



PATIENT	PRESENTING CLINICAL SIGNS
Cruze Salfi	Diarrhea, sometimes with blood and mucus, eating grass, anorexic, vomiting. Seemed painful on abdominal palpation(cranial)
SPECIES	Abnormal PE/Chem/CBC/UA Results: Increased sodium, creatinine kinase, RBCs, Hematocrit, Hemoglobin and BUN. Dark urine, increased RBCs, 2+ bilirubin and renal cells, 2+ protein.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Yorkie	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
Neutered Male	The residual prostate was free of pathology.
AGE	The area of the aortic trifurcation was free of pathology.
9 years	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The kidneys exhibited some mild increased corticomedullary border echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.
WEIGHT	
5.00 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.46 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 1.2 cm length x 0.35 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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
Chippawa AH	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	
Dr. Dowell	
INVOICE	
12371	
DATE	
10/18/21	


PATIENT
Gastrointestinal

Cruze Salfi

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 gastric body wall width measured 0.30 cm.

SPECIES

Canine

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 duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.26 cm.

BREED

Yorkie

Normal visible colon wall layers were present with formed feces at the time of the ultrasound.

SEX

Neutered Male

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.

AGE

9 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

5.00 kg

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Early chronic renal changes
- Sonographically unremarkable gastrointestinal tract and colon

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural gastroenterocolic pathology was noted. Dietary intolerance / food hypersensitivity, potential occult parasitism, or suspected structurally insignificant inflammatory bowel and colitis given the patient's history, are possible. Potential for low-grade or chronic pancreatitis, although thought less likely, may be present yet ultrasonographically normal. Fresh fecal analysis to assess for ova / Giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate may be considered.

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Chippawa AH

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviabio or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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Hospitalization with 24-hour supportive IV fluids may prove beneficial, given evidence of potential dehydration.

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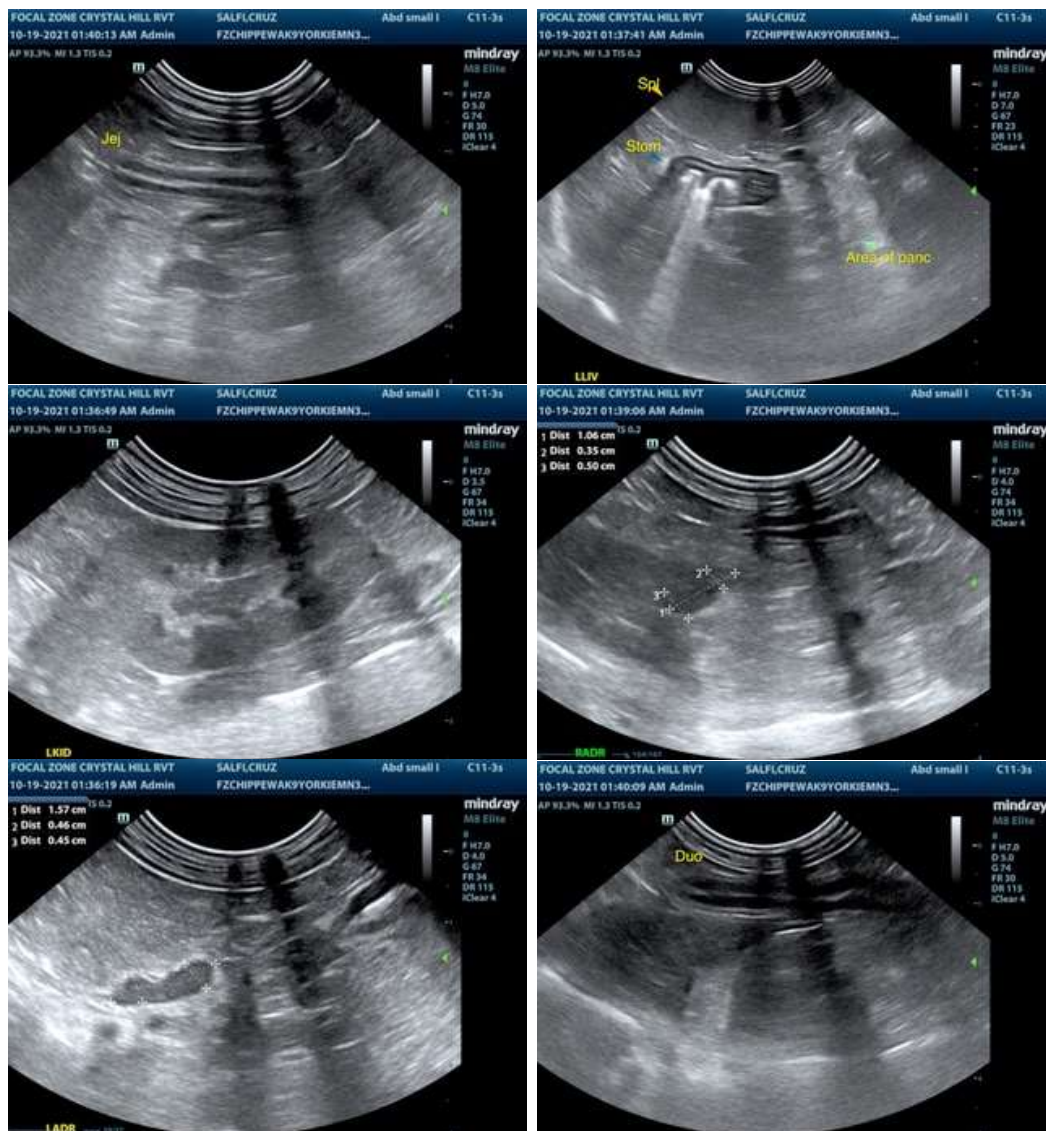
Dr. Dowell

