



PATIENT	PRESENTING CLINICAL SIGNS
Zero Bilger	<p>chronic intermittent vomiting and grass eating. He has had some gastrointestinal issues since 2015. He would have episodes of vomiting and also anxious colitis. He has a history of flea allergies and possible chicken allergies (although he ate some chicken that he stole off the counter recently and didn't have issues). He seems to have his more severe issues every 4-6 weeks. If he vomits multiple times in a week he feels worse. It often involves food but can be many hours if he eats. Tim remarks that his milder episodes start where he won't eat and will wake up where he whines and seems painful and he wants to eat grass. They will give a half slice of bread that seems to help and then he will eat his kibble. Recently this seems to be happening multiple times a week. If he eats he will then be the normal for most of the day. His stool often seems to have a yellow tinge with more mucus. In late August and early September wanting to eat a lot of grass. 2nd week of September vomiting. Gave Cerenia and omeprazole (doesn't think it helps when tried a 30 day trial). In the last week of October he had a painful stomach (not bloated during this) HISTORY: Chronic pancreatitis. Has episodes of waking up in the middle of the night whining and needing to go out.</p> <p>Abnormal PE/Chem/CBC/UA Results: took rads as well, pending CBC chem ua TT4 , fecal , 4dx and fecal dysbiosis Will run a folate/ TLI / Cobalamin when fully fasted</p>
SPECIES	
Canine	
BREED	
Mix	
SEX	
Neutered Male	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
10 Years	Urinary System
WEIGHT	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.
34.5 Pounds	Adrenal Glands
INTERPRETED BY	Both adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.40 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measured 0.50 cm at the cranial pole and 0.48 cm at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several non-disruptive, medial parenchymal hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
Dr. Brita Kiffney	Liver
HOSPITAL NAME	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. Primarily minor congealed echogenic luminal debris present without
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INVOICE	
42952	
DATE	
11/23/22	



PATIENT

Zero Bilger

evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

The stomach exhibited intact, overtly normal visualized wall layering. The stomach contained a mild amount of retained non-shadowing ingesta/chyme. Ventral gastric body wall measured 0.42 cm.

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. Duodenum wall measured 0.42 cm. Jejunum wall measured 0.42 cm.

BREED

Mix

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

SEX

Neutered Male

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 was evident.

AGE

10 Years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

34.5 Pounds

- Intact gastrointestinal wall layering with mild gastric ingesta/chyme
- Sonographically unremarkable pancreas
- Mild age related kidneys
- Minor gallbladder debris
- Benign splenic nodules – consistent with benign myelolipomas.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Brita Kiffney

Overall, no evidence of abdominal visceral (specifically gastrointestinal or pancreatic) pathology. At times, the gastrointestinal sonographic presentation may not correlate with history of chronic or recurrent gastrointestinal signs. Considerations may include dietary intolerance/food allergy, occult parasitism, dysbiosis if evidence of recurrent diarrhea, IBD, low-grade to chronic pancreatitis (both of which may present sonographically normal), or less likely infiltrative neoplasia or occult Addison's disease. Further assessment may include pending GI panel (cobalamin, folate, TLI, PLI), resting cortisol level, empirically a novel protein or hydrolyzed diet with potential long-term dietary therapy, high colony count probiotic if evidence of diarrhea, cobalamin supplementation pending assessment of cobalamin levels, and as needed gastrointestinal support.

