



PATIENT	PRESENTING CLINICAL SIGNS
Jax Ward	Intermittent vomiting, still eating and drinking but inconsistent appetite. Polydipsia Multiple SQ firm masses located LH leg, Sternum. Periodontal disease.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, and cystourethral junction 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.
Wheaton	
SEX	No overt pathology was noted in the area of the residual prostate.
MN	The area of the aortic trifurcation was free of pathology.
AGE	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 4.8 cm in length.
11 years	
WEIGHT	Adrenal Glands
41 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.50 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 0.51 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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.
IMAGING PERFORMED BY	Liver/ Gallbladder
Kelly Reschny	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 mild gallbladder debris. The cystic and common bile ducts were normal.
HOSPITAL NAME	
Village Centre AH	
REFERRING VET	
Dr. Ward	
INVOICE	Gastrointestinal
13431	The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing.
DATE	
2/25/22	



PATIENT 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 small intestinal wall width measured 0.43 cm.

Jax Ward

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

Canine
Pancreas

BREED 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.

Wheaton

SEX **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

MN **ULTRASONOGRAPHIC FINDINGS**

AGE **Primary Findings**

- Overtly normal gastrointestinal tract with moderate gastric ingesta

Secondary Findings

- Mild gallbladder debris (non-mucocele) - likely incidental potentially suggestive of mild non-clinical cholestasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Overall, no evidence of significant visceral specifically gastrointestinal or pancreatic pathology was noted. Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy, or low-grade pancreatitis, both of which may present as sonographically unremarkable, may be possible.

IMAGING PERFORMED BY

Kelly Reschny

The presence of gastric ingesta may indicate post prandial presentation. Correlation with the most recent meal ingestion is suggested. If documented NPO, the presence of gastric ingesta may suggest some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying.

HOSPITAL NAME

Village Centre AH

Empirically, gastroprotectant protocol such as Omeprazole 1mg/kg PO SID over the next 3 weeks, along with novel protein or hydrolyzed diet trial, ideally canned, with avoidance of dry food may prove beneficial. Monitoring for evidence of continued gastric food retention may be considered if clinically indicated.

REFERRING VET

Dr. Ward

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Jax Ward

SPECIES

Canine

BREED

Wheaton

SEX

MN

AGE

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WEIGHT

41 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Village Centre AH

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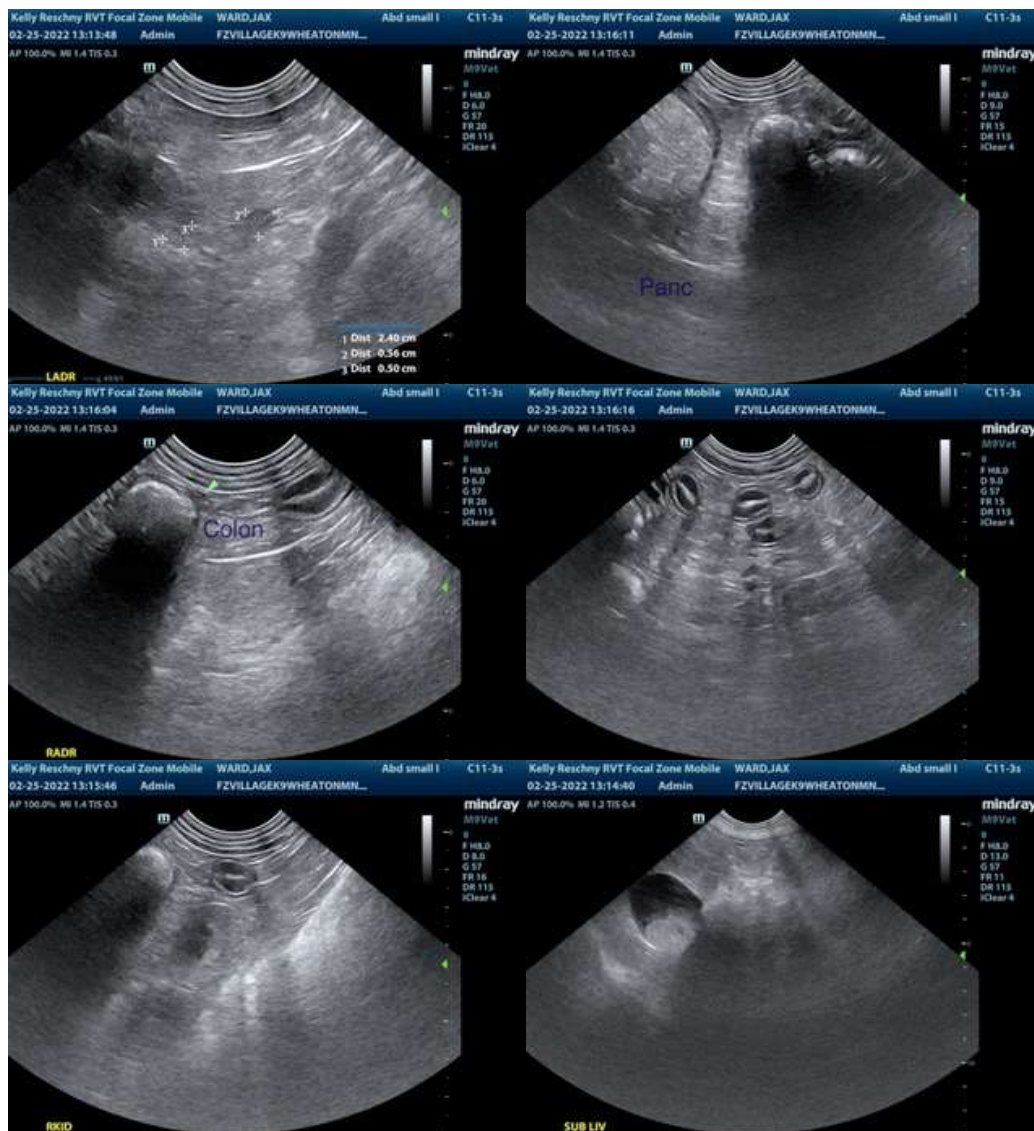
Dr. Ward

