



PATIENT	PRESENTING CLINICAL SIGNS
Cooper Sniderman	diarrhea and pancreatitis: resolved eye drooping, and stumbling hind legs pu/pd hypertension (MAP 180)
SPECIES	Abnormal PE/Chem/CBC/UA Results: Total Prot 47 (55-75) Alb 25 (27-39) Glob 22 (24-40) CK 427 (10-200)
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Goldendoodle	Urinary System
SEX	The urinary bladder, trigone, and cystourethral junction 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	No evidence of pathology was noted in the area of the residual prostate.
AGE	The area of the aortic trifurcation was free of pathology.
10 years	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 7.2 cm in length. The right kidney measured 7.2 cm in length.
WEIGHT	
86.6 lbs.	
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 2.9 cm length x 0.71 cm width at the caudal pole.
IMAGING PERFORMED BY	The right adrenal gland was indistinctly visualized owing to patient size and conformation, subjectively measuring 0.55 cm width at the caudal pole and without evidence of pathology.
Kelly Reshny, RVT	Spleen
HOSPITAL NAME	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.
Dundas AH	Liver/ Gallbladder
REFERRING VET	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.
Dr. Foster	
INVOICE	
12356	
DATE	
10/4/21	



PATIENT	<i>Gastrointestinal</i>
Cooper Sniderman	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained chyme was present. The ventral gastric body wall measured 0.45 cm width. No signs of ileus, obstruction, or foreign material were noted.
SPECIES	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with segmental chyme present. No evidence of gastrointestinal obstructive pattern or loss of gastrointestinal wall layering was noted. The jejunum wall measured 0.39 cm width.
BREED	
Goldendoodle	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Neutered Male	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	<i>Free Abdomen</i>
10 years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
86.6 lbs.	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> Sonographically unremarkable abdomen
R. McKenzie Daniel, DVM, DABVP	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
IMAGING PERFORMED BY	No evidence of visceral, specifically gastrointestinal or pancreatic pathology. Potential for dietary indiscretion, occult parasitism, or structurally insignificant inflammatory gastroenteropathy is possible.
Kelly Reshny, RVT	No evidence of active pancreatitis, although low-grade or chronic pancreatitis may be present yet ultrasonographically normal.
HOSPITAL NAME	Fresh fecal analysis to assess for parasitic ova / Giardia, a GI panel to include PLI/TLI/Cobalamin/Folate and adrenal screening with resting cortisol to rule out occult Addison's Disease are warranted.
Dundas AH	
REFERRING VET	
Dr. Foster	The appearance of the gastrointestinal tract was not overtly consistent with the classic presentation of PLE, yet continued monitoring of protein levels is recommended. 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 (Provable 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.
INVOICE	
12356	
DATE	
10/4/21	



PATIENT

Cooper Sniderman

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

10 years

WEIGHT

86.6 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Dundas AH

REFERRING VET

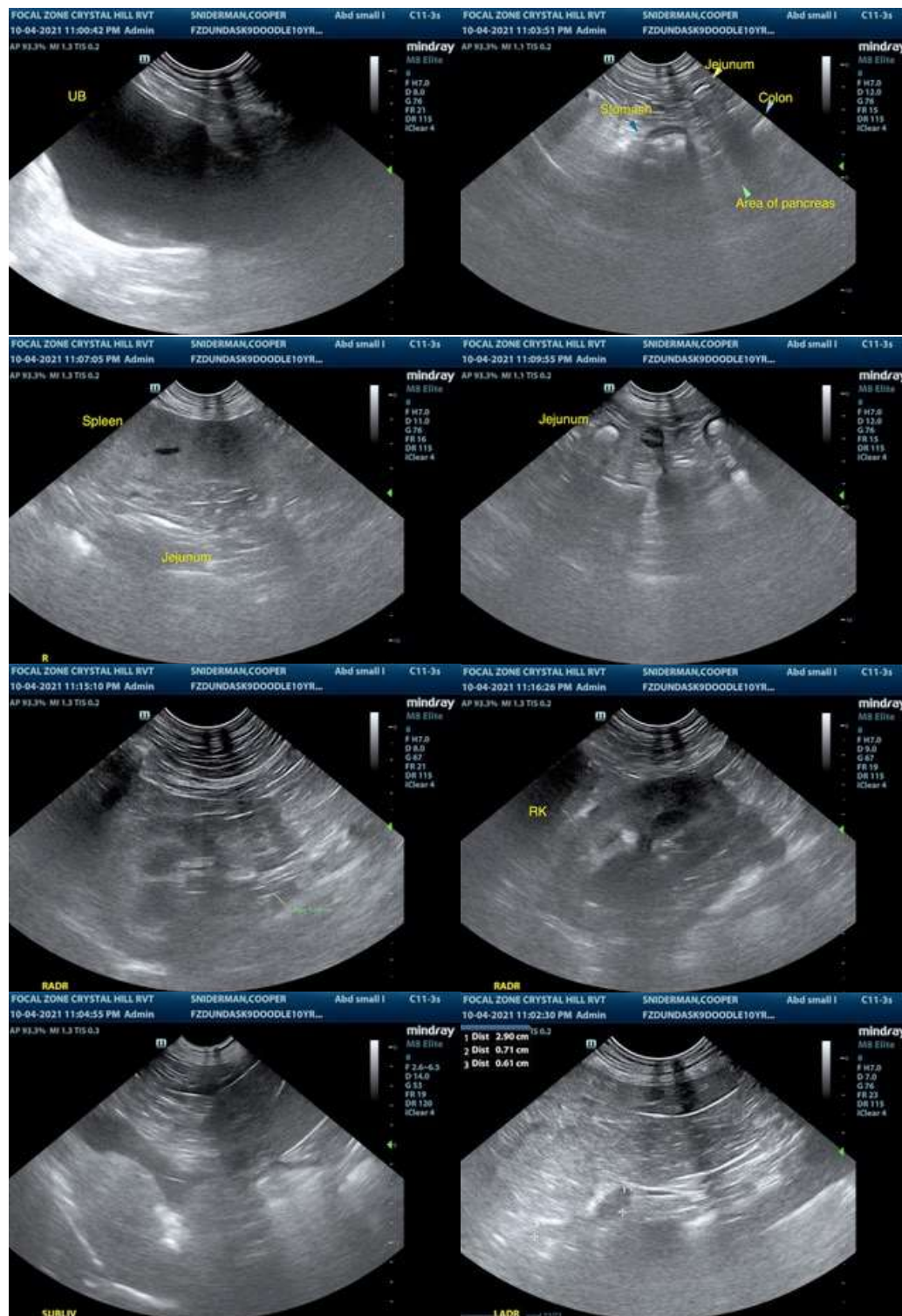
Dr. Foster

INVOICE

12356

DATE

10/4/21





PATIENT

Cooper Sniderman

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

10 years

WEIGHT

86.6 lbs.



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

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Dundas AH

REFERRING VET

Dr. Foster

INVOICE

12356

DATE

10/4/21