



**PATIENT PRESENTING CLINICAL SIGNS**

**Darcy Siderius** History: Lip licking and eating everything. Has been on raw. Owner tried switching to kibble, but then noticed diarrhea so went back to raw diet. No vomiting. Has been treated for bouts of pancreatitis. Currently only on Omeprazole.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: n/a

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

**Doodle** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. Aortic trifurcation was normal.

**SEX**

**Spayed Female** 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 5.1 cm in length. The right kidney measured 6.7 cm in length.

**AGE**

8 Years

**WEIGHT**

22 kg

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.68 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 0.67 cm in length at the caudal pole.

**INTERPRETED BY**

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

**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. Folding of the spleen was noted, this is not indicative of underlying splenic pathology and likely a patient variant.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

BuckAH

**Liver**

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.

**REFERRING VET**

Dr. Galbraith

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 stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material with mild luminal gas. The gastric body wall measured 0.58 cm.

**DATE**

2/14/22



**PATIENT**

Darcy Siderius

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 measured 0.36 cm. The duodenum wall measured 0.42 cm.

**SPECIES**

Canine

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

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**BREED**

Doodle

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8 Years

- Suspect mild gastritis
- Sonographically unremarkable small bowel
- Mild heterogeneous pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant abdominal visceral, specifically gastrointestinal or pancreatic pathology. Aside from suspect mild gastritis, potential for structurally insignificant inflammatory bowel or low grade to chronic pancreatitis, both of which may present sonographically normal, cannot be excluded. Dietary intolerance/food hypersensitivity, occult parasitism, esophagitis could also be considered. A GI panel, to include TLI, PLI, cobalamin and folate could be considered for further assessment. Some or all of the following protocol may be considered, empirically, in addition to current gastroprotectants.

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**Helicobacter/Gastritis protocol**

A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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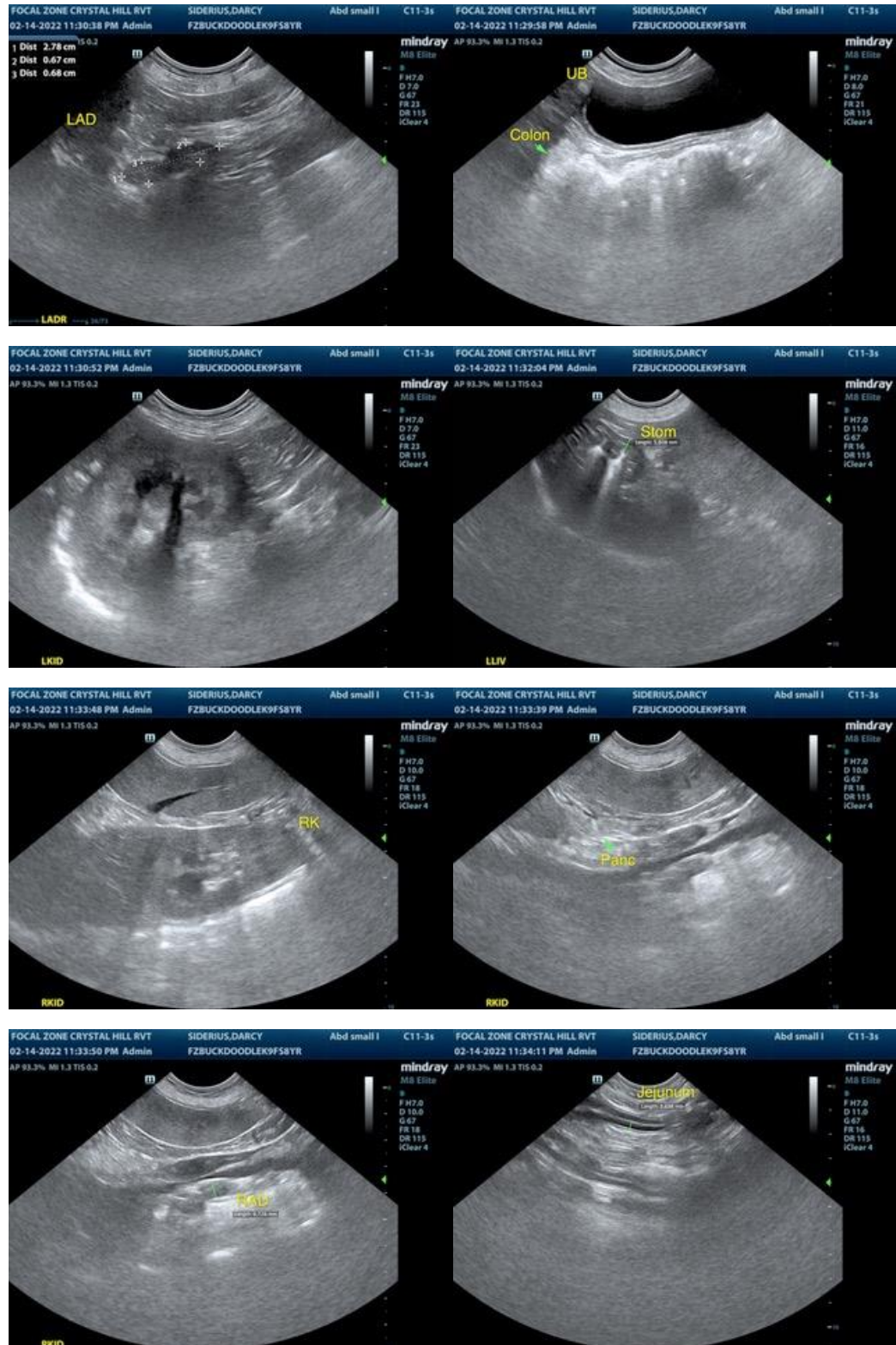
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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