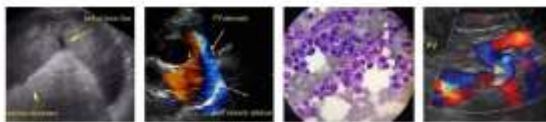
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Jax Ward

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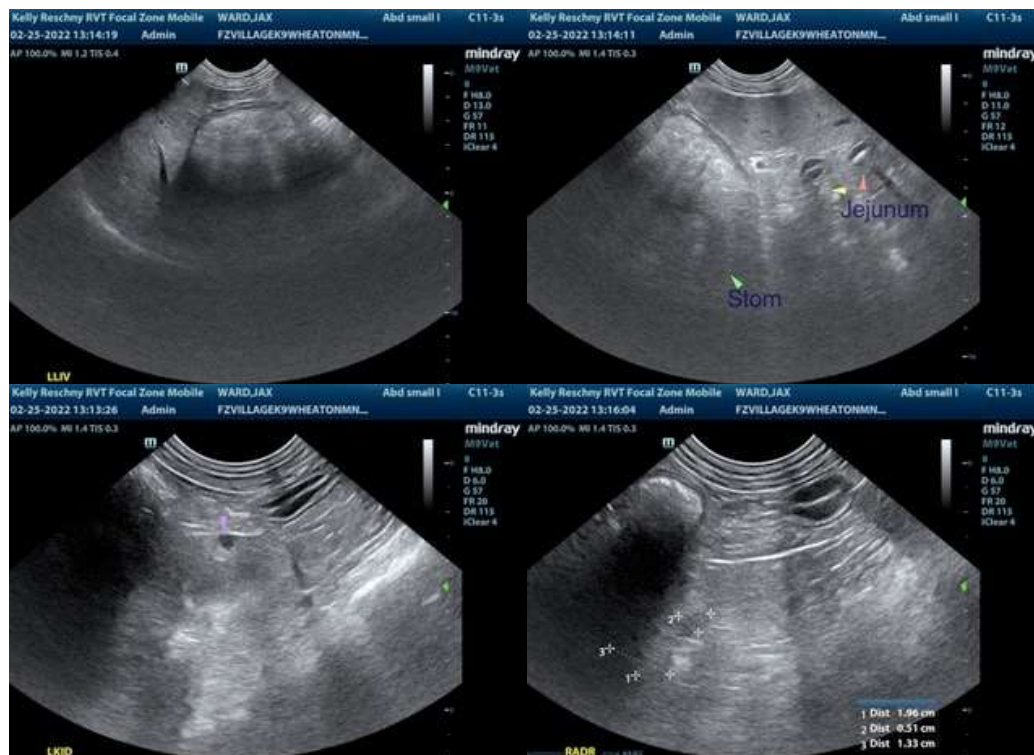
Dr. Ward

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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