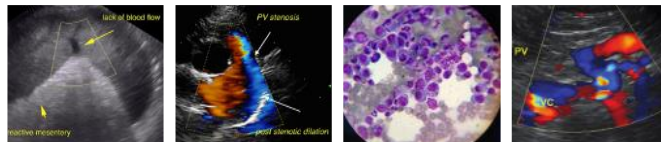
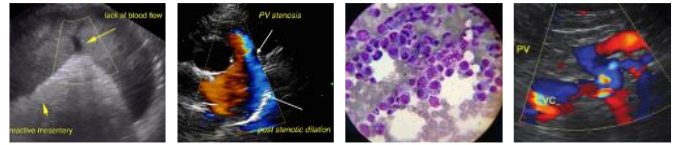


PATIENT	PRESENTING CLINICAL SIGNS
Sweetie Seth	Sweetie is about a 2 yr old FS Australian Cattle dog X presented for exam because he was vomiting and having diarrhea since yesterday. She arrived from India yesterday morning, ate around 2 pm then vomited undigested food about an hour later. P has vomited 4-5 times since then and wouldn't eat.
SPECIES	Also had bloody diarrhea (bright red blood as seen on bedding) in the crate overnight. She was given long-acting antibiotic injection before boarding plane because of increased neutrophils and lymphocyte as seen on 9/26/2022 blood work. She previously completed a course of Doxycycline treatment for Hepatozoon. She was in boarding facility for about a month and was reported to be a picky eater.
Canine	
BREED	
Catahoula Mix	Abnormal PE/Chem/CBC/UA Results: Bloodwork was performed: CBC: WNL CHEM: mildly increased SDMA, GLOB, mild hypochloremia cPL: Normal ProCyte Dx Test (September 28, 2022 5:18PM) Test Results Reference Interval MCH 20.3 pg 21.2 - 25.9 LOW Catalyst Dx Test (September 28, 2022 5:32 PM) Test Results Reference Interval SDMA 30 µg/dL 0 - 14 HIGH UREA 1.8 mmol/L 2.5 - 9.6 LOW GLOB 46 g/L 25 - 45 HIGH Cl 105 mmol/L 109 - 122 LOW
SEX	
FS	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
2-3yr	Urinary System
WEIGHT	The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Mild to variable luminal polyploid changes noted along the apical bladder surface. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The ventroapical bladder wall measured 0.59 cm in width. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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.
14.4kg	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 5.5 cm in length. The right kidney measured 6.1 cm in length.
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology in the area of the previous uterus/ovaries.
IMAGING PERFORMED BY	Adrenal Glands
JSS	The left adrenal gland was indistinctly visual without overt pathology. The left adrenal gland measured 0.41 cm width. The right adrenal gland was not definitively visualized.
HOSPITAL NAME	Spleen
King Hopkins Pet Hospital	The spleen exhibited normal size and contour with mild generalized heterogeneous parenchyma and normal vascularity. No masses or nodules noted.
REFERRING VET	Liver
Dr. Brown	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.
INVOICE	
11775ag	
DATE	
10/03/2022	



PATIENT	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate non-dependent inspissated yet non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Sweetey Seth	
SPECIES	Gastrointestinal
Canine	The stomach presented generalized variable moderate to marked wall thickening exhibiting decreased mural echogenicity and loss of wall layer detail. The lumen of the stomach contained a mild to moderate amount of retained fluid and non-specific hyperechoic ingesta with no signs of ileus, obstruction or foreign material.
BREED	
Catahoula Mix	The ventral gastric body wall measured up to 2.2 cm in width.
SEX	The visualized segments of small intestine exhibited segmental intact wall layering with 1:3 muscularis/mucosa ratio. An unspecified segment of the mid abdominal small intestine to potential colon exhibited concurrent wall thickening, decreased mural echogenicity and loss of wall layer detail. The small intestine measured up to 0.91 cm wall width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
FS	
AGE	Potential for thickened distal colon wall layering exhibiting similar appearance was present dorsocranial to the urinary bladder.
2-3yr	
WEIGHT	Pancreas
14.4kg	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.
INTERPRETED BY	Free Abdomen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy was present. Regional hyperechoic peri gastric to peri intestinal mesentery was noted.
IMAGING PERFORMED BY	Mild volume anechoic peritoneal free fluid was present.
JSS	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
King Hopkins Pet Hospital	<ul style="list-style-type: none"> Moderate to marked stomach wall thickening exhibiting decreased mural echogenicity and loss of wall layer detail, concurrent gastric hypomotility Segmentally thickened small intestine vs colon with similar appearance to the stomach Regional hyperechoic mesentery with mild volume peritoneal free fluid
REFERRING VET	Secondary
Dr. Brown	<ul style="list-style-type: none"> Mild cystitis to polyploid cystitis pattern Moderate gallbladder debris (non-mucocele)
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
11775ag	The primary finding of the moderate to markedly thickened stomach with secondary hypomotility as well as unspecified concurrent thickened small intestine vs colon may indicate significant inflammatory vs infiltrative (neoplasia, fungal etc.) etiologies. Assuming normal clotting status and using a 25g needle, a thickened gastric wall vs thickened colon wall FNA for screening cytology could be considered. Biopsy is likely required for a definitive diagnosis and should be strongly considered for further assessment and potential guidance of therapy. Empirically a gastric protectant protocol and as needed GI and dietary support is recommended.
DATE	
10/03/2022	



