



PATIENT

Pascal Almeida

SPECIES

Canine

BREED

Schnauzer

SEX

M/N

AGE

2 yrs

WEIGHT

25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet
Ultrasound

REFERRING VET

Dr. Santiago

INVOICE

15533

DATE

11/18/22

PRESENTING CLINICAL SIGNS

Presented a month ago for vomiting bile, trial with Pepcid helped some. Last week presented for liquid diarrhea, doing better but owner requested an ultrasound.

Abnormal PE/Chem/CBC/UA Results: All nsf including fecal, CBC, chem and Cpl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone containing primarily anechoic urine. A solitary, small, dependent calculus measuring 0.41 cm was present. No evidence of inflammatory urinary bladder mural changes was noted. The urethra exhibited normal structure and tone to a depth of 1.0 cm.

The area of the residual prostate was free of overt pathology.

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 4.4 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology. The right adrenal gland was indistinctly visualized yet was overtly normal in size, position and shape measuring 0.47 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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.



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

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Pancreas

SPECIES

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

Schnauzer

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

M/N

- Small urinary bladder calculus
- Sonographically unremarkable gastrointestinal tract / colon
- Sonographically normal liver exhibiting normal hepatic volume

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample to assess for underlying infection, given the small cystic calculus, is suggested.

INTERPRETED BY

At times, the gastroenterocolic appearance may not correlate with history of previous or current gastrointestinal signs. Considerations may include; dietary intolerance / food allergy, resolving gastroenteritis, dysbiosis, occult parasitism, emerging IBD, and less likely occult Addison's Disease.

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(Canine and Feline)

If persistent or recurrent GI signs, further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level. Empirically, novel protein or hydrolyzed diet trial with potential long term dietary therapy, empirical deworming (Panacur 50 mg/kg SID for at least 5 consecutive days even if fecal testing is negative), high colony count probiotic (such as Proviale), and as needed gastrointestinal support with assessment of clinical response is recommended.

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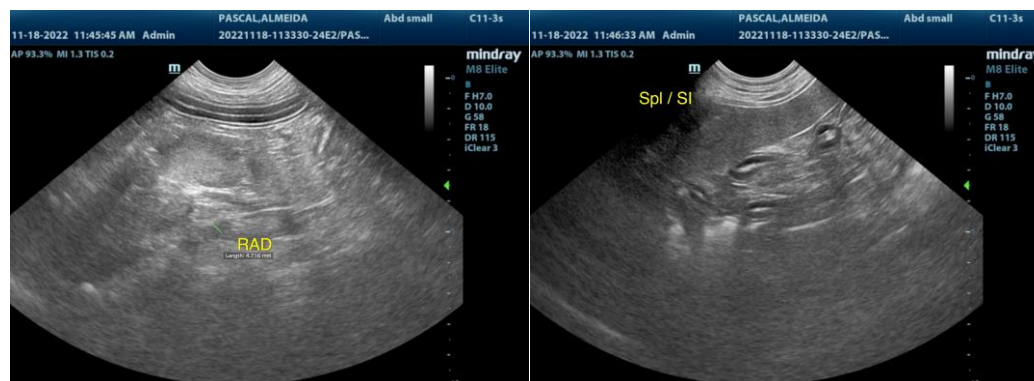
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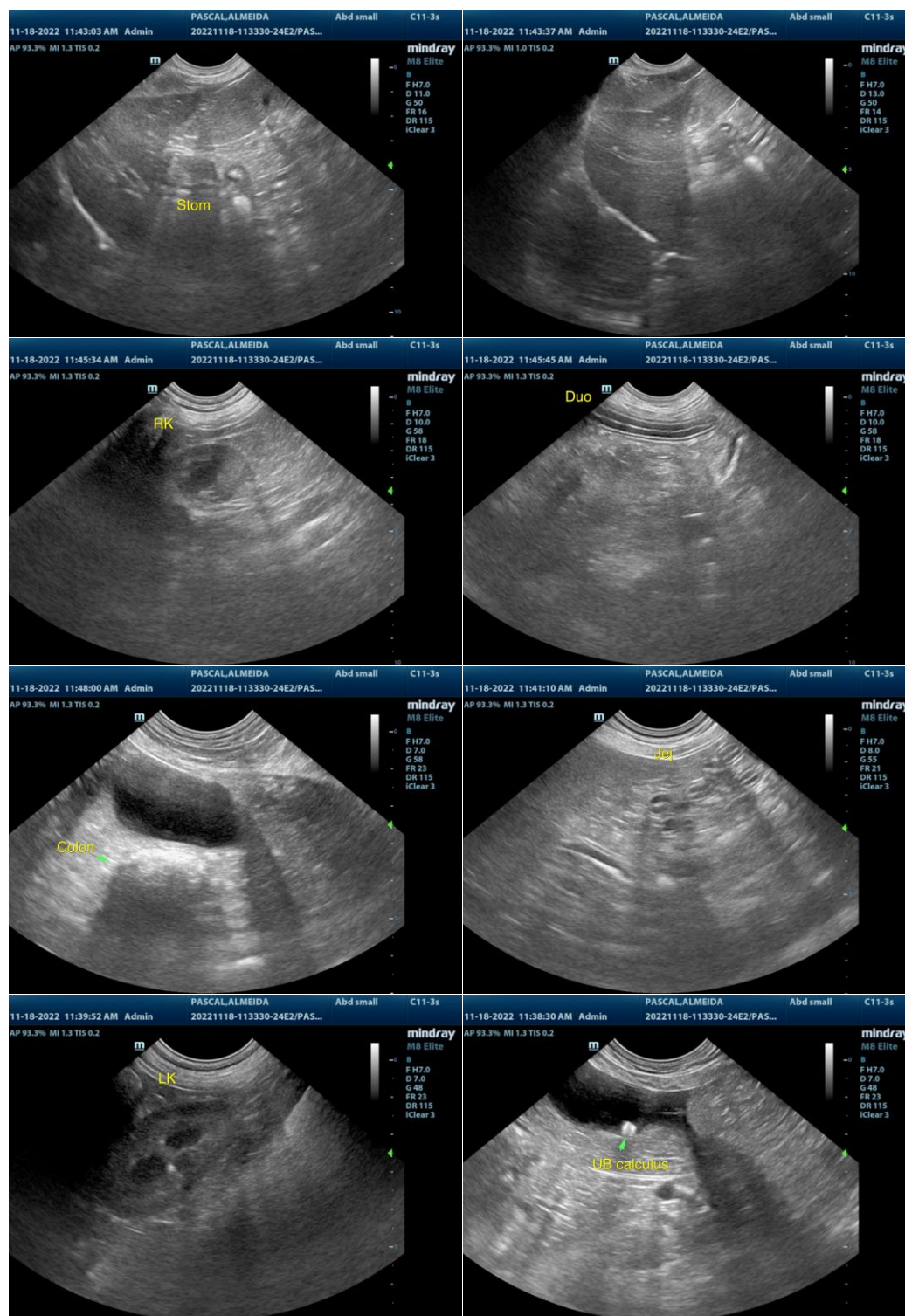
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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