



**PATIENT PRESENTING CLINICAL SIGNS**

Castro Reyes Vomiting, decreased appetite. Episodes of sudden restless behavior with increased drooling that come and go quickly,.

**SPECIES** Has been on Omeprazole, Metronidazole and Hypo HP diet.

Canine Abnormal PE/Chem/CBC/UA Results: October bloodwork normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
*Urinary System*

Boxer Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**SEX**

MN

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 6.7 cm in length. The right kidney measured 6.9 cm in length.

**AGE**

5yr

**WEIGHT**

28kg

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

*Adrenal Glands*

**INTERPRETED BY**

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 0.52 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.67 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Crystal Hill

*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.

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*Liver*

**REFERRING VET**

Dr. Robinson

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.

**INVOICE**

12296ag

*Gastrointestinal*

The stomach presented intact subjective mildly prominent wall layering most notable in the area of the mid gastric body, antrum and pylorus. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.66 cm in width. The ventral pylorus wall measured 0.85 cm in width.

**DATE**

11/28/2022



**PATIENT**

Castro Reyes

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.

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

**SPECIES**

Canine

***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.

**BREED**

Boxer Mix

***Free Abdomen***

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Mild gastritis pattern, sonographically unremarkable small bowel
- Sonographically unremarkable pancreas

**AGE**

5yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall a largely unremarkable abdomen with no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs.

Sonographically the stomach is suggestive of gastritis without evidence of overt GI neoplastic criteria or sonographic evidence of active pancreatitis. Esophagitis could be a consideration in this patient.

**WEIGHT**

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Three view chest radiographs are recommended if not done to assess for occult thoracic or esophageal pathology.

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DVM, DABVP  
(Canine and Feline)

Although considered unlikely given normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease could be considered.

**IMAGING PERFORMED BY**

Crystal Hill

Empirically, potential diet rotation of novel protein to alternative hydrolyzed diet with slurry feeding BIB/TID initially over 2-4 days increased to canned diet BID, continued gastric protectants and supportive care with avoidance of dry food over the next 4 weeks and assessment of clinical response may prove beneficial. Sonographic reassessment of the stomach suggested in 3-4 weeks if continued episodes of vomiting or inappetence are noted. Empirical coverage for helicobacter could also be considered. Upper GI endoscopy pending additional diagnostics may be indicated.

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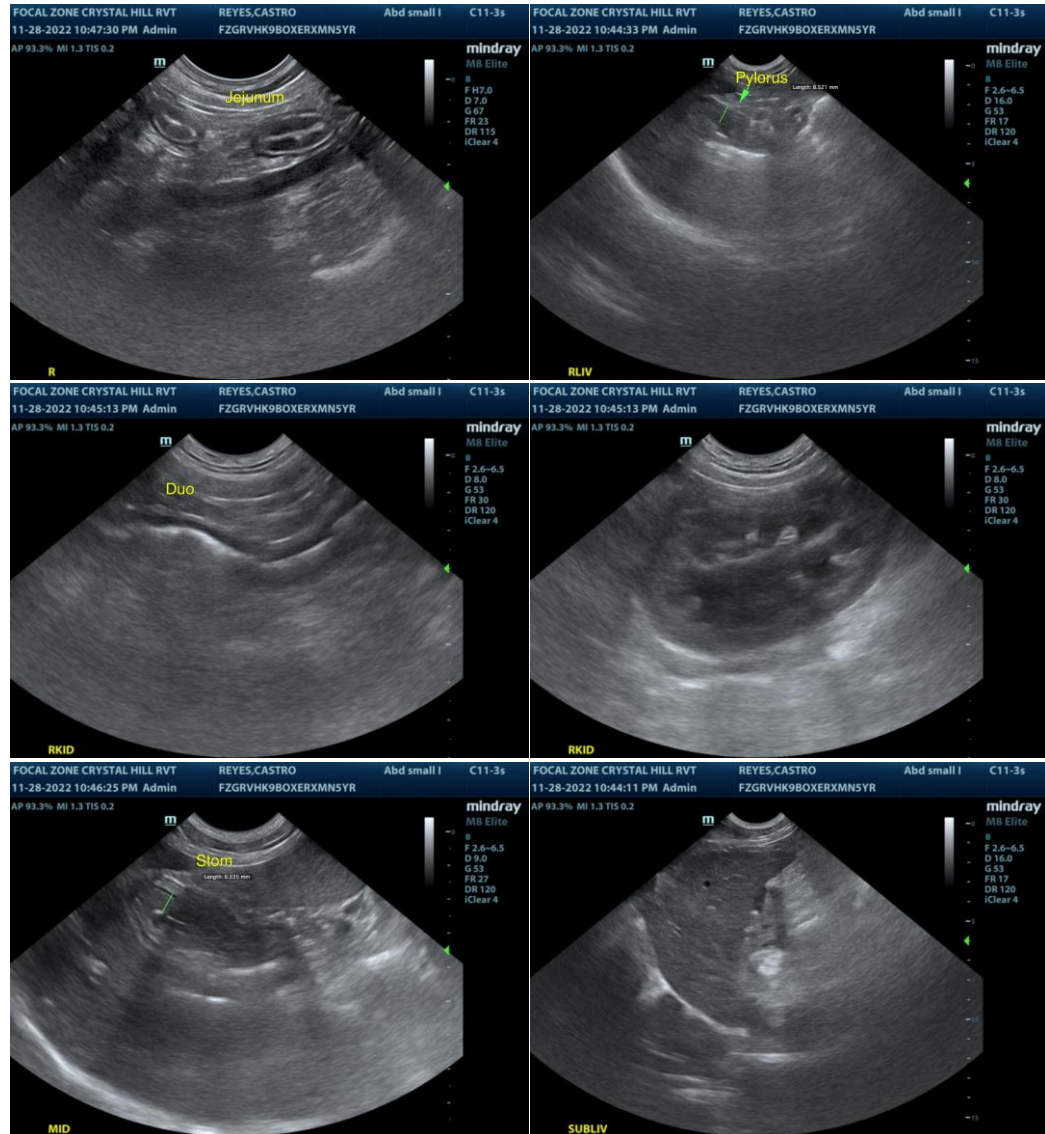
Dr. Robinson

