



PATIENT	PRESENTING CLINICAL SIGNS
Mojo Niedzialek	9/30/21 Hx of V/D on & off, on V yellow (Bile), D watery no blood, appetite well Rx centrine + metro v/d dissolved with tx a that time, on 11/5/21 Patient present again with Bile V Abnormal PE/Chem/CBC/UA Results: BAR, All vital are WNL, abd palp mild tense on mid abdomen , enlarge prostate, periodontal dz stage2-3/ 4 Bw 11/6/21 TP 3.7 Low 5.0-7.4 Albumin 2.3 Low 2.7-4.4 Globulin 1.4 Low 1.6-3.6 T. bilirubin 0.6 High 0.1-0.3 Calcium 8.1 Low 8.9-11.4 CBC Platelet 785 High 170-400 T4= 1.2 0.8-3.5
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mix Terrier	The submitted study contained 22 still images and 4 videos for review.
	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.
Male Intact	
AGE	The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.7 cm in diameter. Minor potential for prostatitis possible yet thought less likely.
9.5 Years	
WEIGHT	No evidence of pathology in the area of the aortic trifurcation.
8	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. 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. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.4 cm width.
IMAGING PERFORMED BY	The right adrenal gland was not definitively visualized.
Jose	
HOSPITAL NAME	Spleen
Animal Clinic of Queens	No overt pathology associated with the spleen.
REFERRING VET	Liver / Gallbladder
Dr. Thomas	The liver was subjectively normal in structure and contour. Potential for minor microhepatica possible yet not considered clinically significant. 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.
INVOICE	Gastrointestinal
48329	The stomach exhibited intact yet subjective prominent wall layering with mild to moderate retained nonshadowing ingesta/chyme. No evidence of ileus, obstruction or foreign material.
DATE	
11-14-21	



PATIENT	The visualized small intestine exhibited intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio without evidence of mechanical or metabolic ileus or loss of intestinal wall layering. Subjective propensity for segmental to generalized mild prominent small intestinal mucosa.
Mojo Niedzialek	
SPECIES	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.
Canine	<i>Pancreas</i>
BREED	The pancreas base and right pancreatic limb were hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.
Mix Terrier	
SEX	<i>Free Abdomen</i>
Male Intact	Mild peri-intestinal reactive mesentery along with intermittent pockets of scant peri-intestinal free fluid were noted. Potential for subjectively reactive to benign mesenteric lymphadenopathy possible.
AGE	ULTRASONOGRAPHIC FINDINGS
9.5 Years	<ul style="list-style-type: none"> • Benign prostatic hyperplasia. • Minor age related renal changes. • Gastroenteropathy with possible mild gastric stasis - gastric enteritis, dietary intolerance/food hypersensitivity, dysbiosis/antibiotic responsive diarrhea, IBD, PLE with occult infiltrative gastrointestinal neoplasia considered an unlikely differential diagnosis. • Possible chronic pancreatitis and/or fibrosis. • Mild peri-intestinal reactive mesentery and intermittent small pockets of scant free fluid.
WEIGHT	
8	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to assess for parasitic ova/giardia suggested if not done.
IMAGING PERFORMED BY	The mild peri-intestinal reactive mesentery and scant free fluid likely owing to intestinal inflammation given current albumin levels; however, continued monitoring of albumin and globulin levels indicated. Endoscopic intestinal biopsies are likely ideal for further clarification given albumin levels currently greater than 2.0.
Jose	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. Additional therapy for protein losing enteropathy may be indicated if decreasing protein levels are noted.
HOSPITAL NAME	
Animal Clinic of Queens	
REFERRING VET	
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SEX

Male Intact

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9.5 Years

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(Canine and Feline)

