



PATIENT

Munshi Oliver

SPECIES

Canine

BREED

Labradoodle

SEX

FS

AGE

1 yr. 6 mo.

WEIGHT

39 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP
(Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bailey

INVOICE

16070

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Chronic vomiting > 3 x a week for the last 8 months. On and off Diarrhea. Occasional blood in vomit. Responds well to Famotidine

Abnormal PE/Chem/CBC/UA Results: TLI was High 50 (5-35), CPLi, Cobalamin and Folate are WNL. CBC, Chem 17, Cortisol (baseline) 5.8 and 4dx were normal. RADS (last April): NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 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 5.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.45 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 0.46 cm width at the caudal pole.

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 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, ingesta exhibiting areas of subtle to progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.



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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 small intestinal mechanical / metabolic ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with subjective semi-formed to possible soft fecal matter.

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Pancreas

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Structurally normal gastrointestinal tract with mild gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral, specifically gastroenterocolic pathology was noted. The gastric ingesta is sonographically consistent with food and may indicate recent meal ingestion. If documented NPO, some degree of mild nonobstructive gastric hypomotility or stasis could be possible. Dietary intolerance / food allergy, structurally insignificant intestinal disease given the increased TLI (which although nonspecific may suggest upper intestinal enteropathy), occult parasitism, infectious disease i.e., helicobacter, less likely low-grade pancreatitis or infiltrative neoplasia are all potentials. No overt evidence of gastrointestinal foreign material was noted.

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Empirically, hydrolyzed diet trial with likely long-term dietary therapy, high colony count probiotic, empirical deworming even if fecal testing is negative, as-needed gastroprotectants +/- coverage for helicobacter and assessment of gastrointestinal response would be reasonable. If persistent gastrointestinal signs despite dietary therapy and supportive care, endoscopy is likely indicated for biopsies and potential definitive diagnosis.

IMAGING PERFORMED BY

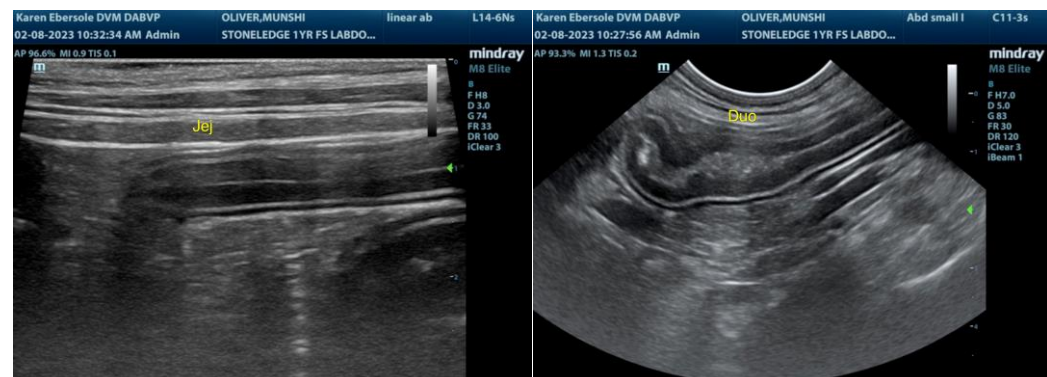
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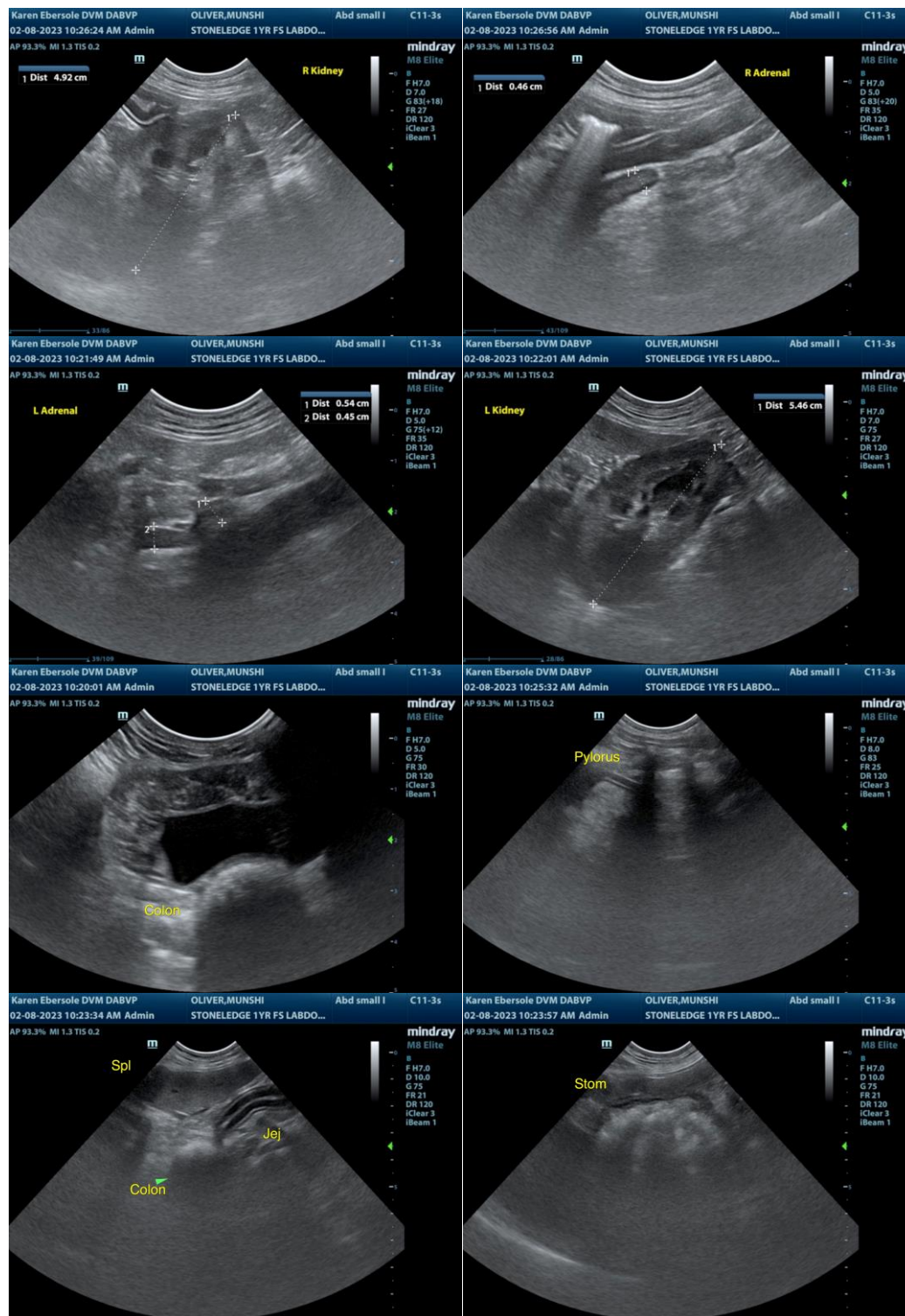
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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