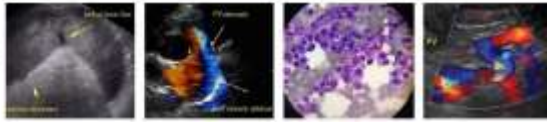




PATIENT	PRESENTING CLINICAL SIGNS
Molly Vandevyvere	–acute on chronic vomiting, now with hematemesis, hyporexia, QAR, now has melena currently on sulcrate, famotidine, cerenia, buprenorphine
SPECIES	Abnormal PE/Chem/CBC/UA Results: glob 40(16-36), ALT 545 (170-400), Precision PSL 156 (24-140)
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
Shih Tzu	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
SEX	
FS	The area of the aortic trifurcation was free of pathology.
AGE	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild cortical hypertrophy was present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.4 cm in length.
13 years	
WEIGHT	Adrenal Glands
12.4 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.48 cm width at the caudal. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.52 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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.
IMAGING PERFORMED BY	Liver/ Gallbladder
Kelly Reshny, RVT	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.
HOSPITAL NAME	
Tillsonburg VC	
REFERRING VET	
Dr. Reed	
INVOICE	Gastrointestinal
12859	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no evidence of retained Ingesta or foreign material. The gastric body wall width measured 0.38 cm.
DATE	
12/20/21	



PATIENT	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 jejunum wall width measured 0.35 cm. No evidence of pathology in the ileocolic junction was noted.
Molly Vandevyvere	
SPECIES	The proximal colon exhibited mild distention with non-formed feces. Non-formed feces was also present in the descending colon. The colon walls were structurally unremarkable.
Canine	Pancreas
BREED	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. The potential for low-grade or chronic pancreatitis, which may present as sonographically normal, cannot be excluded.
Shih Tzu	
SEX	Free Abdomen
FS	No overt lymphadenopathy or peritoneal effusion was present.
AGE	
13 years	ULTRASONOGRAPHIC FINDINGS
	Primary Findings
WEIGHT	<ul style="list-style-type: none">• Gastroenterocolitis, potential typhlitis• Bilateral chronic renal changes• Low-grade hepatopathy - low-grade hepatic Inflammation or reactive hepatopathy suspected
12.4 lbs.	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP	Given the patient's chronic vomiting, structurally insignificant chronic inflammatory enteropathy or IBD could be possible. Other considerations in dogs exhibiting chronic gastrointestinal signs may include mild pancreatitis, dysbiosis, or less likely infiltrative intestinal neoplasia. No overt evidence of neoplastic criteria was noted. Continued supportive care should prove beneficial.
IMAGING PERFORMED BY	
Kelly Reshny, RVT	Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- adrenal screening to rule out the unlikely potential for occult Addison's disease, given the possibility of microulceration associated with the hematemesis.
HOSPITAL NAME	
Tillsonburg VC	
REFERRING VET	
Dr. Reed	
INVOICE	
12859	
DATE	
12/20/21	



PATIENT

Molly Vandevyvere

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

13 years

WEIGHT

12.4 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Tillsonburg VC

REFERRING VET

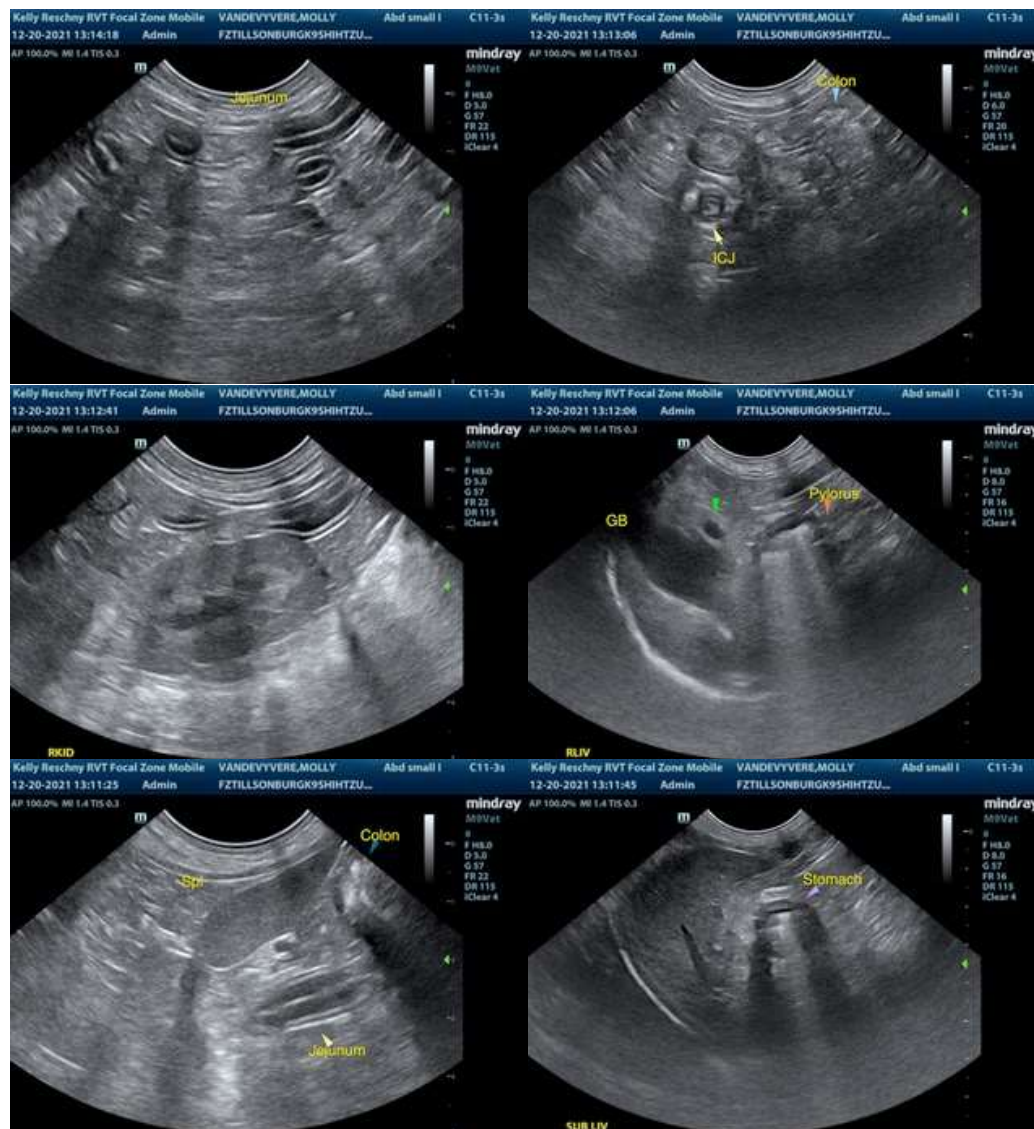
Dr. Reed

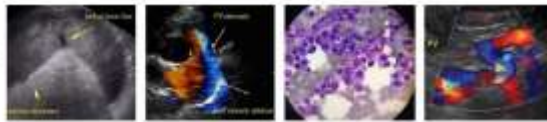
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PATIENT

Molly Vandevyvere

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

13 years

WEIGHT

12.4 lbs.



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Tillsonburg VC

REFERRING VET

Dr. Reed

INVOICE

12859

DATE

12/20/21

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