



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Georgia Alvarado	Vomiting 9/20, went to rDVM and received outpatient care then bounced back well until 9/27 when she began vomiting about 1-2 times per day. 10/1 she became lethargic with progressive vomiting. She went to rDVM 10/2 where bloodwork was normal and radiographs were non-obstructive, then continued vomiting despite receiving Cerenia. *Hospitalized on IVF for 24h. Ate small amt (<1cup) around 7-8am, imaging performed about 12hr later. Pt was fasted in that 12hr.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: all normal
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Goldendoodle	<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	
<b>AGE</b>	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 6.2 cm in length. The right kidney measured 7.1 cm in length.
3yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
35lb	<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 0.53 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland was indistinctly visualized secondary to possible mild subnormal right adrenal size. The right adrenal gland subjectively measured 0.39 cm caudal pole width.
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.
Dr. Wepprich	<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.
Wilvet Salem	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Wepprich	
<b>INVOICE</b>	
11780ag	
<b>DATE</b>	
10/03/2022	



<b>PATIENT</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or gastric foreign material. No evidence of mechanical pyloric outflow obstruction was present.
Georgia Alvarado	
<b>SPECIES</b>	The ventral gastric body wall measured 0.55 cm in width.
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild duodenal and segmental jejunal ileus without obstructive pattern or foreign material was present. No evidence of obstructive mural pathology was noted.
<b>BREED</b>	The jejunum wall measured 0.40 cm in width. The duodenum wall measured 0.41 cm in width.
Goldendoodle	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b>Pancreas</b>
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.
<b>AGE</b>	<b>Free Abdomen</b>
3yr	No omental masses or peritoneal effusion was present.
<b>WEIGHT</b>	Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 3.2 cm x 0.88 cm.
35lb	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>Gastroenteritis pattern with moderate gastric ingesta/chyme and minor segmental duodenojejunal non-obstructive ileus</li> <li>Focal to intermittent benign/reactive mesenteric lymph nodes</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Wepprich	Potential metabolic delayed gastric emptying or hypomotility given the reported time frame from most recent meal ingestion to ultrasound study. No indication for surgical intervention given lack or obstructive pattern or foreign material. Dietary intolerance/food allergy, inflammatory enteropathy, low grade to chronic pancreatitis which may present sonographically normal are all potentials.
<b>HOSPITAL NAME</b>	A resting cortisol level to rule out occult Addison's disease is warranted. Pending clinical response to hospitalization, 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) in addition to GI support would be reasonable.
Wilvet Salem	
<b>REFERRING VET</b>	Upper GI endoscopy may be considered assuming no evidence of Addison's disease and following broad spectrum deworming if persistent vomiting is noted.
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**PATIENT**

