



**PATIENT PRESENTING CLINICAL SIGNS**

Zoe Wolfsgruber started with some vomiting one week ago, then bloody diarrhea and lethargy.  
Abnormal PE/Chem/CBC/UA Results: BW-Unremarkable

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** 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 were noted.

Maltese X

**SEX** The area of the aortic trifurcation was free of pathology.

Spayed Female 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.2 cm. The left kidney measured 3.4 cm.

**AGE**

9 Years

**Adrenal Glands**

**WEIGHT**

7.9 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.58 cm at the caudal pole. The left adrenal gland measured 1.5 cm length x 0.45 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

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**

**IMAGING PERFORMED BY**

Kelly Reschny

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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**

AH of Stoney Creek

**Gastrointestinal**

**REFERRING VET**

Dr. Marin

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

**INVOICE**

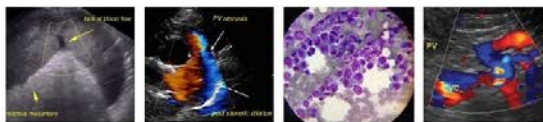
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.30 cm. Duodenum wall measured 0.33 cm.

**DATE**

12/20/21

Normal visible colon wall layers were present. The colon contained semiformal to soft feces subjectively. No overt evidence of colonic mural pathology.



## PATIENT *Pancreas*

Zoe Wolfsgruber

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.

## SPECIES

Canine

## *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## BREED

Maltese X

## ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis – subjectively mild.
- Mild age related kidneys

## SEX

Spayed Female

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral, specifically gastrointestinal pathology. Dietary indiscretion/food intolerance, occult parasitism or structurally insignificant inflammatory bowel episode may be possible. If recurrent or chronic gastrointestinal signs, mild pancreatitis (which present sonographically unremarkable), dysbiosis, or less likely occult intestinal neoplasia may be possible. Fresh fecal analysis to assess for parasitic ova/giardia and GI panel to include PLI, TLI, cobalamin and folate are warranted. Although considered unlikely, adrenal screening with resting cortisol to rule out unlikely occult Addison's disease may be considered.

## AGE

9 Years

## WEIGHT

7.9 Pounds

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, 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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kelly Reschny

## HOSPITAL NAME

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## REFERRING VET

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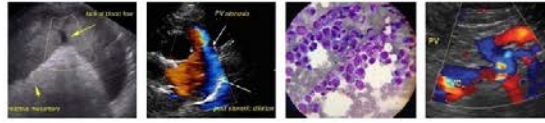
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## DATE

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**PATIENT**

Zoe Wolfsgruber

**SPECIES**

Canine

**BREED**

Maltese X

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

7.9 Pounds

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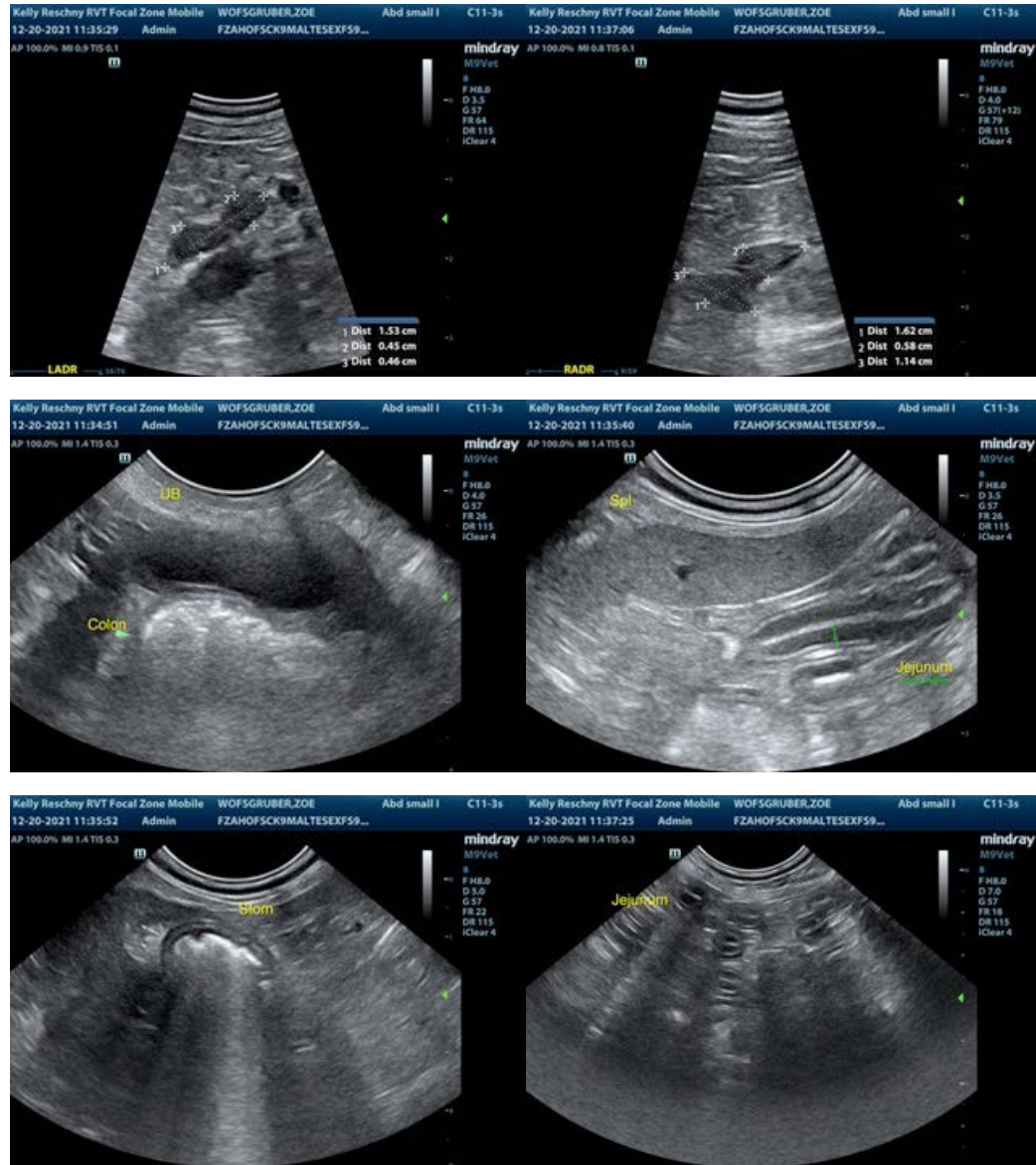
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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