



PATIENT

Prince Sosnow

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

7 years

WEIGHT

8.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

12930

DATE

12/30/21

PRESENTING CLINICAL SIGNS

Hx of vomiting, diarrhea, poor appetite, lethargy for ~3 days. Ate a variety from new treats over the weekend and also travelled with his family (was stressed). Possibly swallows a dental chew/treat but no other known FB or toxin ingestion.

Abnormal PE/Chem/CBC/UA Results: 12/29/21 CBC/Chem/T4 WNL; cPL normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No overt pathology associated with the residual prostate was noted.

The area of the aortic trifurcation was free of pathology.

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 was mildly subnormal in size compared to the right, measuring 3.0 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.43 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 0.49 cm width at the caudal pole and 0.48 cm width at the cranial pole.

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.

Liver/ Gallbladder

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.



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Gastrointestinal

The gastric fundus and body exhibited intact and sonographically unremarkable wall layering. The gastric body wall width measured 0.22 cm. Mildly prominent mucosa was noted in the area of the pylorus with minor retained pyloric fluid. The pylorus wall width measured 0.52 cm.

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 0.32 cm.

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 were evident.

Free Abdomen

No omental lymphadenopathy or peritoneal effusion was present. Subjective minor peri intestinal reactive mesentery was present adjacent to small intestinal segments.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild pyloric gastritis with minor retained pyloric fluid
- Sonographically unremarkable small bowel - Potential for structurally insignificant Inflammatory bowel episode, dietary indiscretion / food hypersensitivity, occult parasitism, IBD or other enteropathy possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overt evidence of mechanical gastrointestinal obstruction or foreign material was not noted. Conservative therapy for gastroenteritis should prove beneficial. However, if recurrent gastrointestinal signs, low-grade to mild pancreatitis, which may present as sonographically normal, dysbiosis, structurally insignificant inflammatory bowel disease may be considered.





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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



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visible in the image/video clips provided.

Prince Sosnow

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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