PATIENT

Sweetey Seth

SPECIES

Canine

BREED

Catahoula Mix

SEX

FS

AGE

2-3yr

WEIGHT

14.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

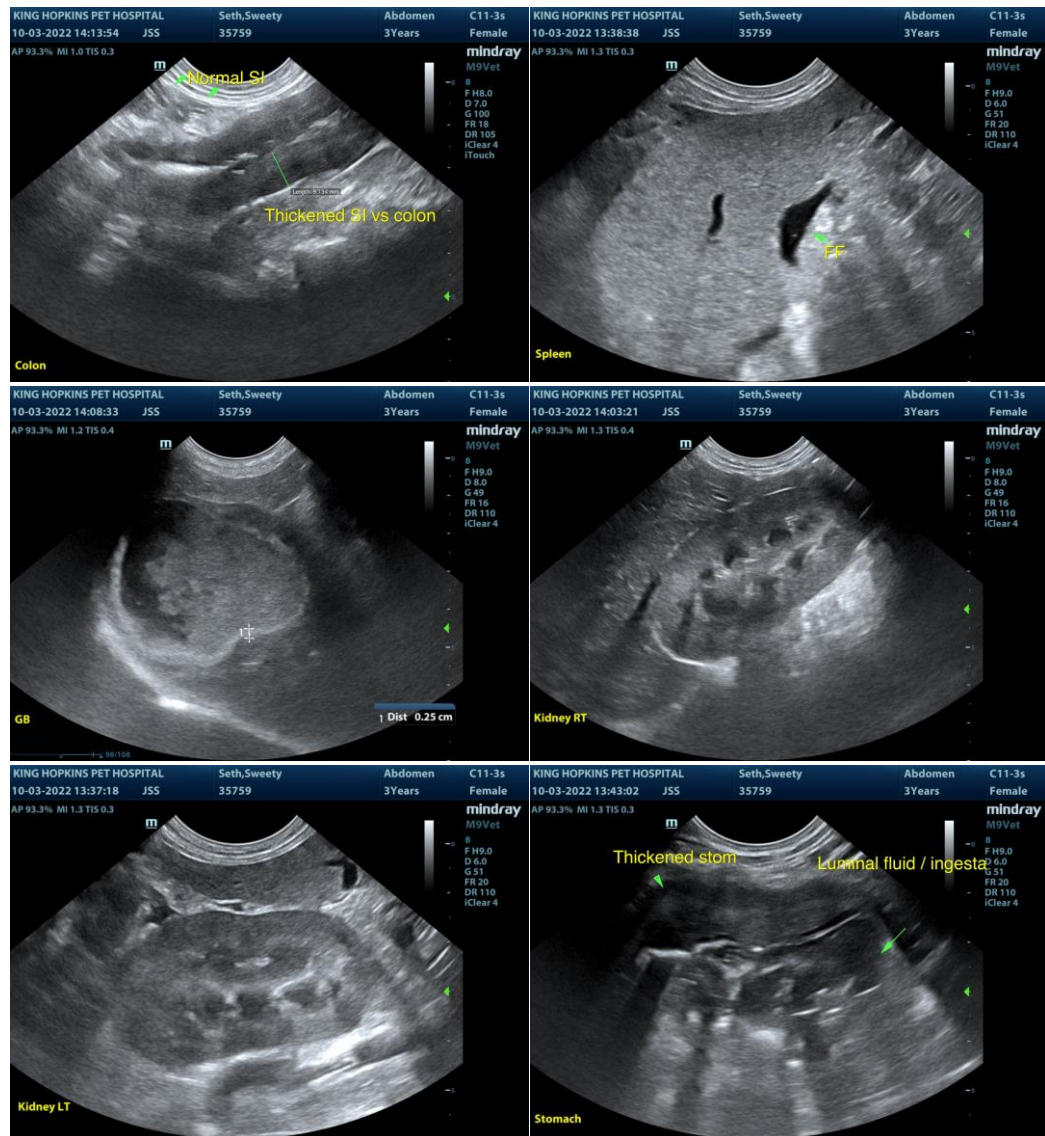
Dr. Brown

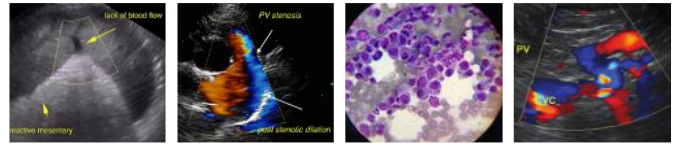
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DATE

10/03/2022





