



**PATIENT**

Darby Phelps

**SPECIES**

Canine

**BREED**

Dachshund Mix

**SEX**

Spayed Female

**AGE**

9 years

**WEIGHT**

7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Emma Herdener

**HOSPITAL NAME**

Eastgate VC

**REFERRING VET**

Dr. Josiah Moses

**INVOICE**

12403

**DATE**

10/20/21

**PRESENTING CLINICAL SIGNS**

Vomiting x ~10 weeks, was acute onset. Housemate also had vomiting. Labwork performed and supportive care started at initial exam 10/11/21. Bloodwork/UA unremarkable aside from dehydration. Vomiting has decreased but is still present and appetite is down. Mild lethargy  
Abnormal PE/Chem/CBC/UA Results: 10/11/21: HCT 62%, otherwise unremarkable

**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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.7 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 0.40 cm width at the caudal pole and 0.33 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited subjective mild generalized enlargement with medial folding at the caudal spleen. The spleen presented a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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/ Gallbladder**

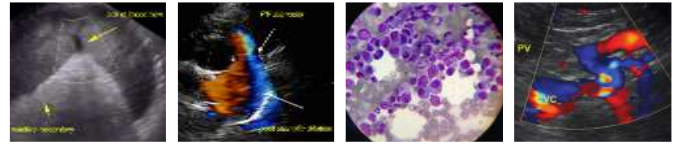
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild to moderate amount of retained echogenic fluid and chyme. The gastric body wall width measured 0.20 cm.



|  |  |
|--|--|
| <b>PATIENT</b>   | The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental echogenic chyme was present in the small intestine. No evidence of mechanical gastrointestinal ileus or overt foreign material was noted. No evidence of loss of intestinal wall layering or distinct gastrointestinal masses. The duodenum wall width measured 0.30 cm. The jejunum wall width measured 0.27 cm.                         |
| Darby Phelps   |  |
| <b>SPECIES</b>   | Canine   |
| Canine   |  |
| <b>BREED</b>   | <b>Pancreas</b>  |
| Dachshund Mix  | 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.   |
| <b>SEX</b>   | <b>Free Abdomen</b>  |
| Spayed Female  | No overt lymphadenopathy or peritoneal effusion was present.   |
| <b>AGE</b>   | <b>ULTRASONOGRAPHIC FINDINGS</b>   |
| 9 years  | <b>Primary Findings</b>  |
| <b>WEIGHT</b>  | <ul style="list-style-type: none"> <li>• Mild inflammatory gastroenteropathy pattern with mild gastric hypomotility</li> <li>• Subjective mild nonspecific splenomegaly</li> <li>• Early age-related renal changes</li> <li>• Mild gallbladder debris - Incidental</li> </ul>  |
| 7 lbs.   |  |
| <b>INTERPRETED BY</b>                                    | <b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | Persistent gastroenteritis, dietary intolerance / food hypersensitivity, occult parasitism, or inflammatory bowel disease without evidence of significant mural changes or other gastroenteropathy is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although no diarrhea is present, fresh fecal analysis to assess for parasitic ova +/- resting cortisol to rule out occult Addison's Disease is warranted. |
| <b>IMAGING PERFORMED BY</b>                              | Empirically, continued gastrointestinal support which may include mild prokinetic antiemetic such as Metoclopramide, dietary therapy i.e., hydrolyzed or limited antigen diet, broad-spectrum deworming such as Panacur 50 mg/kg PO SID for at least 5 consecutive days may prove beneficial. Endoscopic intestinal biopsies may be required for further clarification if vomiting continues and pending GI panel and resting cortisol.  |
| Emma Herdener  |  |
| <b>HOSPITAL NAME</b>                                     |  |
| Eastgate VC  |  |
| <b>REFERRING VET</b>                                     |  |
| Dr. Josiah Moses   |  |
| <b>INVOICE</b>   |  |
| 12403  | The mild splenomegaly is nonspecific and not overtly consistent with neoplastic criteria with potentials including patient variant, splenomegaly owing to sedation if clinically applicable, hyperplasia, hematopoiesis, or incidental splenitis. Ultrasound-guided FNA of the spleen using a 25-gauge needle and assuming normal clotting status may be considered to ensure only benign changes are present.                           |
| <b>DATE</b>  |  |
| 10/20/21   |  |



