



PATIENT	PRESENTING CLINICAL SIGNS
Olive Martin	Recent bloody diarrhea and vomiting possibly associated with recent change to human food. Placed on IV fluids and parenteral support.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Moderate elevation ALKP Abnormal cPL with acute inflammatory leukogram Mild dehydration Some abdominal discomfort Overweight
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Welsh Terrier	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.
FS	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 4.8 cm in length. The right kidney measured 5.6 cm in length.
AGE	The area of the aortic trifurcation was free of pathology.
9	Adrenal Glands
WEIGHT	The left adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.74 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole and 2.4 cm length.
17.2kg	Spleen
INTERPRETED 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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver
IMAGING PERFORMED BY	The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Intermittent discrete non-disruptive hypoechoic nodule was present measuring 0.35 cm in diameter. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and moderate non-dependent non-organized subjectively mobile debris. The cystic and common bile ducts were normal.
Dr. Alastair Westcott	Gastrointestinal
HOSPITAL NAME	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
Dr. Alastair Westcott	
REFERRING VET	
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12/05/2022	



PATIENT

Olive Martin

The small intestine presented intact mildly prominent wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.35 cm width.

SPECIES

Canine

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

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

BREED

Welsh Terrier

Free Abdomen

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

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

9

- Gastroenterocolitis pattern
- Hepatopathy exhibiting intermittent discrete non-specific intra parenchymal nodules- suggestive of discrete areas of nodular/regenerative hyperplasia, hematopoiesis or similar, potential for cholangiohepatitis
- Moderate gallbladder debris (non-mucocele)
- Mild pancreatitis pattern

WEIGHT

17.2kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspicion of acute inflammatory bowel episode potentially owing to dietary indiscretion given the patient history. The potential for more chronic inflammatory gastroenterocolopathy such as IBD or infiltrative neoplasia are possible. Subjective mild pancreatitis with secondary GI and hepatic effects could be present. Correlation with pending FNA +/- bile C/S is recommended. No evidence of splenic pathology. Empirical therapy for mild pancreatitis, benign hepatopathy and acute hemorrhagic diarrhea syndrome with assessment of clinical response would be reasonable.

INTERPRETED BY

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

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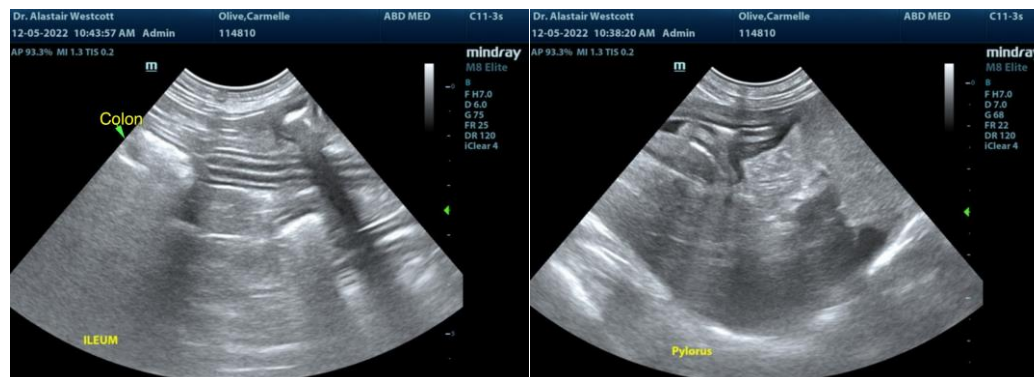
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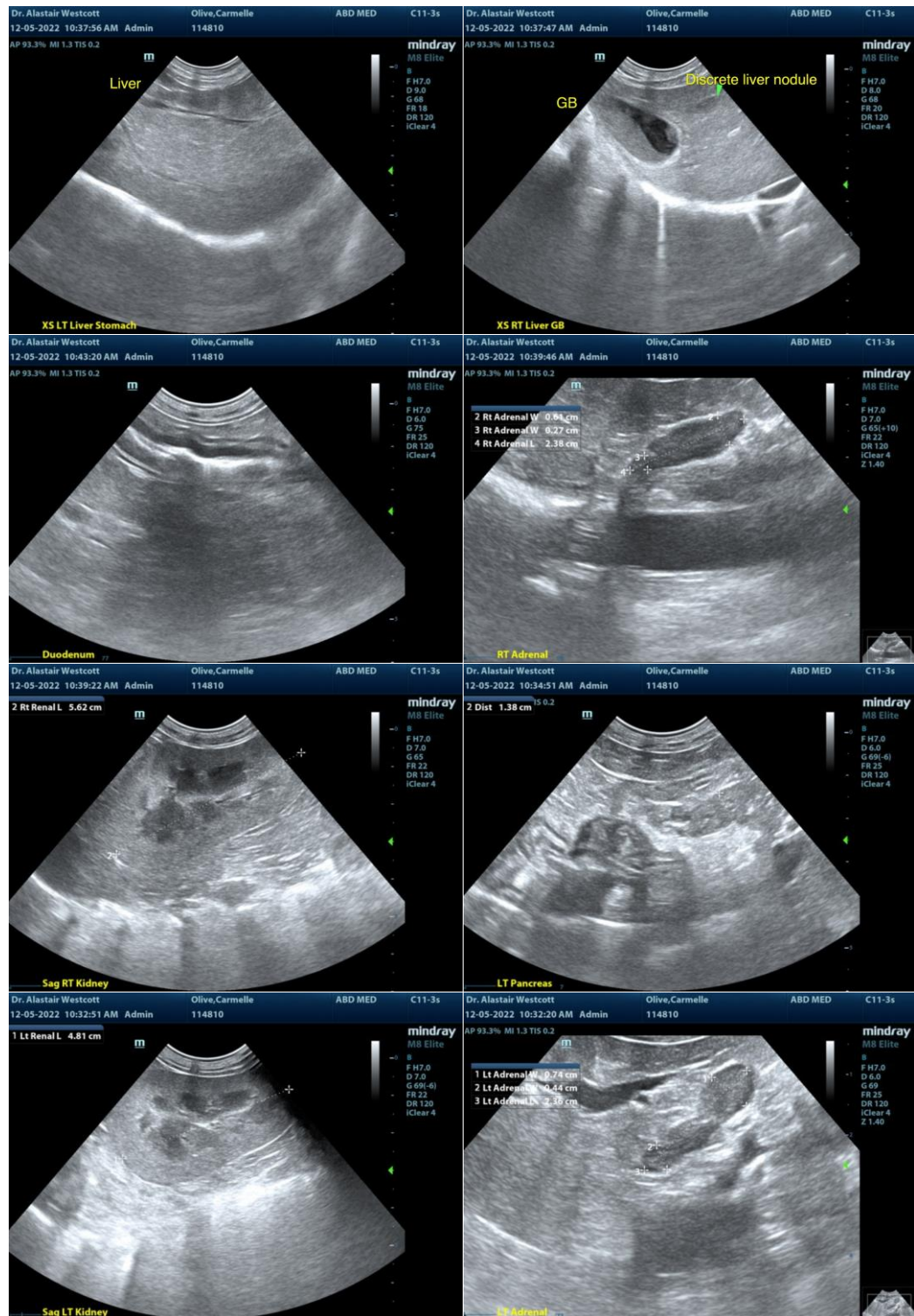
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Olive Martin

SPECIES

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

BREED

Welsh Terrier

SEX

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AGE

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