



PATIENT

Addison Marie
Ambrose

SPECIES

Canine

BREED

Havanese

SEX

FI

AGE

2years

WEIGHT

4.26

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jolee
Stegemoller

HOSPITAL NAME

North Idaho AH
(VCS)

REFERRING VET

Dr. Jolee
Stegemoller

INVOICE

DATE

10/6/22

PRESENTING CLINICAL SIGNS

6-month intermittent vomiting and diarrhea, only ceases while on metronidazole. O has tried various foods, though no hydrolyzed protein trial yet. Currently taking Metronidazole 0.5ml SID, goes on BID if vomiting a lot. Omeprazole 10 mg SID at bedtime. Prescribed metoclopramide 1.2 mg q 8-12 hours today.

Abnormal PE/Chem/CBC/UA Results: Fecal panels negative ACTH stim test normal, CBC and Chemistries normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 3.5 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 1.6 cm in length x 0.34 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm in length x 0.32 cm width at the caudal pole.

Spleen

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.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact mildly prominent wall layering owing to subjective mildly prominent gastric mucosa and intermittent prominent rugal folds. The stomach contained a moderate amount of retained nonshadowing ingesta/chyme along with anechoic luminal fluid. No evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.47 cm. The ventral gastric body wall measured 0.32 cm.

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The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent intestinal mucosa. No evidence of loss of intestinal wall layering or mechanical/metabolic ileus. The duodenum wall measured 0.4 cm. The jejunum wall measured 0.26 cm.

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Normal visible colon wall layers were present. The colon contained semi-formed to soft fecal matter.

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Pancreas

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Other

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The visualized caudal uterus, cranial to the urinary bladder, exhibited subtle prominent size with subjective mild prominent walls, including minor segmental anechoic luminal fluid. Uterine diameter measured approximately 0.45 cm with wall measuring approximately 0.2 cm in width. No evidence of periuterine inflammation or free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Mild prominent uterus, exhibiting minor segmental luminal fluid- nonspecific patient variant. Potential for minor endometritis. Emerging pyometra is considered unlikely yet cannot be definitively excluded.
- Hypomotile stomach, exhibiting potentially retained ingesta and fluid, possible mild hypomotile gastritis
- Intact yet subjective mild prominent small bowel walls
- Sonographically unremarkable colon, containing semi-formed/soft fecal matter

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Dietary intolerance/food allergy, dysbiosis/antibiotic responsive diarrhea, occult parasitism (even with negative fecal panels), IBD or less likely infiltrative gastrointestinal neoplasia are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotics (such as Proviabio), broad spectrum deworming (i.e., Panacur, 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3-weeks even with negative fecal testing) and as needed antibiotic therapy (if clinically

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indicated) with assessment of clinical response would be reasonable. Pending additional diagnostics in response to additional therapy, endoscopic intestinal biopsies may be indicated.

