



PATIENT	PRESENTING CLINICAL SIGNS
Coco Eskridge	Lethargic, ADR, decreased appetite, Fasted
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALB: 4.4, Alk: 1185, Chol": 339 otherwise WNL. Electrolytes WNL
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Mini Poodle	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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	
MN	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 4.4 cm in length. The right kidney measured 4.4 cm in length.
AGE	
8yr	The area of the aortic trifurcation was free of pathology.
WEIGHT	The area of the residual prostate appeared normal and free of pathology measuring 0.71 cm in diameter.
19lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 1.7 cm length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED 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.
Dr. Rodriguez	Liver/Gallbladder
HOSPITAL NAME	The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. 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 variably echogenic to hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Foxfield Veterinary Services	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic ingesta without evidence of strongly shadowing ingesta
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PATIENT	or luminal echoes with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.40 cm in width.
Coco Eskridge	
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 jejunum wall measured 0.35 cm in width. The duodenum wall measured 0.32 cm in width.
Canine	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
Mini Poodle	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>
MN	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
8yr	<ul style="list-style-type: none"> • Mild to moderate possibly retained gastric ingesta, sonographically unremarkable small bowel • Benign hepatopathy • Gallbladder debris-not consistent with mucocele criteria
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
19lb	The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation without overt suspicion of gastric foreign material. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.
INTERPRETED BY	The potential for low-grade pancreatitis could be present yet appear sonographically normal and may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Suspect vacuolar hepatic changes with potential for non-obstructive cholestasis given the ALP elevation and presence of gallbladder debris. The possibility of inflammatory hepatic disease i.e., cholangiohepatitis is considered less likely.
IMAGING PERFORMED BY	Hospitalization with 24 hour IVF and GI support, monitoring for evidence of gastric emptying following continued documented fast and hepatosupportive medications is suggested.
Dr. Rodriguez	No overt indication for immediate surgical intervention although electrolytes were within normal limits a resting cortisol level to rule out occult Addison's disease may be considered.
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PATIENT

Coco Eskridge

SPECIES

Canine

BREED

Mini Poodle

SEX

MN

AGE

8yr

WEIGHT

19lb

INTERPRETED BY

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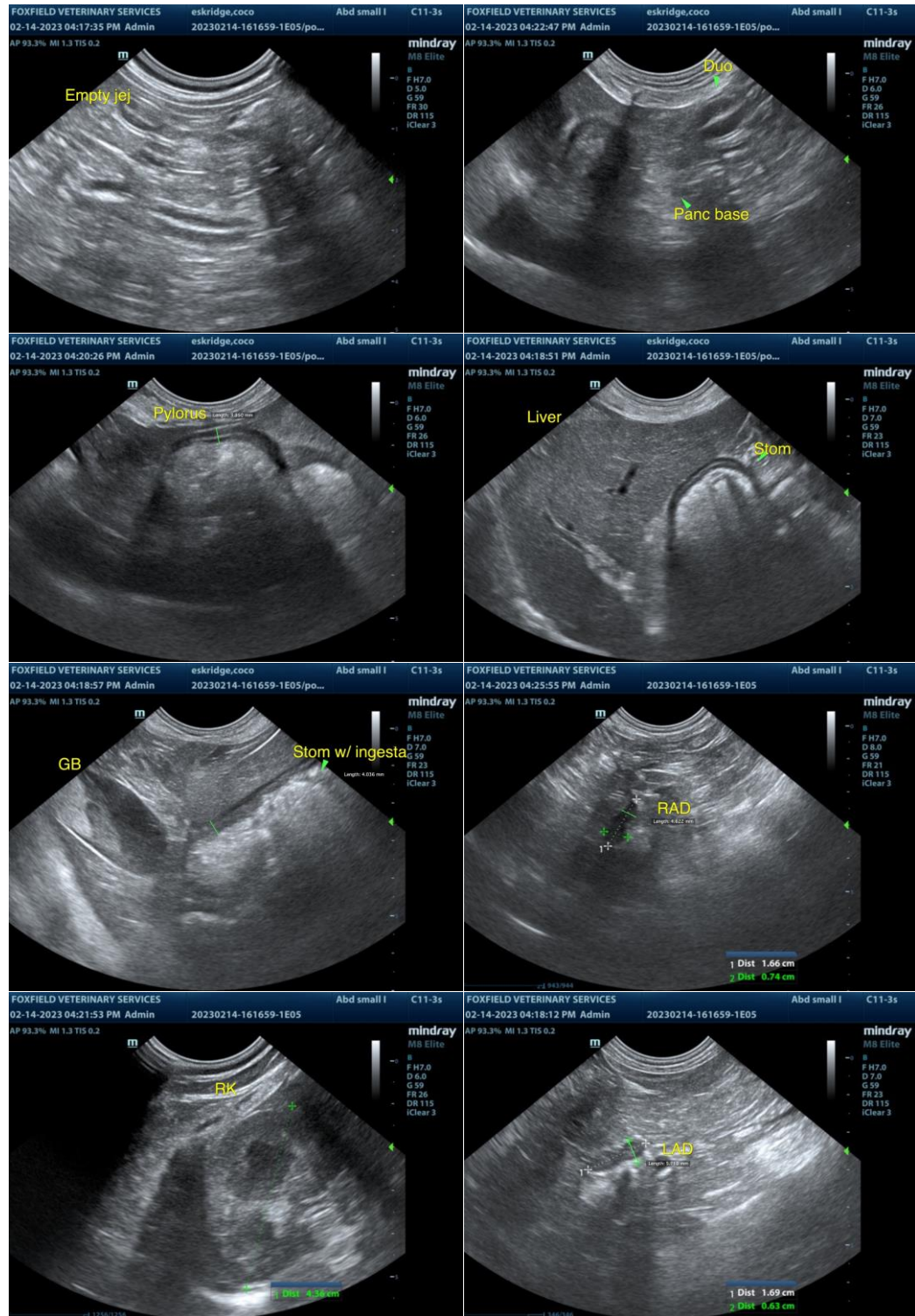
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PATIENT

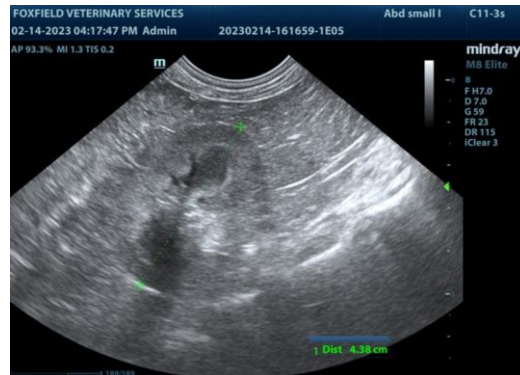
Coco Eskridge

SPECIES

Canine

BREED

Mini Poodle



SEX

MN

AGE

8yr

WEIGHT

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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.

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