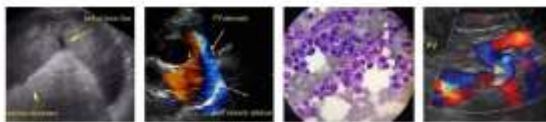
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Yorkie

SEX

Neutered Male

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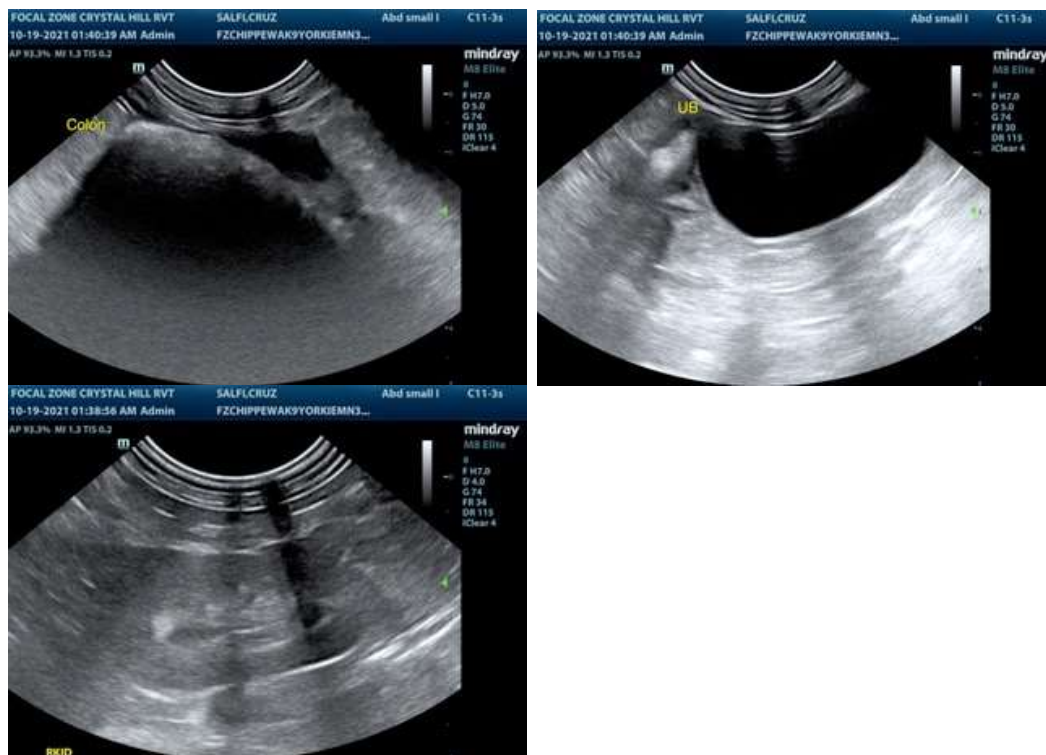
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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