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	
Dr. Hargadim	Gastrointestinal
INVOICE	The stomach presented intact yet subjective mild prominent wall layering. The gastric lumen was primarily empty with minor retained anechoic fluid and luminal gas. No evidence of gastric distention with retained ingesta or foreign material. The ventral gastric body wall measured 0.50 cm.
13119	
DATE	
1/4/22	



PATIENT	The small intestine presented intact wall layering with generalized propensity for mildly prominent to echogenic submucosa layer. The duodenum wall measured 0.49 cm. The jejunum wall measured 0.34 cm. The small intestine lumen was primarily empty with segmental mild jejunal ileus and minor segmental retained chyme. No overt evidence of mechanical obstructive pattern within the small intestine or evidence of overt foreign material.
Cooper Yosh	
SPECIES	
Canine	The colon exhibited intact yet subjective mild prominent wall layering, primarily in the area of the distal colon and colorectum. Distal colon wall measured 0.30 cm. Subjective formed to semi-formed feces was present in the colon.
BREED	
Lab Mix	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.
SEX	
Neutered Male	Free Abdomen Intermittent focal, mildly prominent to enlarged mid abdominal jejunal lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 3.0 cm x 0.8 cm width.
AGE	
9 Months	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
58.8 Lbs.	<ul style="list-style-type: none"> • Mild gastric hypomotility • Inflammatory enteropathy pattern exhibiting minor segmental jejunal ileus and retained chyme- no evidence of small intestinal obstructive pattern or overt foreign material. • Intermittent subjectively benign to reactive jejunal lymphadenopathy • Suspect mild colitis
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No indication for immediate surgical intervention based on the presentation of the small intestine. Dietary indiscretion/food intolerance, occult parasitism, inflammatory bowel episodes with potential for emerging more chronic inflammatory enteropathy given the subjective propensity for mildly prominent to echogenic small intestinal submucosa which may be more affected in dogs with inflammatory enteropathy. Continued gastrointestinal supportive care should prove beneficial. 24-48-hour hospitalization with IV fluid and gastrointestinal support may be considered. If persistent gastrointestinal signs, GI panel (to include TLI, PLI, cobalamin and folate), fresh fecal analysis and/or resting cortisol to rule out unlikely potential for occult Addison's disease may be considered. The potential for passed foreign material in the colon, given the description of the diarrhea, cannot be definitively excluded.
IMAGING PERFORMED BY	
Jessica Miller	
HOSPITAL NAME	
ACC Flanders	
REFERRING VET	
Dr. Hargadim	
INVOICE	
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PATIENT

Cooper Yosh

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

9 Months

WEIGHT

58.8 Lbs.

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(Canine and Feline)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

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REFERRING VET

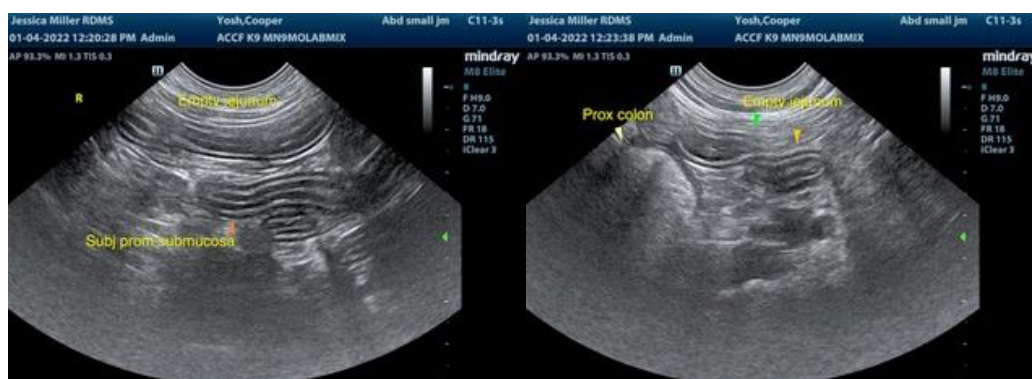
Dr. Hargadim

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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.

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