



PATIENT	PRESENTING CLINICAL SIGNS
Ziggy Boel	intermittent vomiting/lip smacking over past few months becoming progressively worse, dramatic weight loss, hyporexia currently on famotidine 5mg BID
SPECIES	Abnormal PE/Chem/CBC/UA Results: M1 Lymphopenia, M1 hyperglycemia, M1 elevated ALP please see attached rads (from 2 weeks ago)
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
Min. Schnauzer	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
SEX	No overt pathology in the area of the residual prostate.
MN	No evidence of pathology in the area of the aortic trifurcation.
AGE	Normal size and margination was present in the kidneys with increased corticomedullary echogenicity. 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. A moderately sized yet thinly walled cystic lesion containing primarily anechoic yet subjective mild cellular fluid measuring approximately 2.6 cm in diameter was present in the caudal right kidney. The left kidney measured 5.4 cm in length. The right kidney measured 6.4 cm in length.
10 Years	
WEIGHT	<i>Adrenal Glands</i>
7.3kg	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.51 cm width in the caudal pole. The right adrenal gland measured 1.7 cm length x 0.57 cm width in the caudal pole.
INTERPRETED BY	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Ill-defined hyperechoic splenic parenchyma foci which may indicate focal areas of fibrosis, mineralization, or microinfarction noted. Overall, the splenic changes were subjectively benign. Mild generalized parenchyma heterogeneity was present. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
IMAGING PERFORMED BY	<i>Liver</i>
Kelly Reshny, RVT	The liver exhibited subjective mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
HOSPITAL NAME	The gallbladder exhibited overall mild distension containing nondependent nonorganized echogenic luminal debris. The common bile duct was subjectively normal.
Nelson AH	
REFERRING VET	<i>Gastrointestinal</i>
Frederick	
INVOICE	
47638	
DATE	
10-4-21	



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.39 cm width.
Ziggy Boel	
SPECIES	The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective mild jejunal mucosal speckling. No overt evidence of mechanical, gastrointestinal obstruction, or foreign material. Intact wall layering appeared to be maintained without loss of wall layering or intestinal masses. The duodenum wall measured 0.45 cm width and the jejunum wall measured 0.25 cm width.
Canine	
BREED	Normal visible colon wall layers were present with subjective semi-formed to soft feces in lumen.
Min. Schnauzer	<i>Pancreas</i>
SEX	The pancreas was normal in size and contour with heterogeneous to mildly hypoechoic with subjective focal mild nodular changes present in the pancreas base and right pancreatic limb. No signs of active inflammation or neoplasia.
MN	<i>Free Abdomen</i>
AGE	No overt lymphadenopathy or peritoneal effusion was present.
10 Years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Bilateral chronic renal changes with right kidney cystic lesion - probable cyst containing mild cellular fluid, low grade potential for renal abscess. • Age related spleen. • Low grade hepatopathy with parenchymal remodeling - subjectively benign. • Distended gallbladder with mild to moderate luminal debris (nonmucocele). • Heterogeneous to focal nodular pancreas - parenchymal remodeling owing to previous inflammation, chronic inflammation, with areas of nodular hyperplasia probable, no overt evidence of pancreatic neoplastic criteria. • Suspect inflammatory enteropathy.
7.3kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP	The overall appearance of the liver may indicate age related or benign parenchyma remodeling with concurrent vacuolar hepatic changes and/or cholestasis given the mild ALP elevation and presence of mild gallbladder debris. Potential for underlying low grade hepatobiliary inflammation also possible. Neoplasia is considered a less likely differential diagnosis.
IMAGING PERFORMED BY	The mild gallbladder distension and presence of gallbladder debris may also be secondary to fasting.
Kelly Reshny, RVT	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
HOSPITAL NAME	INVOICE
Nelson AH	Some or all of the following protocol may be considered with as needed gastrointestinal support: Three view chest radiographs recommended to rule out occult thoracic or esophageal pathology. Upper GI endoscopy may be indicated.
REFERRING VET	DATE
Frederick	A clinical trial of Zithromax (<i>Dogs</i> : 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a novel-protein or hydrolyzed diet with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet
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bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

