



PATIENT

Junie B Gernazian

SPECIES

Canine

BREED

Bernese Mt dog/
poodle mix

SEX

F/S

AGE

1 year

WEIGHT

24.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

16293

DATE

2/23/23

PRESENTING CLINICAL SIGNS

Junie B has been having yellowish vomit chronically only in the morning, especially if she skips dinner the night before. She is not getting into any mushrooms in the yard anymore, and not having the drooling/dilated eyes like she did with that before. She got a new treat 3 nights ago, and then the next morning she had some soft yellow stool and was looking at her rear a lot and tucking her tail. She was also not walking like her usual self - seems like she forgot all of her usual training/manners after getting bothered by her bum. She has not had another one of the new treats, and she has gotten rice and chicken broth for dinner last night and breakfast this morning, but the same thing happened with her stool and behavior on her walk this morning. Just not acting her normal self - not playful as usual. She also has some chronic irritation with her ears, shakes her head, and they clean her ears at home. She usually eats Nutrasource. They transitioned to lamb and rice Nutrasource adult food about three weeks ago (previously on chicken Nutrasource). She gets 1 cup twice a day. She gets ProHeart and Simparica for prevention. She is currently taking Provable caps once a day. We just started a hydrolyzed diet 2/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

The area of the aortic trifurcation was free of pathology.

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 4.6 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.37 cm width at the caudal pole. The right adrenal gland measured 0.51 cm width.

