



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Poppy Day	long history of skin issues, is on apoquel and hydrolyzed diet has had multiple bouts of vomiting in last 2 months, with no dietary change (tightly controlled). No diarrhea. Current Medications cerenia, fluids Radiographic Findings done 3 weeks ago and all normal
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.
Poodle Mix	The area of the aortic trifurcation was free of pathology.
<b>SEX</b>	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 4.2 cm in length. The right kidney measured 4.5 cm in length.
FS	
<b>AGE</b>	
5 years	
<b>WEIGHT</b>	
14.5 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
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 1.8 cm length x 0.39 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 2.2 cm length x 0.61 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh, CVT	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Q Street AH	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.
<b>REFERRING VET</b>	
Dr. Bretschneider	
<b>INVOICE</b>	
12615	
<b>DATE</b>	
11/15/21	



**PATIENT**

***Gastrointestinal***

Poppy Day

The stomach presented intact wall layering with a normal wall layer ratio with minor retained echogenic ingesta / chyme. The gastric body wall width measured 0.38 cm. The pylorus wall width measured 0.40 cm.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.33 cm. The jejunum wall width measured 0.32 cm.

**BREED**

Poodle Mix

Normal visible colon wall layers were present with apparent formed feces in lumen.

**SEX**

***Pancreas***

FS

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**

5 years

***Free Abdomen***

**WEIGHT**

No overt lymphadenopathy or peritoneal effusion was present.

14.5 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

***Primary Findings***

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

- Sonographically unremarkable abdomen
- Minor retained gastric ingesta / chyme

**IMAGING  
PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Jenna Walsh, CVT

No overt evidence of significant visceral, specifically gastrointestinal or pancreatic pathology was a potential cause of the patient's recent vomiting episodes. Low-grade or chronic pancreatitis may be present yet sonographically normal, while structurally insignificant inflammatory bowel process cannot be definitively excluded. If documented fast prior to the ultrasound, some degree of minor gastric hypomotility or stasis may be possible.

**HOSPITAL NAME**

Q Street AH

Continued hydrolyzed diet with potential for possible diet rotation, as well as gastroprotectant protocol may be considered with an assessment of clinical response.

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Although considered unlikely, adrenal screening with resting cortisol may be considered to rule out occult Addison's Disease.

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**PATIENT**

Poppy Day

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

FS

**AGE**

5 years

**WEIGHT**

14.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

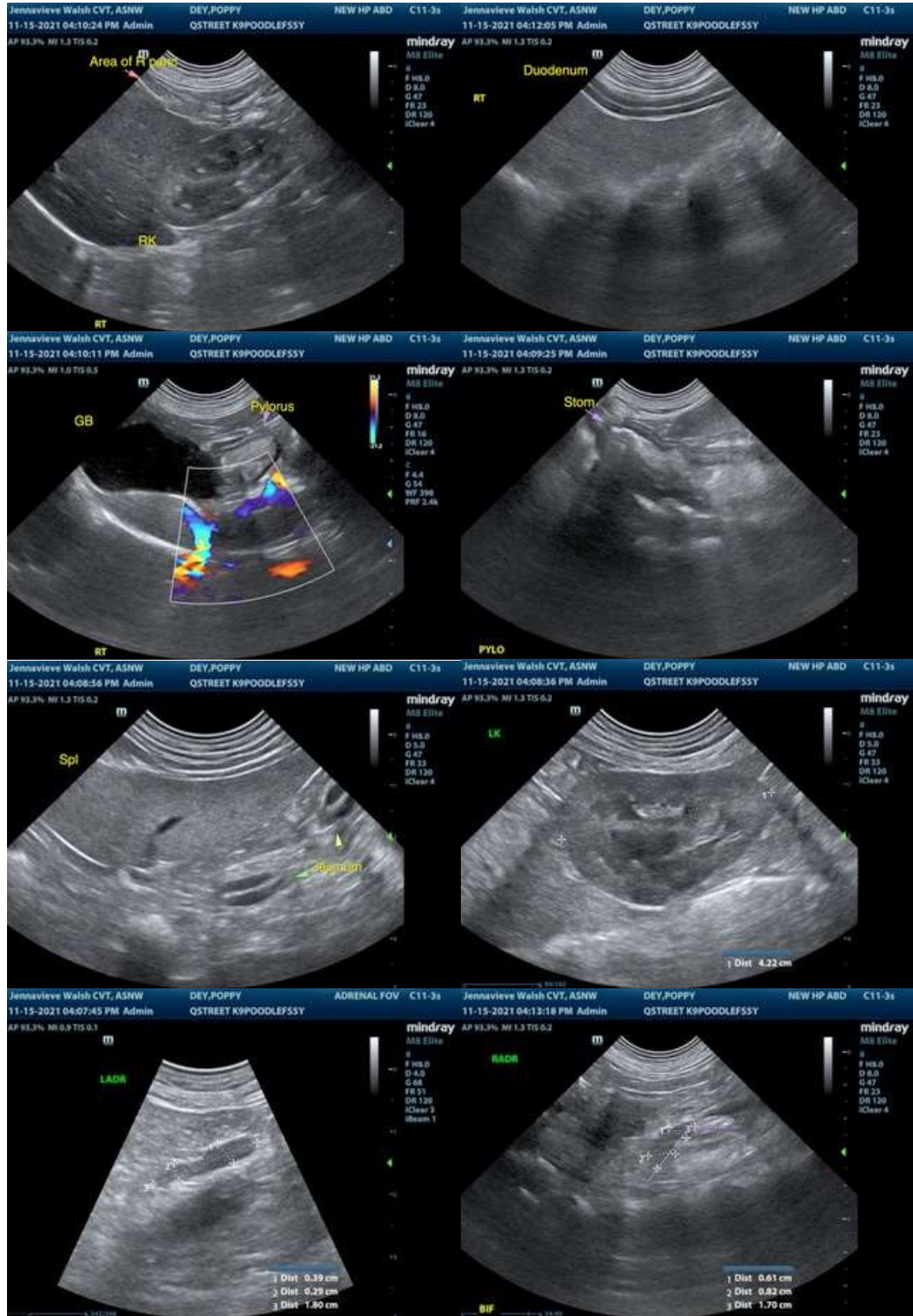
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The information and recommendations provided are based on the images presented by the



**PATIENT**

Poppy Day

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

FS

**AGE**

5 years

**WEIGHT**

14.5 lbs.

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**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**