PATIENT

Sweetey Seth

SPECIES

Canine

BREED

Catahoula Mix

SEX

FS

AGE

2-3yr

WEIGHT

14.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet
Hospital

REFERRING VET

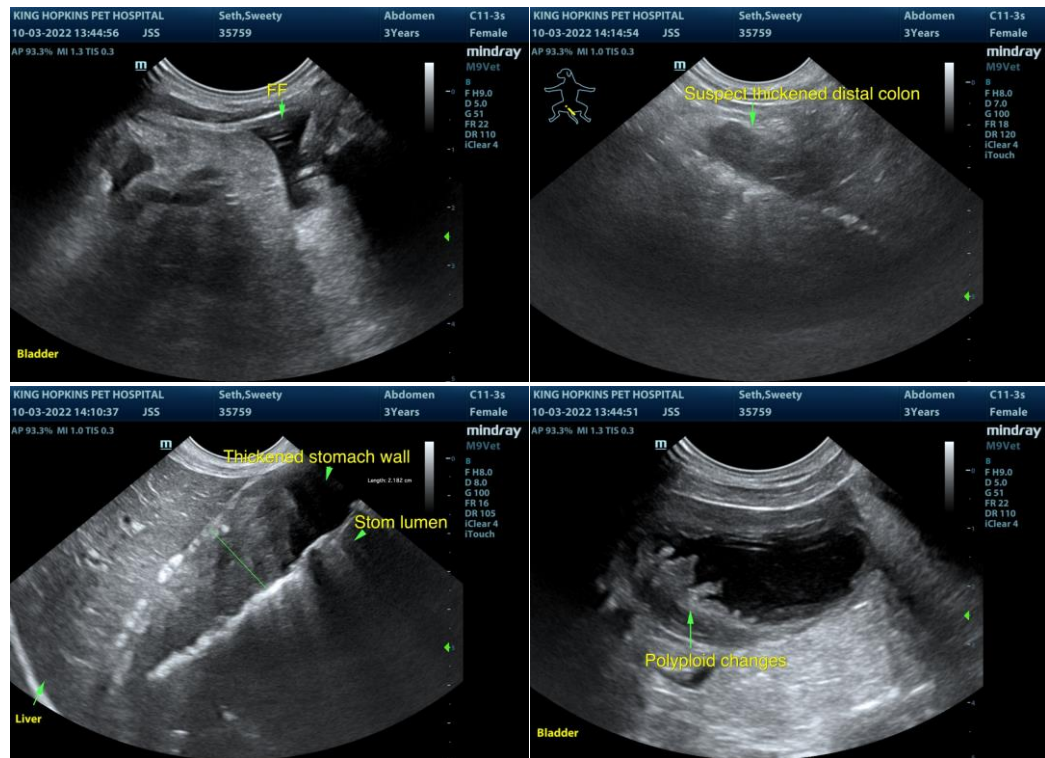
Dr. Brown

INVOICE

11775ag

DATE

10/03/2022



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