



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Rhea Seltzer	Anorexia, hematochezia, vomiting, lethargy- got into pantry foods Thur 10/16 - CupO Noodles, Cereal.
<b>SPECIES</b>	Current meds: Omega 3 supplement, metronidazole 250mg, Sentinel, Bravecto
Canine	Abnormal PE/Chem/CBC/UA Results: HCT 56, CPL-normal, lymph 8.6
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Beagle Mix	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
FS	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 5.3 cm in length. The right kidney measured 4.9 cm in length.
<b>AGE</b>	
5yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
33lb	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 2.0 cm length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
Berkeley Heights Animal Hospital	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with very minor debris likely owing to fasting and incidental given lack of cholestasis. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Dr. Seltzer	
<b>INVOICE</b>	
11819ag	
<b>DATE</b>	
10/10/2022	



**PATIENT**

Rhea Seltzer

primarily anechoic fluid was present. No evidence of pyloric outflow obstruction or retained ingesta/foreign material.

**SPECIES**

Canine

The small intestine presented intact yet segmental mildly prominent wall layering with prominent to echogenic submucosa and muscularis layer. Minor segmental jejunal ileus was present without evidence of obstructive pattern or foreign material was noted.

**BREED**

Beagle Mix

The jejunum wall measured 0.37 cm in width. The duodenum wall measured 0.43 cm in width.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

**SEX**

FS

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.

**Free Abdomen**

**AGE**

5yr

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

33lb

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenterocolitis pattern with mild gastric hypomotility

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations including dietary indiscretion given the patient history, persistent acute hemorrhagic diarrhea syndrome, occult parasitism, inflammatory bowel disease, dysbiosis or less likely occult Addison's disease are possible.

Empirical therapy for hemorrhagic gastroenteritis which may include continued supportive care with a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Proviale or Visbiome) and assessment of clinical response would be reasonable. Broad spectrum deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative is suggested.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Berkeley Heights  
Animal Hospital

**REFERRING VET**

Dr. Seltzer

**INVOICE**

11819ag

**DATE**

10/10/2022



**PATIENT**

Rhea Seltzer

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

FS

**AGE**

5yr

**WEIGHT**

33lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Berkeley Heights  
Animal Hospital