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

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Queens

REFERRING VET

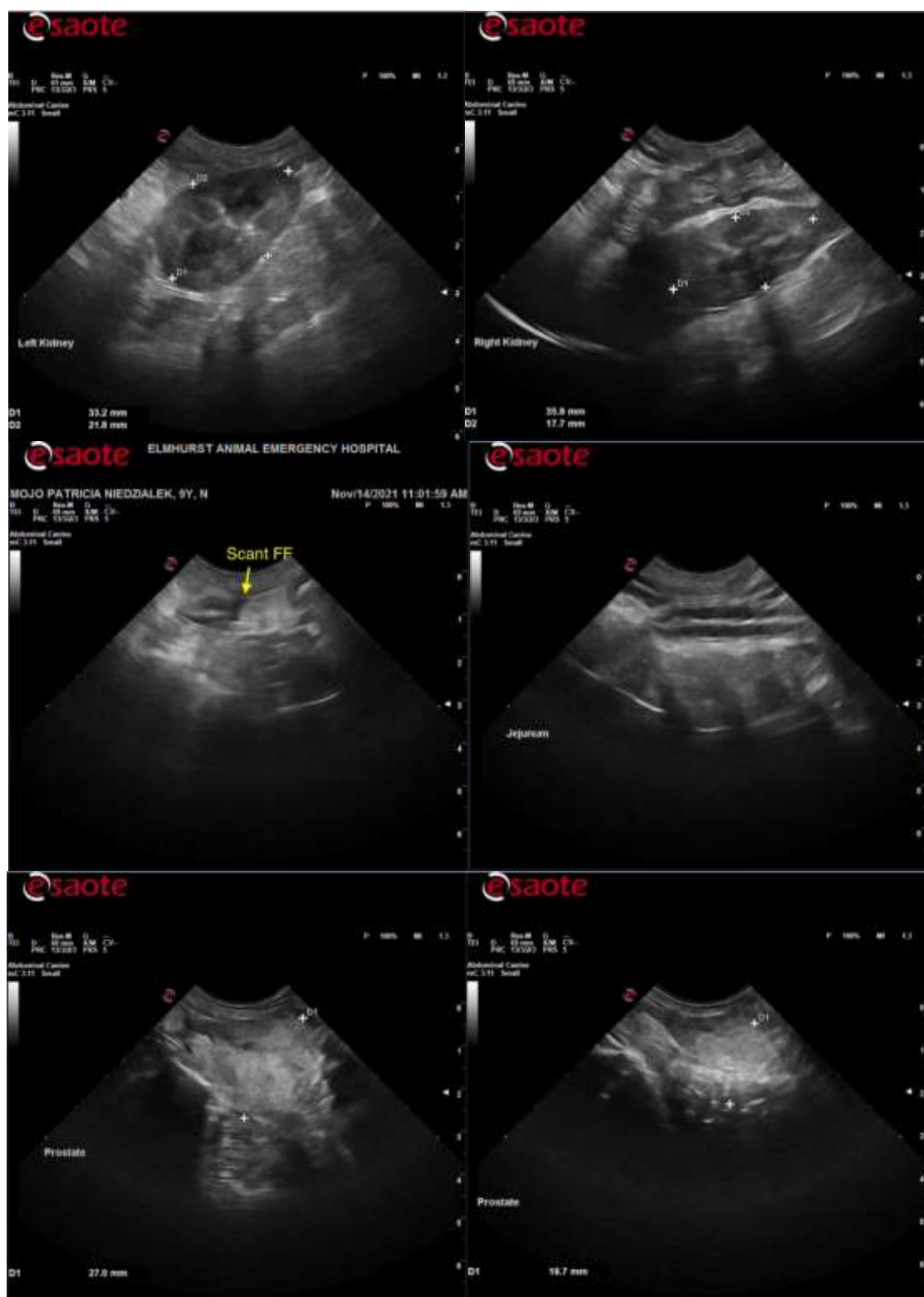
Dr. Thomas