Georgia Alvarado

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

3yr

**WEIGHT**

35lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Wepprich

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

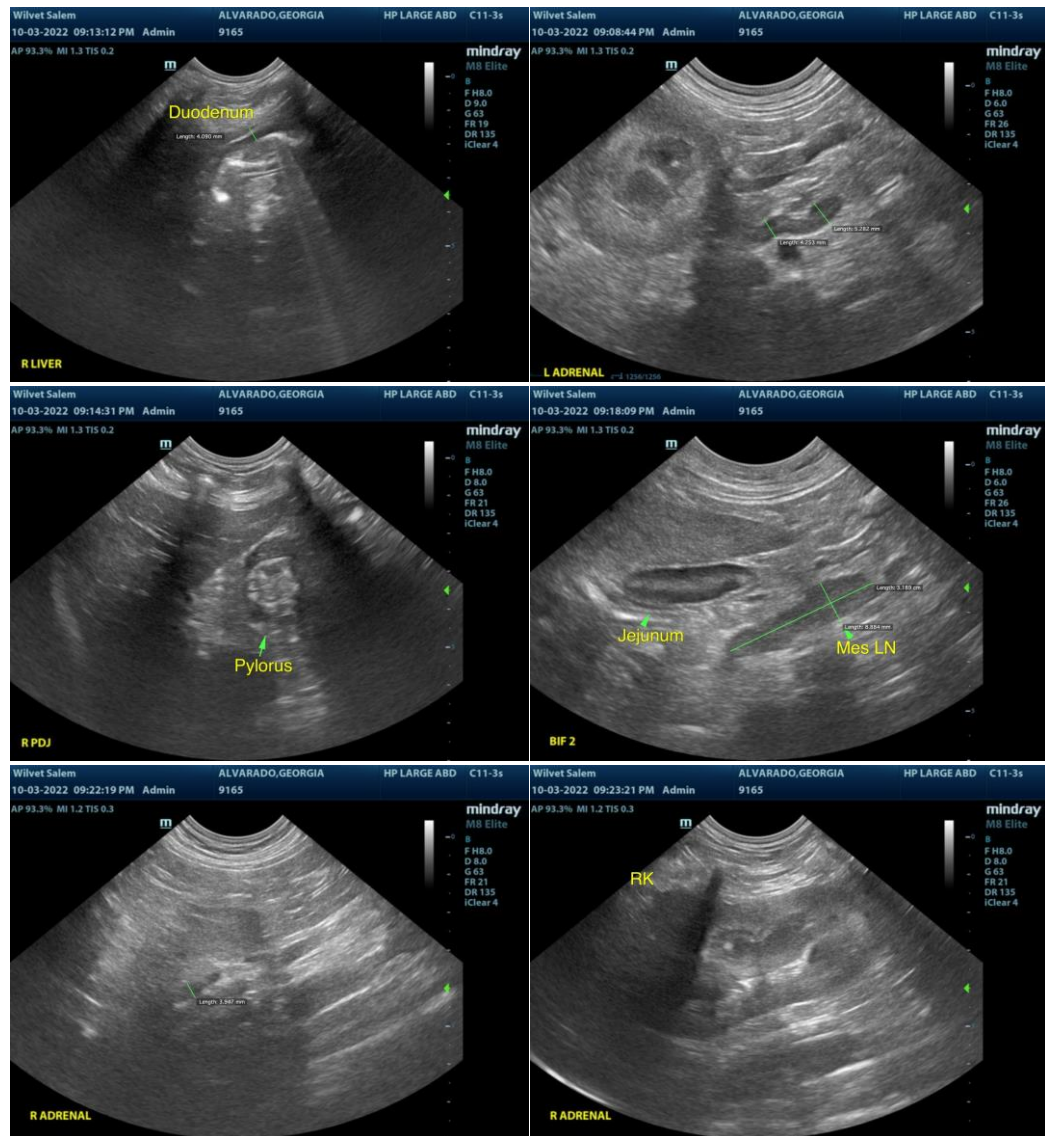
Dr. Wepprich

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Georgia Alvarado

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Canine

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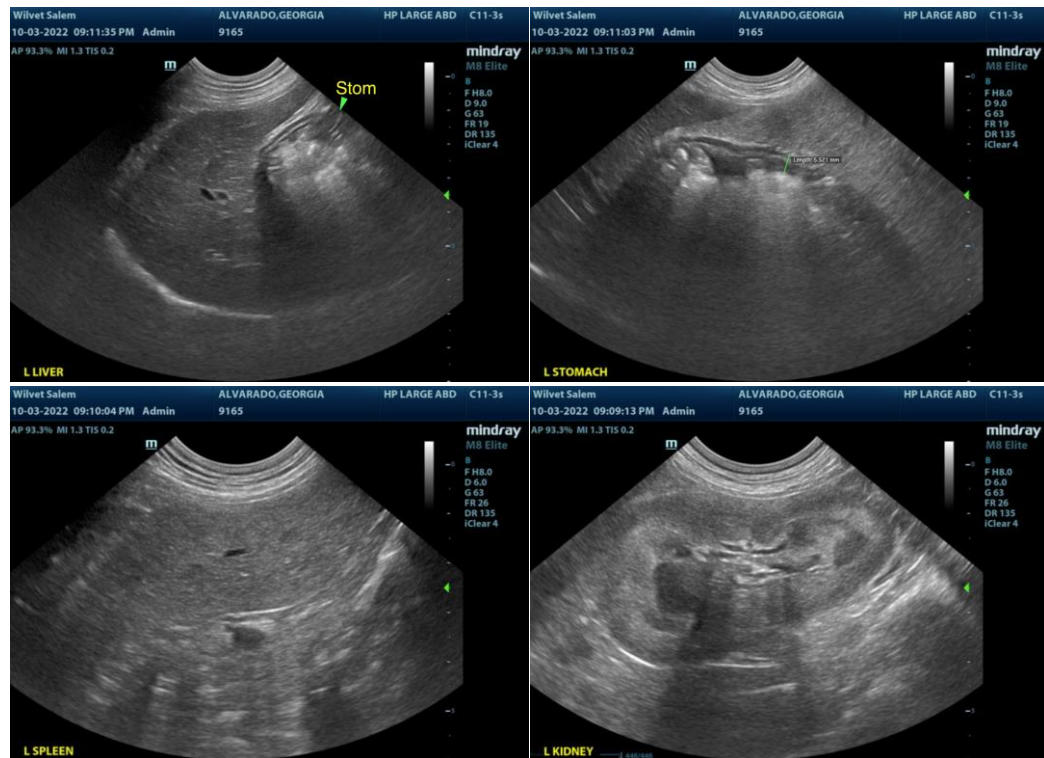
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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