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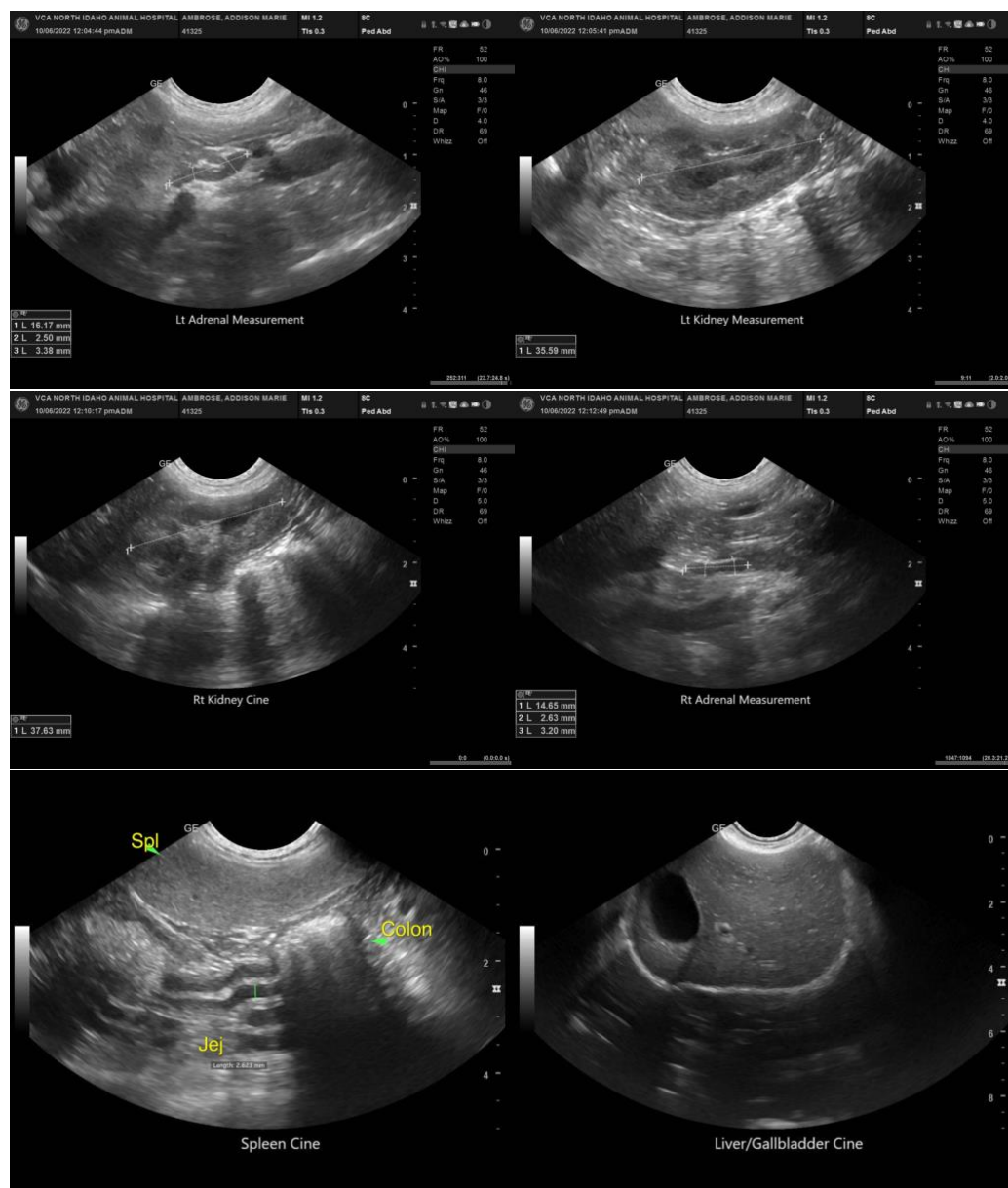
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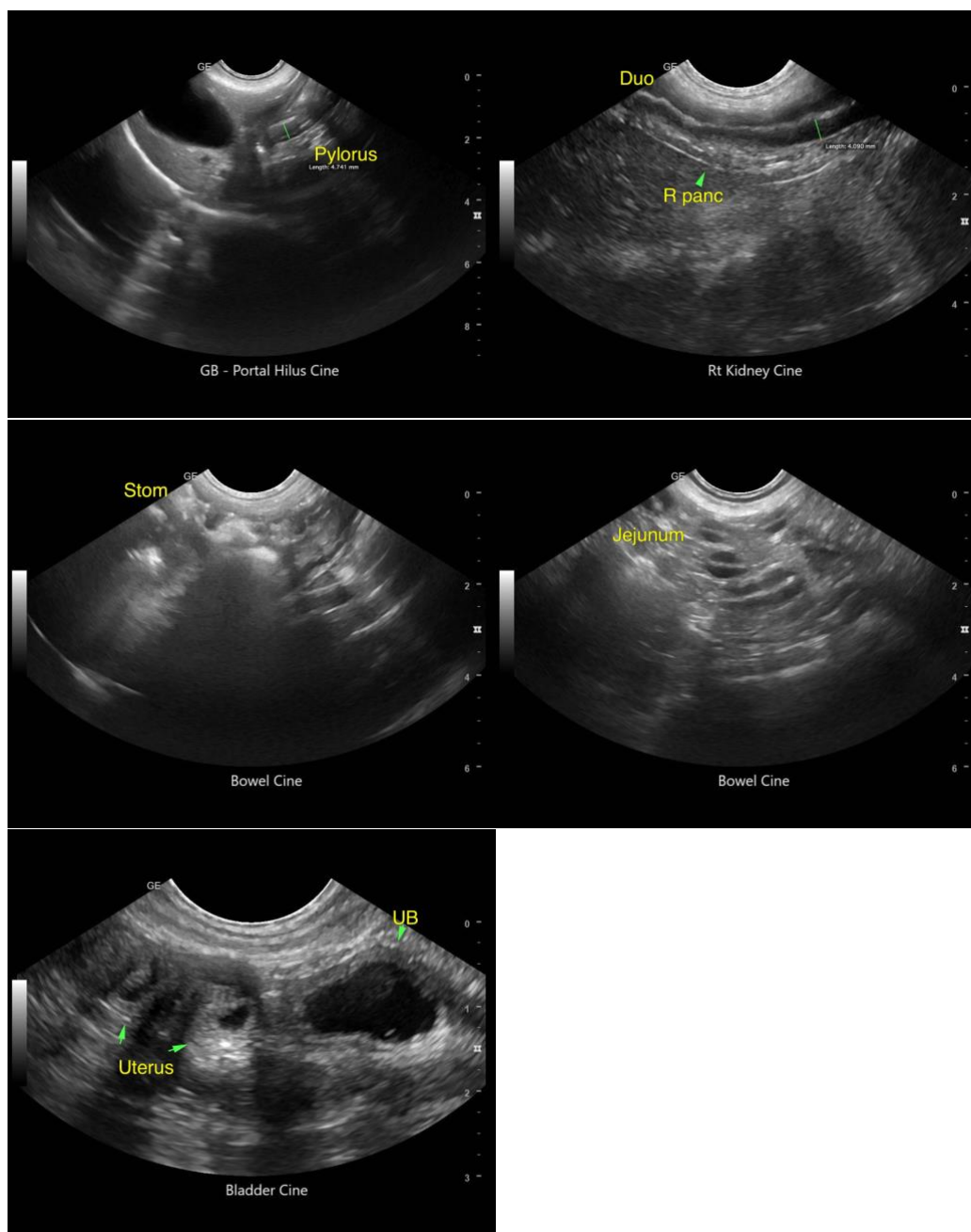
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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