



PATIENT PRESENTING CLINICAL SIGNS

Inari Dahlstrom vomiting, diarrhea , weight loss

SPECIES Current Medications prednisone 10 mg sid

Canine Radiographic Findings previous rads taken and another clinic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Mixed 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
FS

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. A solitary thinly walled cyst was present in the left kidney containing anechoic fluid measuring 1.5 cm in diameter. The left kidney measured 5.9 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT
34lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.39 cm width at the cranial pole. No overt pathology in the area of the right adrenal gland.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Willakenzie Animal
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Liver

REFERRING VET

Dr. Poquette

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 mildly distended in size potentially secondary to fasting with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

12493ag

Gastrointestinal

DATE

12/20/2022

The stomach presented regional generalized wall thickening most notable in the subjective gastric body and antrum extending into the pylorus. The thickened gastric walls exhibited decreased mural echogenicity with indistinct to loss of wall layer detail. The lumen of the stomach primarily empty with



PATIENT	possible retained anechoic fluid and no signs of ileus, obstruction or foreign material. The pylorus and ventral gastric body wall measured up to ~ 1.1 cm in width.
Inari Dahlstrom	
SPECIES	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 duodenum wall measured 0.41 cm width. The jejunum wall measured 0.35 cm in width.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Mixed	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.
SEX	<i>Free Abdomen</i>
FS	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	
6yr	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none">Variably thickened stomach with decreased mural echogenicity and indistinct to loss of wall layer detailSonographically unremarkable small bowel/pancreas
34lb	Secondary
INTERPRETED BY	<ul style="list-style-type: none">Left kidney cyst
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	The primary finding of the generalized thickened stomach with decreased mural echogenicity and indistinct to loss of wall layer detail may indicate significant gastritis although concern for gastric infiltrative neoplasia is warranted. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult contributing pancreatic or small intestinal disease. Gastric sampling via endoscopy or laparotomy biopsies are required for a definitive diagnosis. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
Sara Hansen	Empirically, a gastric protestant protocol such as omeprazole 1 mg/kg PO SID x 3 weeks and canned hydrolyzed diet trial with initial slurry feeding BID/TID +/- coverage for helicobacter with avoidance of dry food and sonographic reassessment would be reasonable. However, gastric biopsies are strongly suggested, if possible, for diagnosis and guidance of treatment.
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PATIENT

Inari Dahlstrom

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

6yr

WEIGHT

34lb

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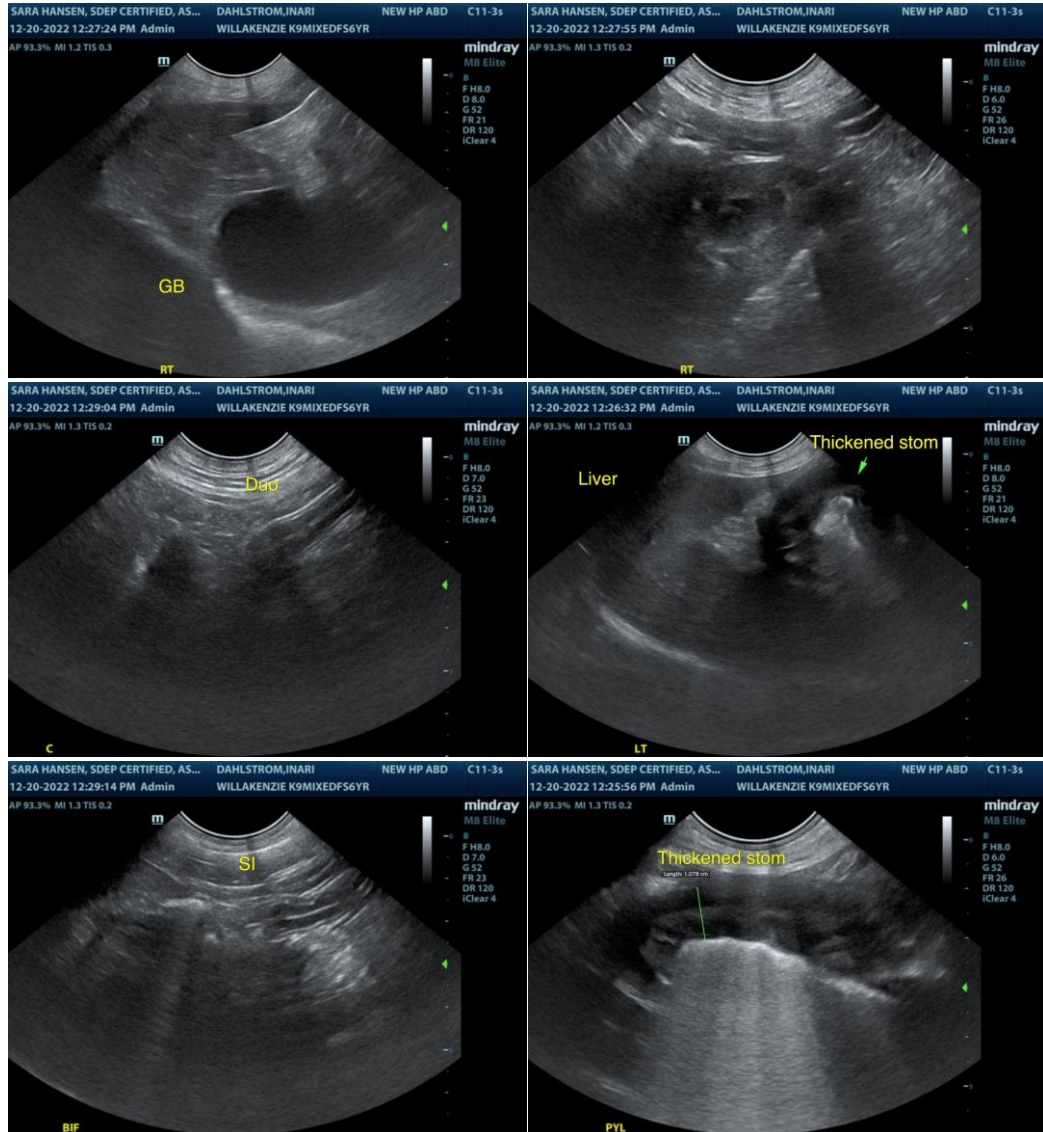
Dr. Poquette

