



PATIENT PRESENTING CLINICAL SIGNS

Josie Byer PET HAD A DENTAL CLEANING AND EXCRAXIONS LAST WEEK. DEVELOPED ACUTE VOMITING POST OP. VOMITING HAS RESOVLED BUT NOW HAS HEMORRHAGIC DIARRHEA. Current Medications CERENIA, METRONIDAZOLE Primary Question/Differential to Be Answered in This Exam UNDERLYING CAUSE OF GASTOENTERITIS

Canine Abnormal PE/Chem/CBC/UA Results: MILD HEMOCONCENTRATION, CHEM'S WNL

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Poodle Mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

AGE 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 5.2 cm in length. The right kidney measured 5.5 cm in length.

WEIGHT 32.2lb The area of the aortic trifurcation was free of pathology.

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 2.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 2.6 cm length.

IMAGING PERFORMED BY Spleen

Jenna Walsh CVT 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.

HOSPITAL NAME Liver/Gallbladder

Edgewood Animal Clinic 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Callahan

INVOICE Gastrointestinal

12914ag

DATE 02/06/2023 The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.58 cm width. Mild gastric distension with mild primarily anechoic fluid and hyperechoic ingesta was present.



PATIENT

Josie Byer

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 jejunal wall measured 0.34 cm in width.

SPECIES

Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

Poodle Mix

The left pancreas exhibited normal size and contour with isoechoic mildly heterogenous parenchyma.

Free Abdomen

SEX

FS

No omental masses or peritoneal effusion was present.

AGE

7yr

A solitary mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.83 cm. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

32.2lb

- Gastroenterocolitis pattern
- Mild heterogenous left pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. The gastroenterocolic presentation is suggestive of inflammatory criteria with considerations including known or unknown dietary intolerance / food hypersensitivity, occult parasitism, emerging inflammatory gastroenteropathy, low grade to chronic pancreatitis both of which may appear sonographically normal, infectious disease or less likely occult Addison's disease or early infiltrative neoplasia.

IMAGING PERFORMED BY

Jenna Walsh CVT

Continued therapy for acute hemorrhagic diarrhea syndrome which may include a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Proviale or Visbiome), limited antibiotic trial to minimize adverse effects on normal GI flora and as needed gastrointestinal support with assessment of clinical response is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