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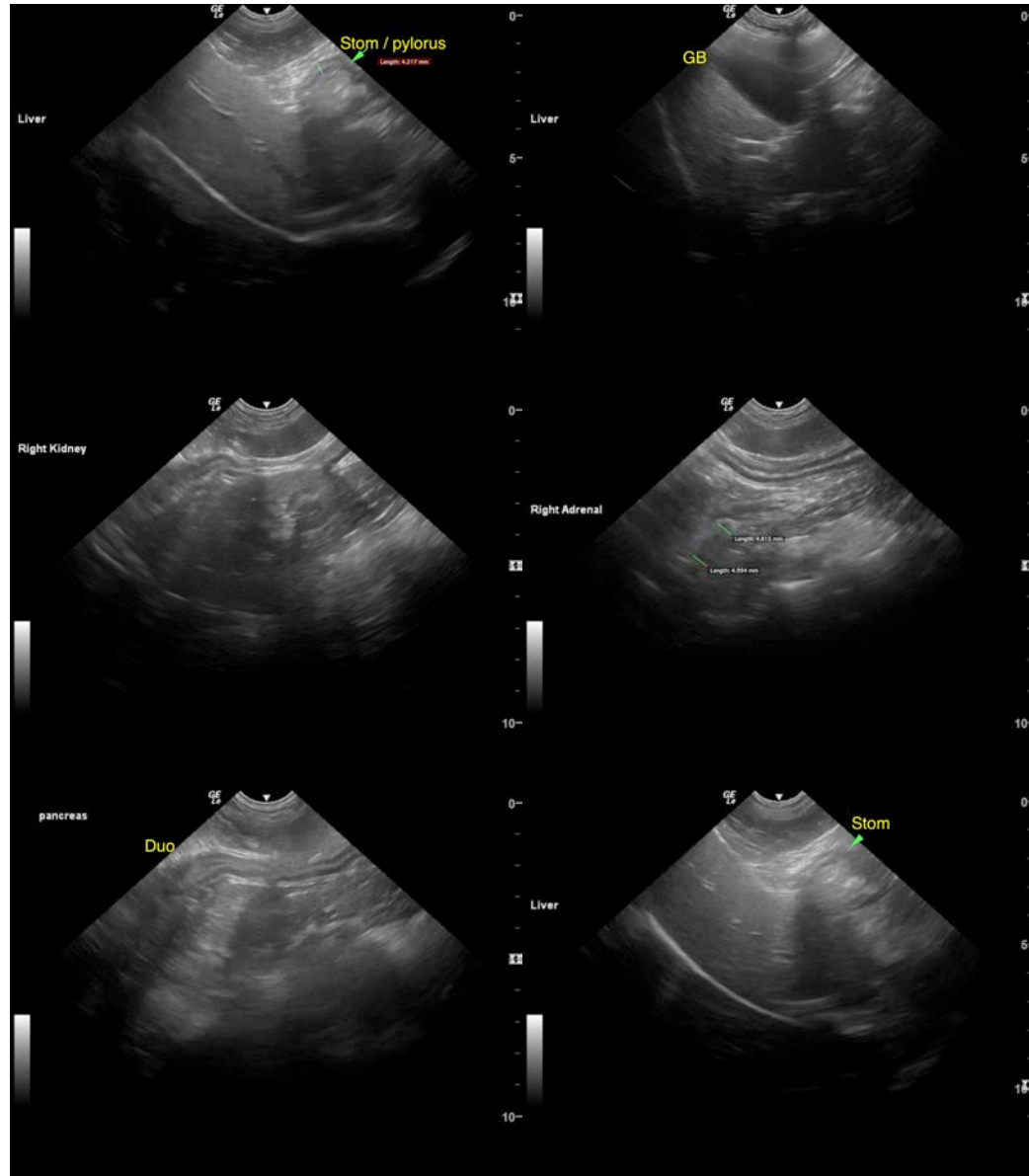
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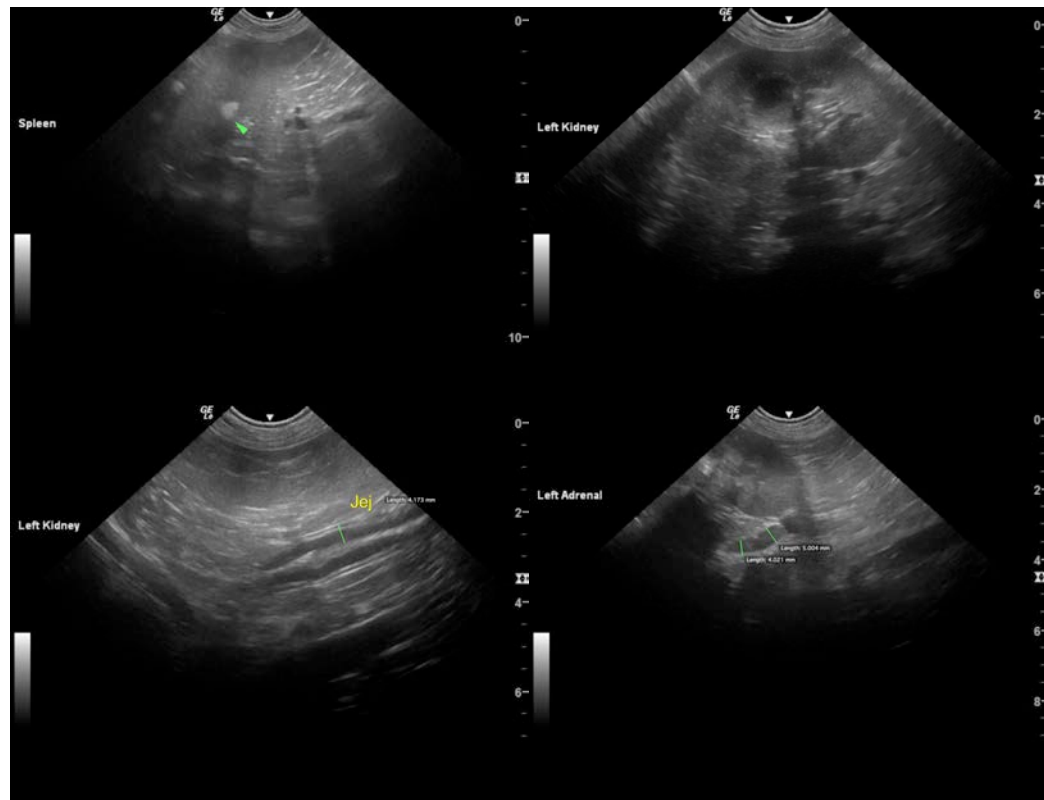
Neutered Male

AGE

10 Years

WEIGHT

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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)

info@SonoPath.com