SPECIES

Canine

BREED

Min. Schnauzer

SEX

MN

AGE

10 Years

WEIGHT

7.3kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Nelson AH

REFERRING VET

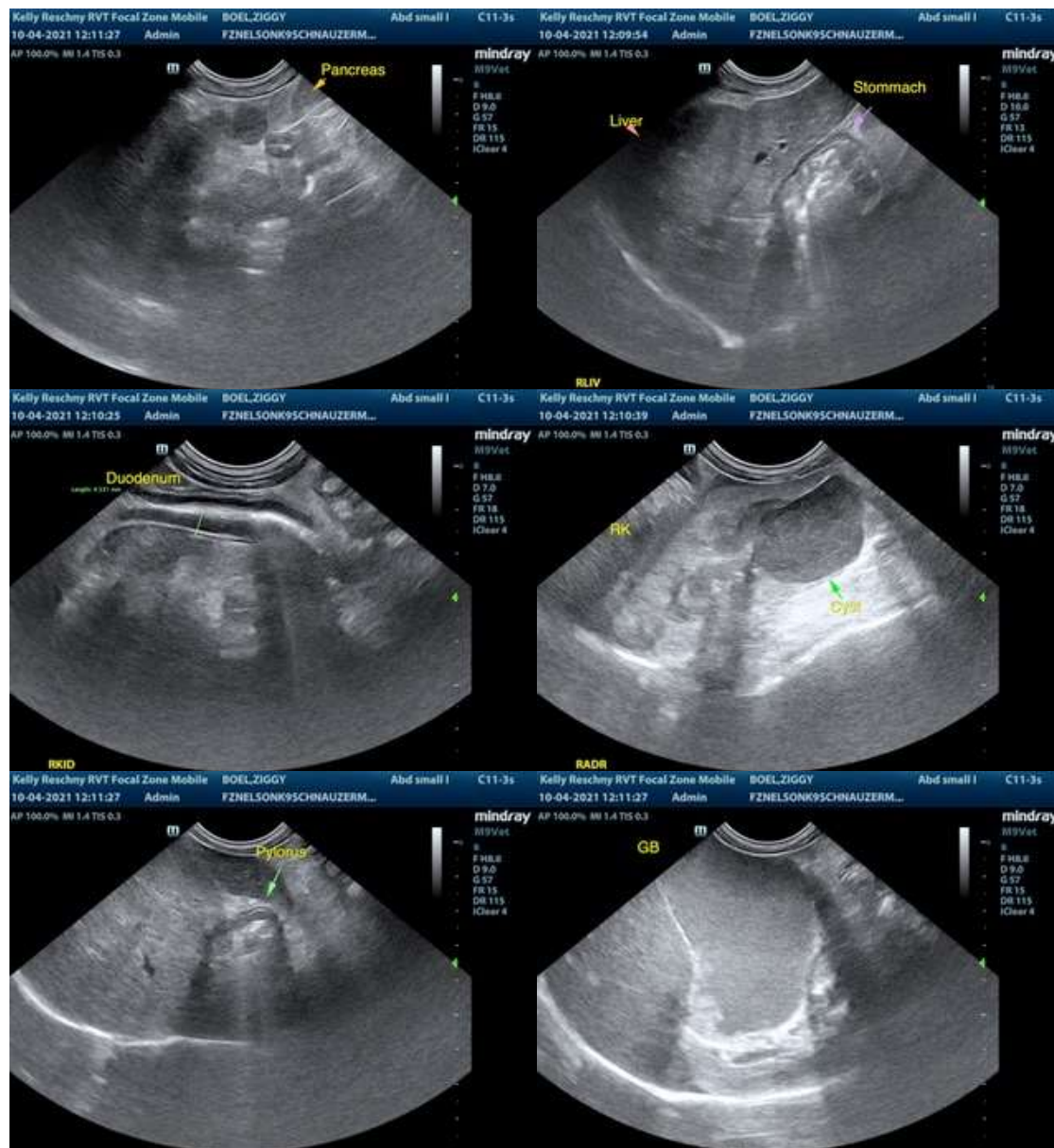
Frederick

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SPECIES

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Min. Schnauzer

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10 Years

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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)

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