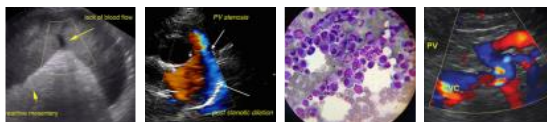
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SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

6yr

WEIGHT

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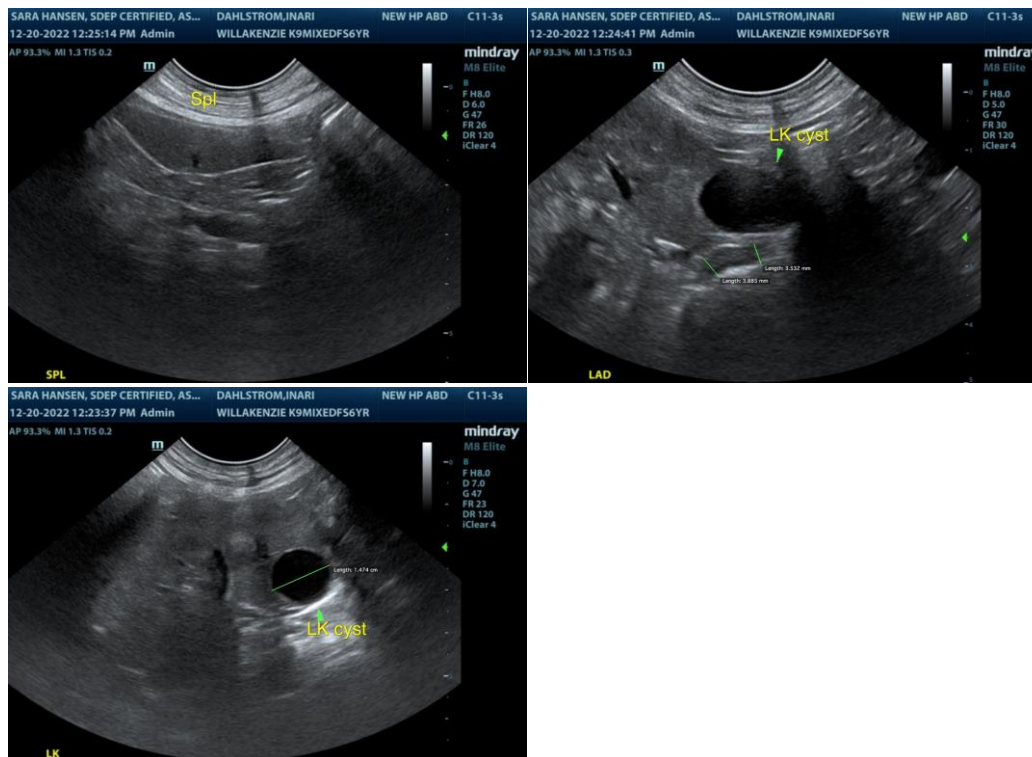
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com