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



PATIENT	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.
Junie B Gernazian	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, nonshadowing ingesta with concurrent luminal gas. The ingesta was sonographically consistent with food. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric / upper small intestinal mural pathology was noted. The pylorus wall width measured 0.42 cm.
BREED	
Bernese Mt dog/ poodle mix	
SEX	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental duodenojejunal hyperechoic ingesta / chyme was noted.
F/S	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
1 year	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.
WEIGHT	<i>Free Abdomen</i>
24.6	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Sonographically normal gastrointestinal tract with moderate gastric and segmental intestinal ingesta
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Hannah Fearing	No sonographic evidence of visceral, specifically gastrointestinal or pancreatic pathology as an obvious cause of the patient's clinical signs.
HOSPITAL NAME	If documented NPO, some degree of possible functional or metabolic gastrointestinal stasis could be possible. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material or mechanical obstructive pattern.
Lanier Animal Hospital	
REFERRING VET	Low-grade to chronic pancreatitis, which may present as sonographically normal, could be considered if elevated spec cPL. Dietary intolerance, food allergy, occult parasitism, low-grade inflammatory gastroenteropathy or pancreatitis, and occult Addison's Disease, are all potentials.
Dr. Hannah Fearing	
INVOICE	
16293	Late evening feeding if evidence of early AM bilious vomiting, gastroprotectant protocol, and recently started hydrolyzed diet trial with assessment of clinical response are suggested.
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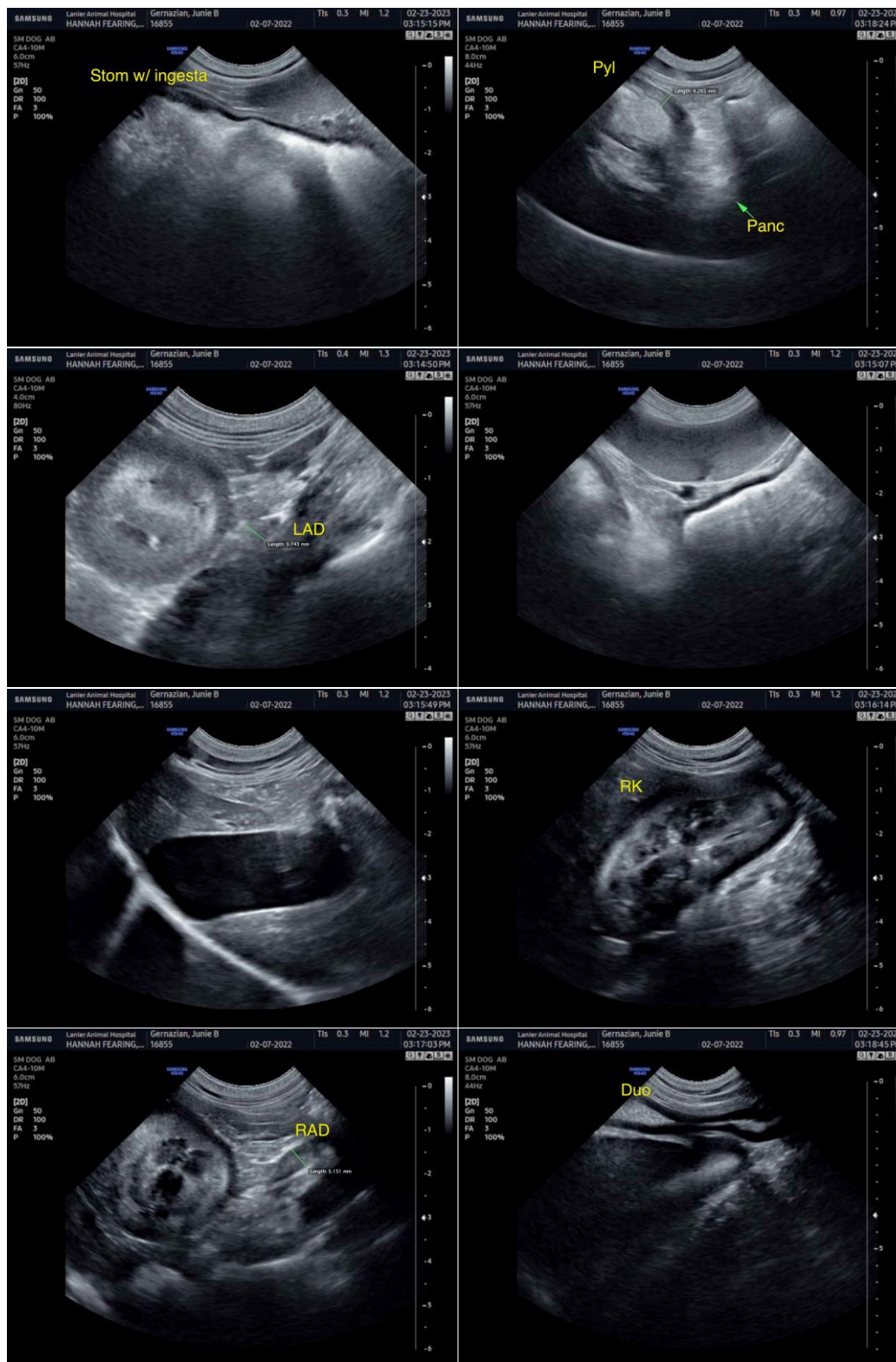
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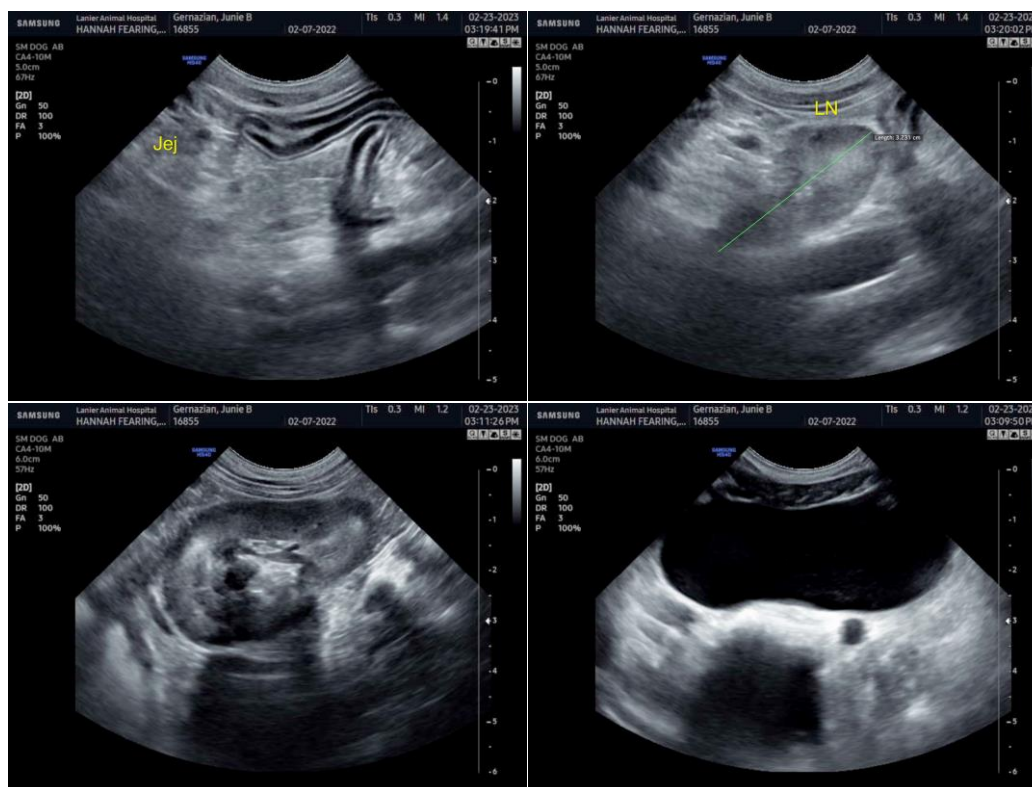
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com