HOSPITAL NAME

Edgewood Animal
Clinic

REFERRING VET

Dr. Callahan

INVOICE

12914ag

DATE

02/06/2023



PATIENT

Josie Byer

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

7yr

WEIGHT

32.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Edgewood Animal
Clinic

REFERRING VET

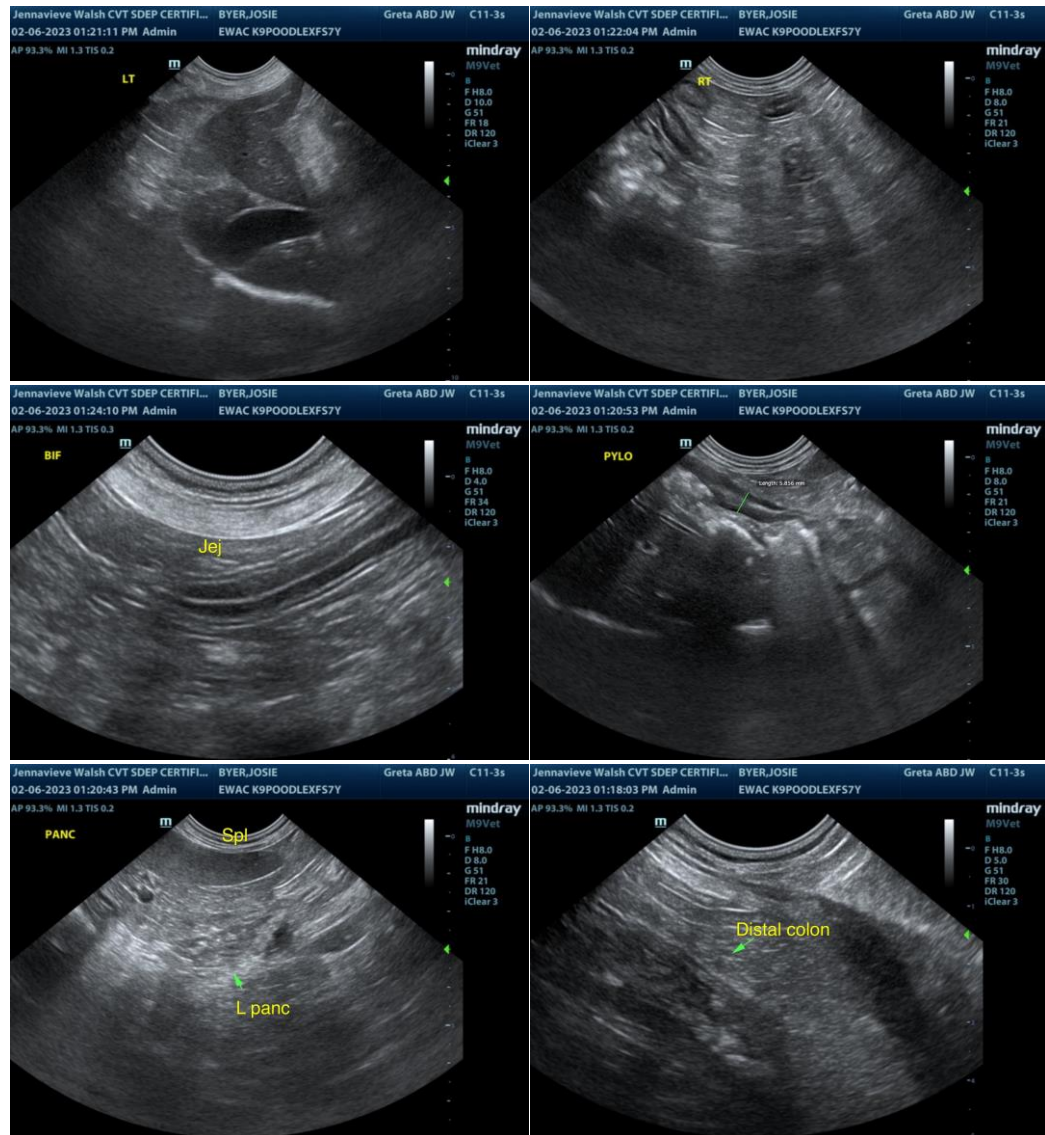
Dr. Callahan

INVOICE

12914ag

DATE

02/06/2023





PATIENT

Josie Byer

SPECIES

Canine

BREED

Poodle Mix

SEX

FS

AGE

7yr

WEIGHT

32.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Edgewood Animal
Clinic

REFERRING VET

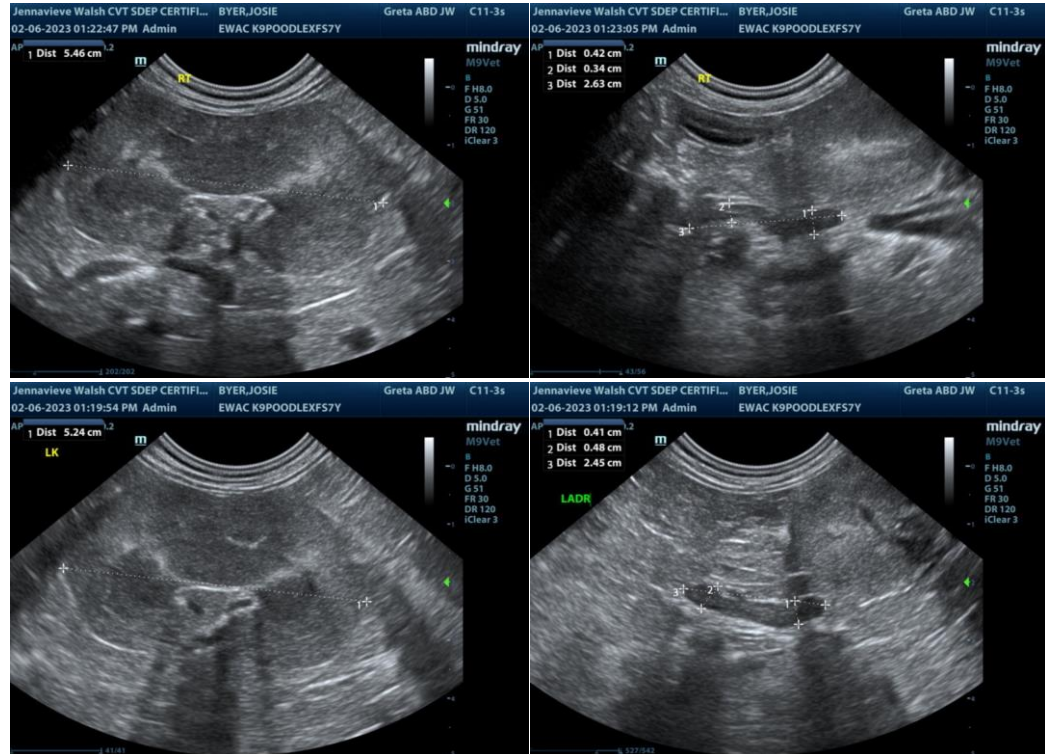
Dr. Callahan

INVOICE

12914ag

DATE

02/06/2023



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