



PATIENT	PRESENTING CLINICAL SIGNS
Quest Usher-Cowling	Was presented at Emerg clinic on Dec 12th for diarrhea and was hospitalized. Seen here for follow up Dec 13th and was eating and back to normal. Here in clinic today for rads as has been having mobility issues, struggling to get up. On lateral and VD spinal rads including abdomen, noted abnormal findings in abdomen(gas etc.). Concerned about possible obstruction? Has been on Gabapentin and Metronidazole.
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: Please see attached radiograph
Shep/Collie Mix	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
SEX	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.
MN	
AGE	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 6.8 cm in length. The right kidney measured 6.6 cm in length.
8yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
34kg	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 2.9 cm length. The right adrenal gland was indistinctly visualized. The right adrenal gland measured 0.75 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Crystal Hill	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. The cystic and common bile ducts were normal.
Lynden Animal Clinic	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained non-shadowing ingesta/chyme along with mild retained fluid with no signs of ileus, obstruction or foreign material.
Dr. Arya	
INVOICE	
12475ag	
DATE	
12/19/2022	



PATIENT
Quest Usher-Cowling

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental duodenojejunal ileus pattern was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

SPECIES
Canine

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

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

Shep/Collie Mix

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Probable resolving mild gastroenteritis pattern

AGE

8yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically GI mechanical obstructive pathology as a definitive cause of the patient's clinical signs. Suspect resolving gastroenteritis with potential for low-grade to chronic pancreatitis possible. Continued as needed GI supportive care is recommended.

WEIGHT

34kg

If recurrent GI signs a limited antigen or hydrolyzed diet trial, 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) +/- a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Lynden Animal Clinic

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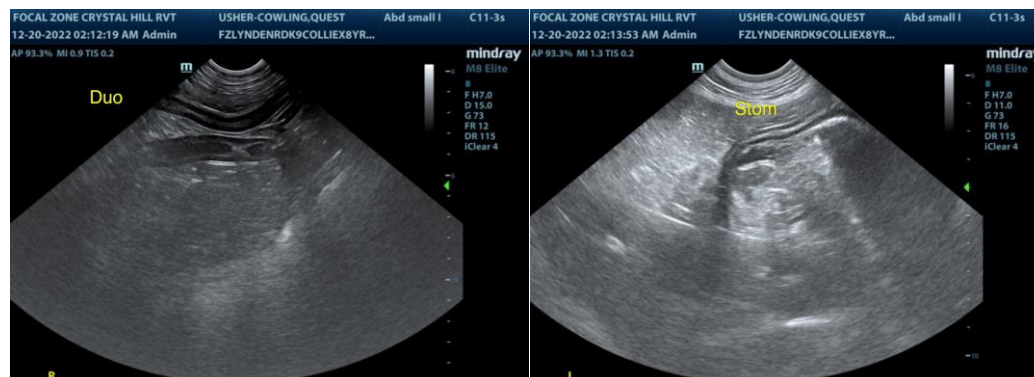
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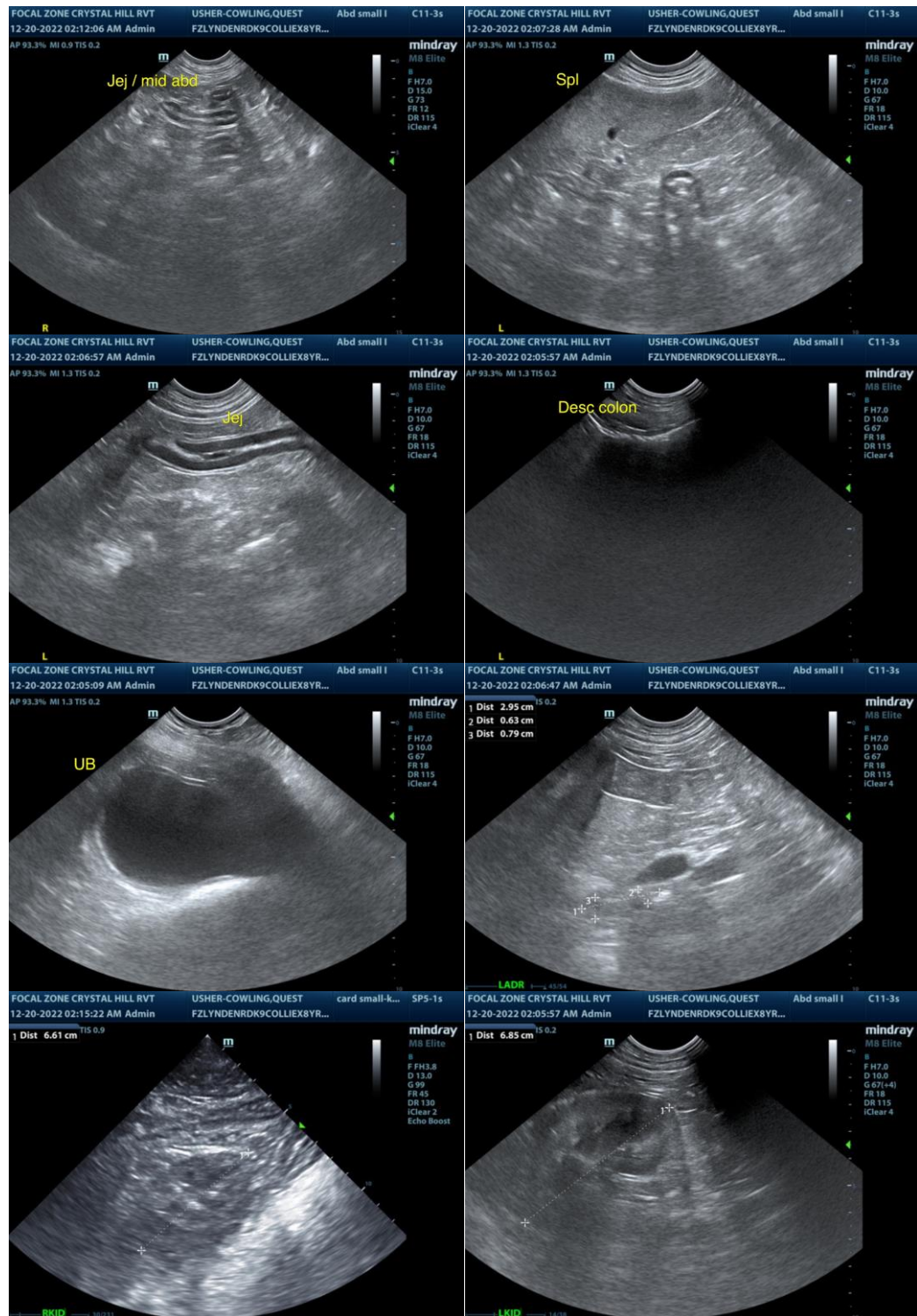
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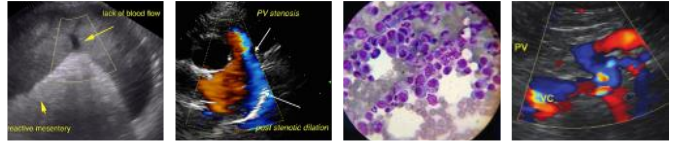
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

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