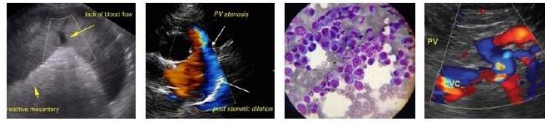
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**PATIENT**

Castro Reyes

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

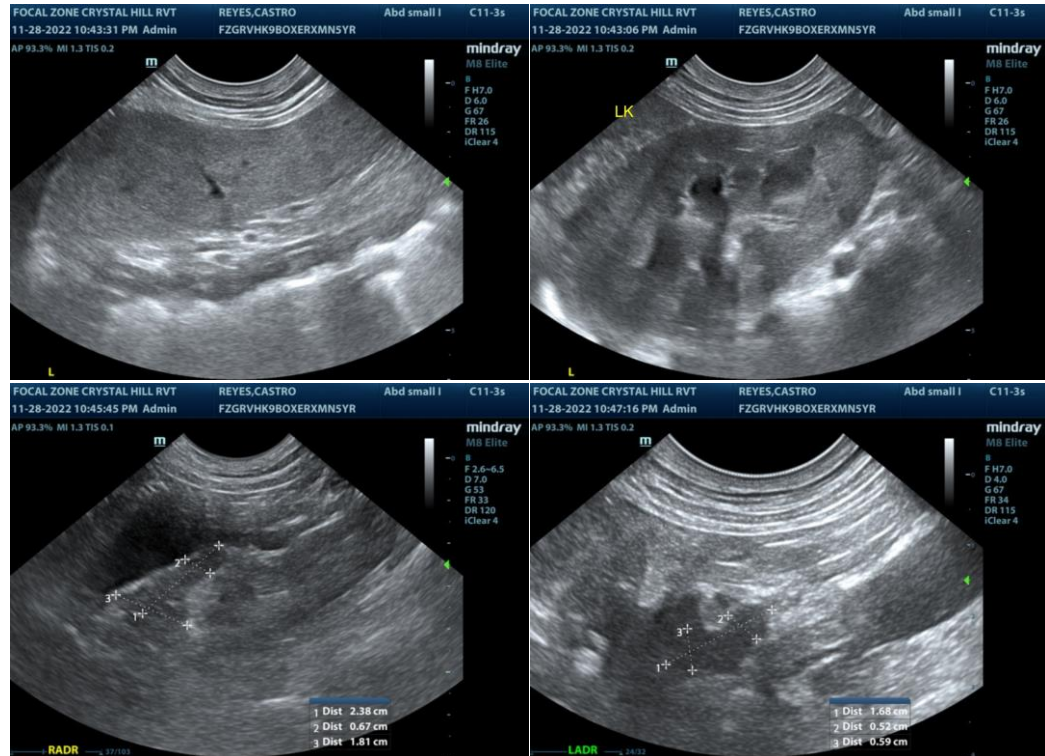
MN

**AGE**

5yr

**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)**

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