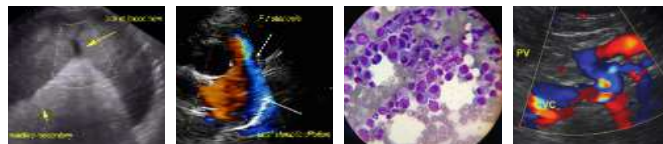
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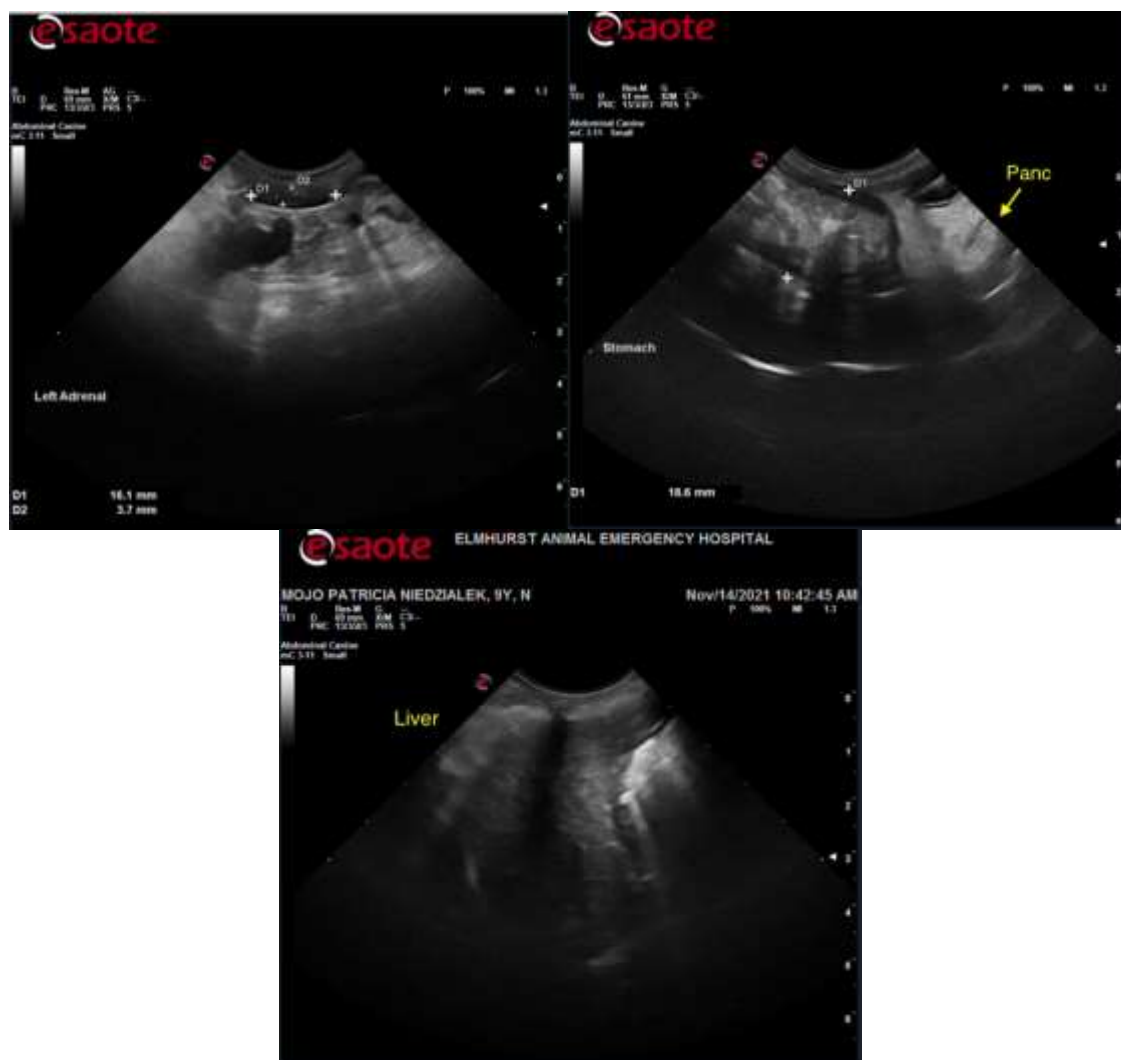
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com