**REFERRING VET**

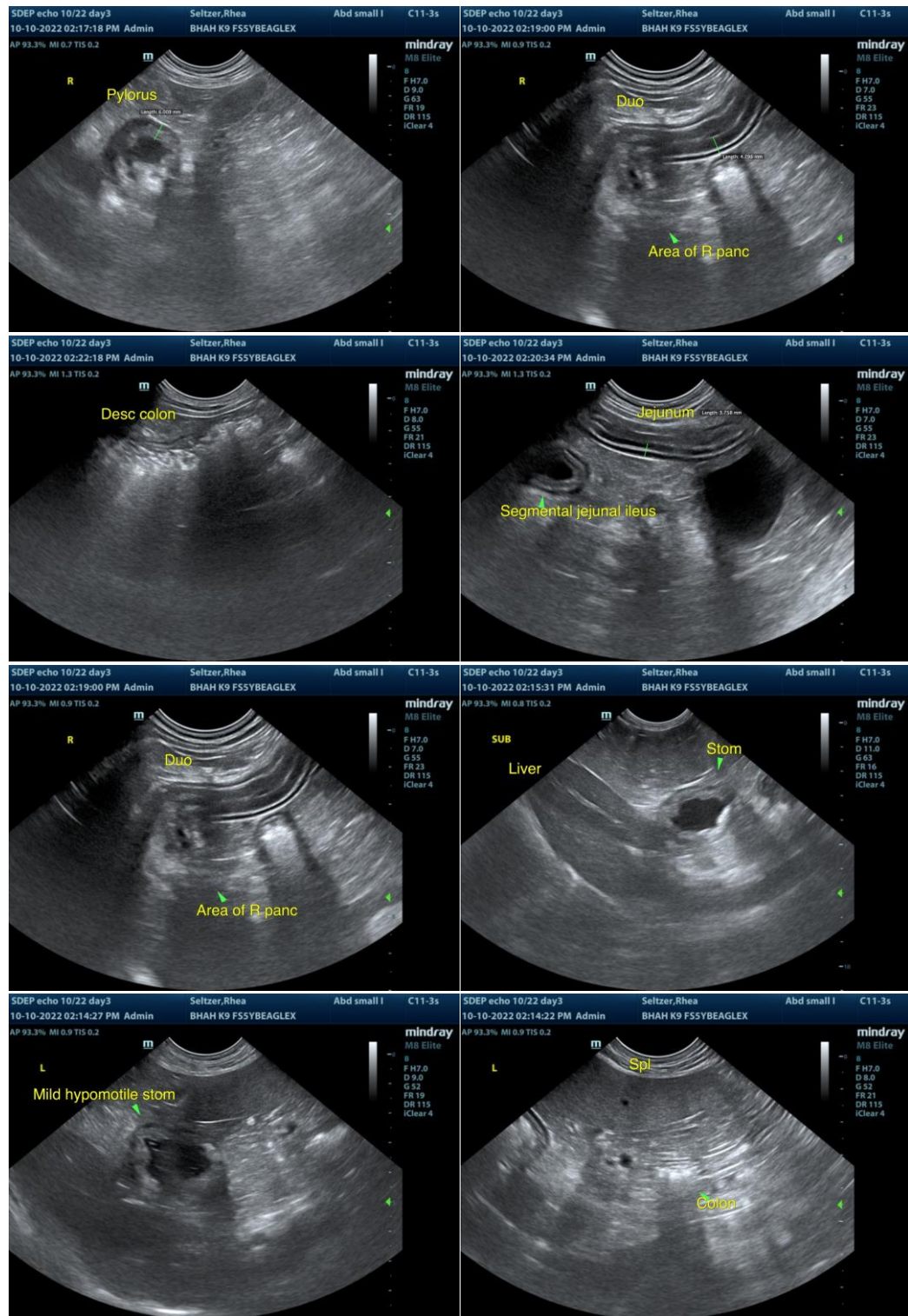
Dr. Seltzer

**INVOICE**

11819ag

**DATE**

10/10/2022





**PATIENT**

Rhea Seltzer

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

FS

**AGE**

5yr

**WEIGHT**

33lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Berkeley Heights  
Animal Hospital

**REFERRING VET**

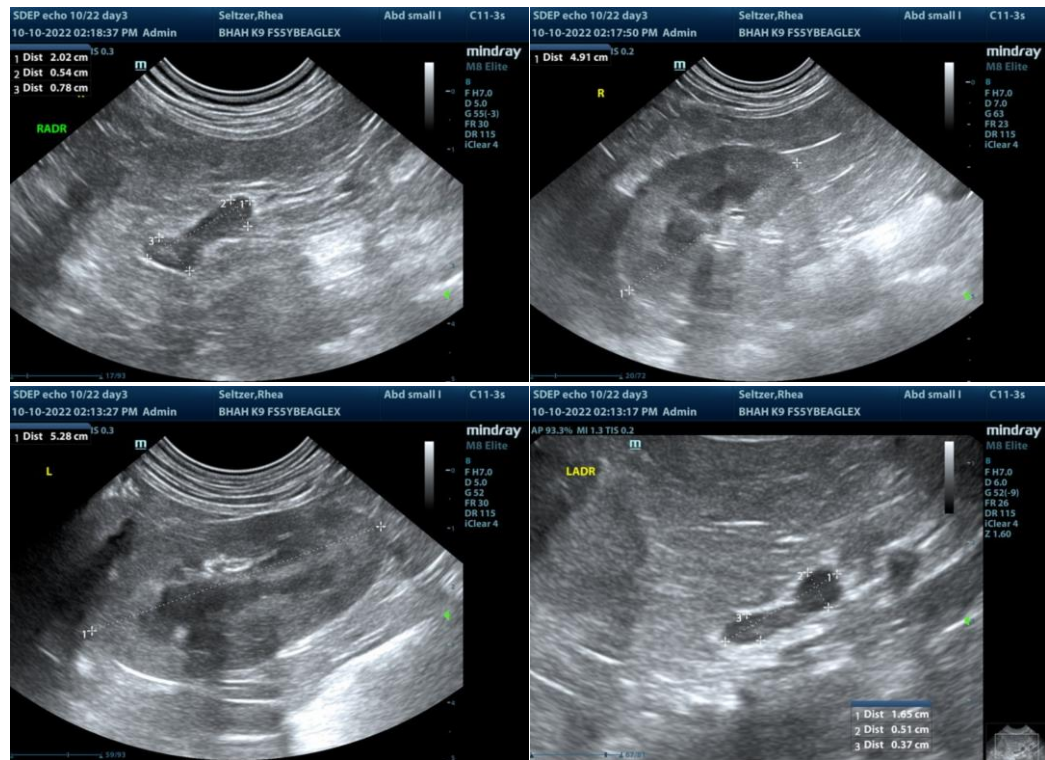
Dr. Seltzer

**INVOICE**

11819ag

**DATE**

10/10/2022



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