



PATIENT PRESENTING CLINICAL SIGNS

Beau Grey
SPECIES
Canine
BREED
Labradoodle
SEX
Neutered Male
AGE
6 Years
WEIGHT
32 Pounds

History: Seen for the first time today (1/3/22) at VCA Delta Oaks, but extensive history related to GI/vomiting. History: - Intermittent vomiting since puppy (water and food) - non-responsive to maropitant / antacids - Responsive to DexSP inj and oral prednisone - Has travelled/lived in WA, ID, AZ, CA, OR

Abnormal PE/Chem/CBC/UA Results: From 11/2022: - Mild hypernatremia (156 mEq/L) and hyperchloremia (121 mEq/L) - UTI addressed w/enrofloxacin - R/O'd Addison's (Post sample 7.0 ug/dL) Current Medications Non-Radiographic Findings Radiographs on 10/4/22 w/radiologist interpretation: - Aspiration pneumonia - Mild gas filling of stomach, otherwise WNL abdomen

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 were noted. Aortic trifurcation was normal.

The residual prostate 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 5.8 cm in length. The right kidney measured 5.8 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 2.4 cm length x 0.43 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 0.50 cm width at the caudal pole.

Spleen

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.

Liver

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Delta Oaks

REFERRING VET

Dr. Samuel

INVOICE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.46 cm.

Canine

BREED

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 jejunum measured 0.28 cm. The duodenum wall measured 0.32 cm.

Labradoodle

SEX

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

Neutered Male

Pancreas

AGE

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.

6 Years

WEIGHT

Free Abdomen

32 Pounds

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

No evidence of visceral, specifically gastroenterocolic or pancreatic pathology as an obvious cause or contributing factor to the patients chronic gastrointestinal signs. At times, the gastroenterocolic presentation may not correlate with history of chronic gastrointestinal signs. Potentially suppressed gastrointestinal mural changes could be possible if currently instituted oral Prednisone. General considerations may include dietary intolerance/food hypersensitivity, inflammatory gastroenteropathy (given the positive response to empirical steroids), occult parasitism, low grade to chronic pancreatitis (which may present sonographically normal), IBD or other. Given the rule out of occult Addison's disease, further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Empirically, canned hydrolyzed diet trial with potential smaller/more frequent feedings, as needed gastroprotectants, and potential empirical coverage for helicobacter may prove beneficial. Empirical deworming is suggested even if negative fecal testing. Upper gastrointestinal endoscopy may be considered if persistent gastrointestinal signs despite continued dietary and gastrointestinal supportive care.

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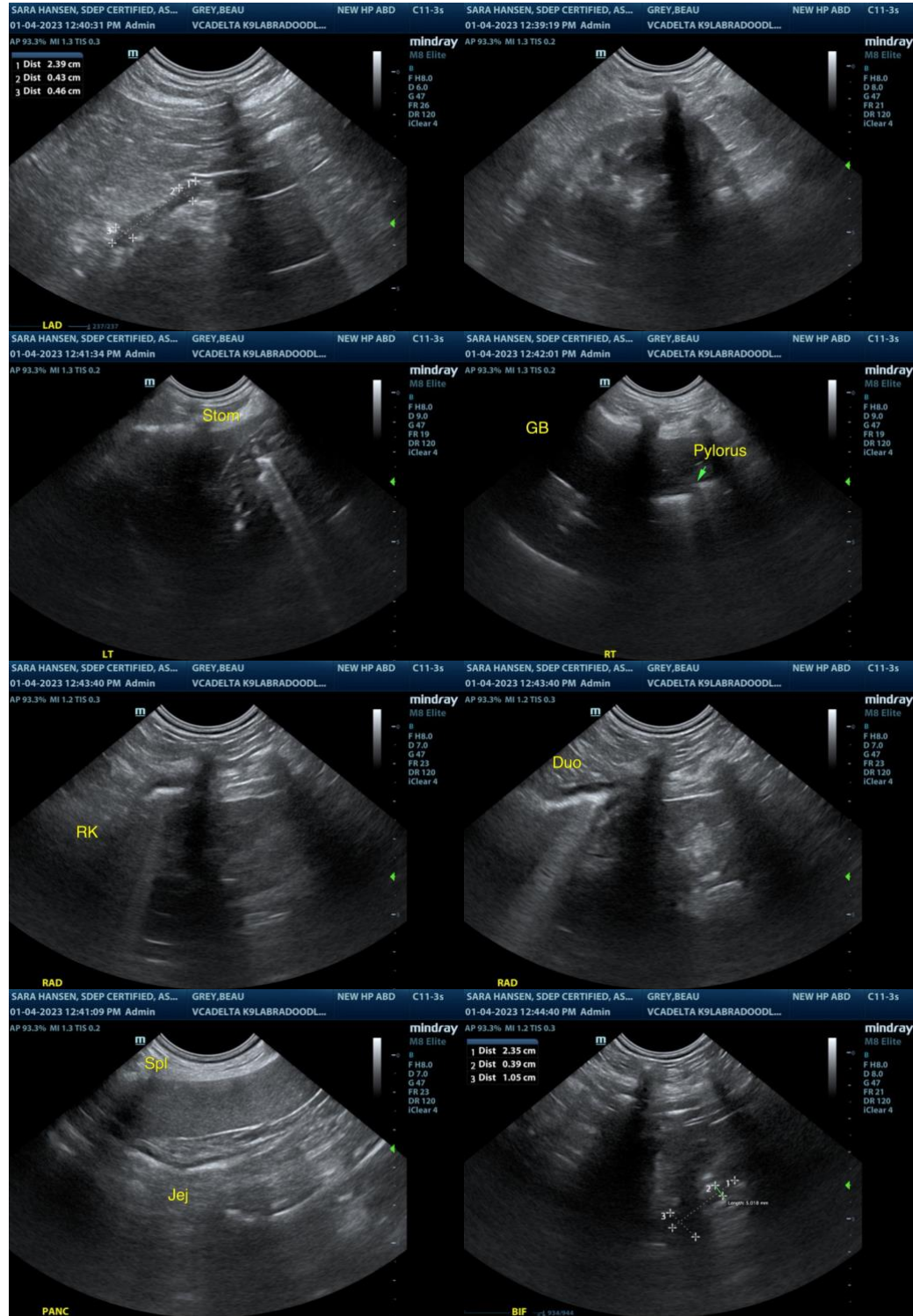
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

Beau Grey 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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info@SonoPath.com

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