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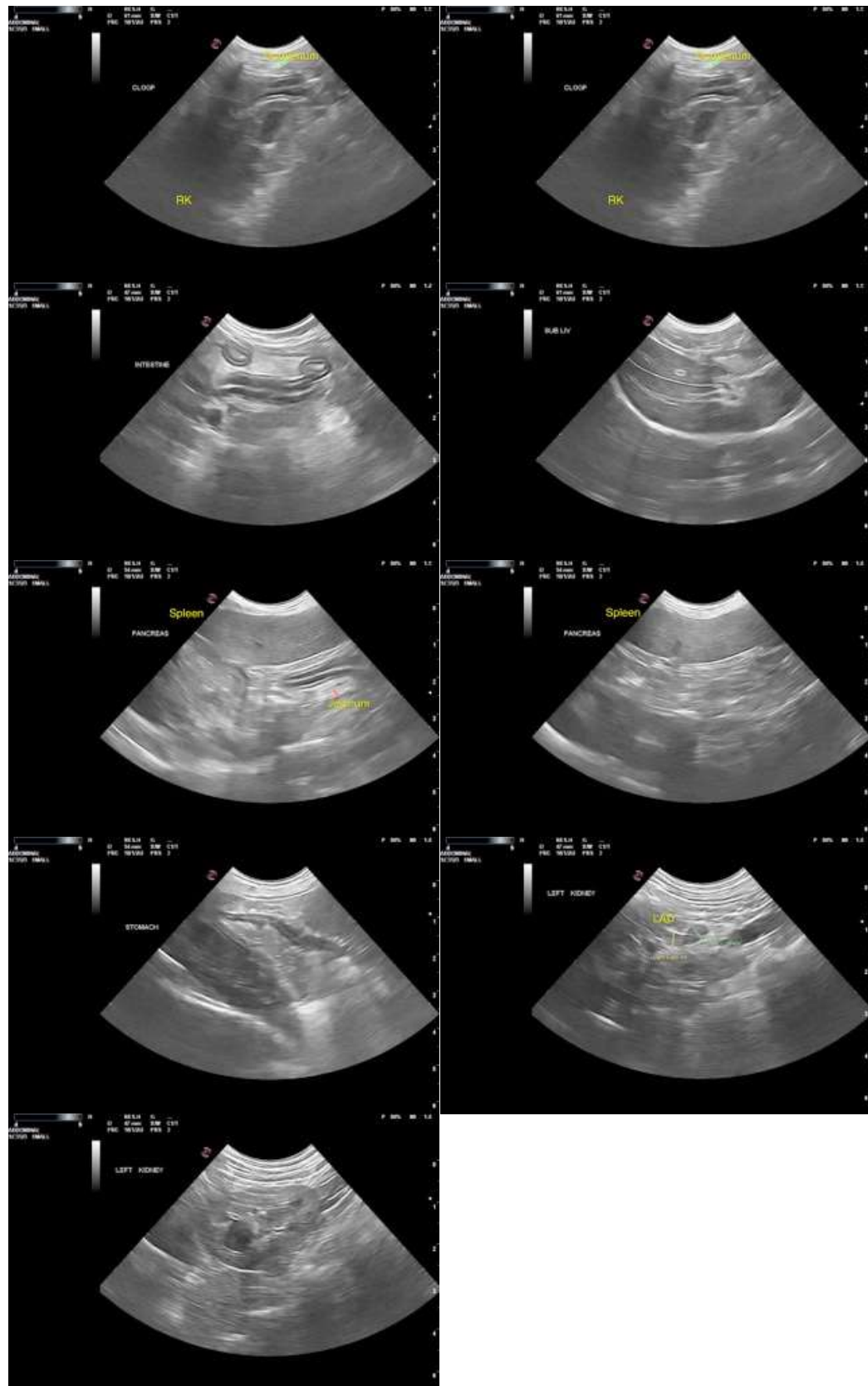
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**