



**PATIENT PRESENTING CLINICAL SIGNS**

Ollie Armstrong diabetic has been vomiting, diarrhea and inappetent- started today. Had a similar episode in November  
 meds: Cerenia injection today, insulin for diabetes  
 Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC. Chem: BUN 6.4, Crea 39, Calcium 1.9, Alb 16, Glob 23, ALT 481, normal ALP.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Cockapoo

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

Neutered Male

No overt pathology in the area of the residual prostate.

**AGE**

13 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm. The right kidney measured 5.0 cm.

**WEIGHT**

10.4 kg

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm at the caudal pole. The right adrenal gland measured 0.33 cm at the caudal pole. The adrenals were overtly normal without evidence of enlargement or neoplastic criteria.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

The liver presented 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. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Main Street AH

**REFERRING VET**

Dr. Albright

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas present. Gastric body wall measured 0.42 cm.

**INVOICE**

36161

The small intestine presented intact wall layering with subjective propensity for mildly prominent generalized mucosa. Small intestinal wall measured 0.49 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

**DATE**

3/14/22



## PATIENT

Ollie Armstrong

Normal visible colon wall layers were present with generalized semiformal to soft feces, consistent with reported diarrhea.

## Pancreas

## SPECIES

Canine

The pancreas base and right pancreatic limb exhibited normal size and contour with subtle hypoechoic to non-homogeneous parenchyma compared to adjacent omentum.

## Free Abdomen

## BREED

Cockapoo

Small pockets of scant, primarily peri intestinal free fluid noted. No overt or significant lymphadenopathy. Generalized mild reactive mesentery noted.

## ULTRASONOGRAPHIC FINDINGS

## SEX

Neutered Male

- Acute gastroenterocolitis pattern
- Subtly hypoechoic to non-homogeneous pancreas base and right pancreatic limb – non-specific, potential for low-grade pancreatitis.

## AGE

13 Years

- Hepatopathy – subjectively benign. Metabolic, reactive or low-grade inflammatory hepatopathy possible. No overt evidence of hepatic neoplastic criteria.

## WEIGHT

10.4 kg

- Mild chronic renal changes
- Mild generalized reactive mesentery and scant, primarily peri intestinal free fluid

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

Potential for low-grade pancreatitis suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. In patients with recurrent gastrointestinal signs, mild pancreatitis, dysbiosis, inflammatory bowel disease, potential emerging protein losing enteropathy (given the hypoproteinemia), dietary indiscretion/food intolerance, occult parasitism, or less likely gastrointestinal neoplasia could be considered. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate.

## IMAGING PERFORMED BY

Kelly Reschny

Empirically, therapy for low-grade pancreatitis and acute gastroenterocolitis would be reasonable. Recheck sonogram could be considered to assess for progressive inflammatory gastrointestinal or pancreatic changes if clinical signs continue, and pending additional diagnostics. Monitoring of albumin and globulin levels recommended.

## HOSPITAL NAME

Main Street AH

## REFERRING VET

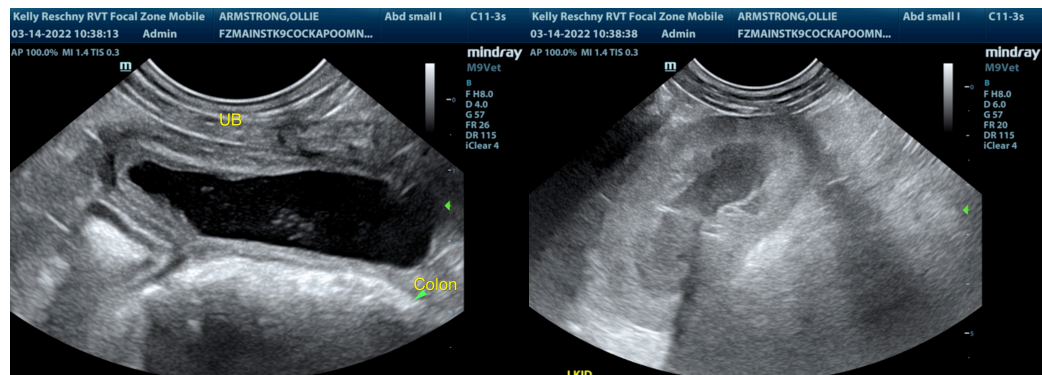
Dr. Albright

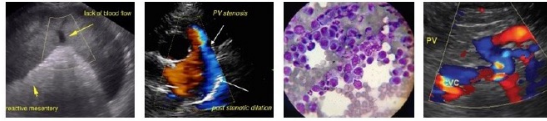
## INVOICE

36161

## DATE

3/14/22





**PATIENT**

Ollie Armstrong

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

10.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Main Street AH

**REFERRING VET**

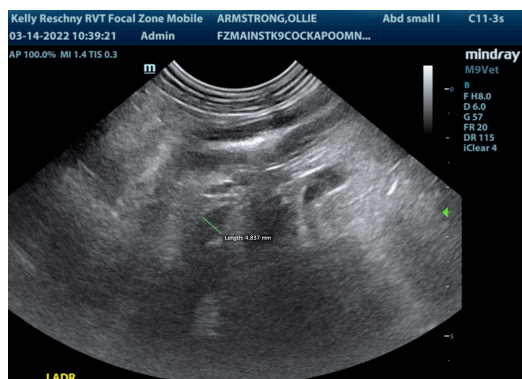
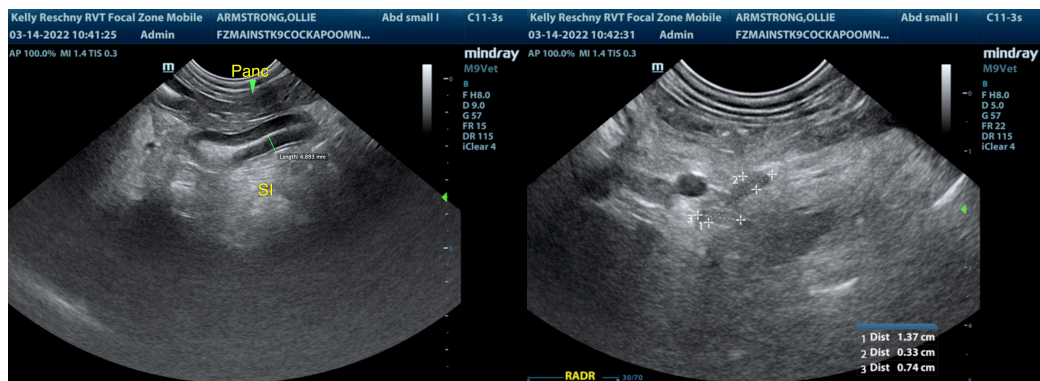
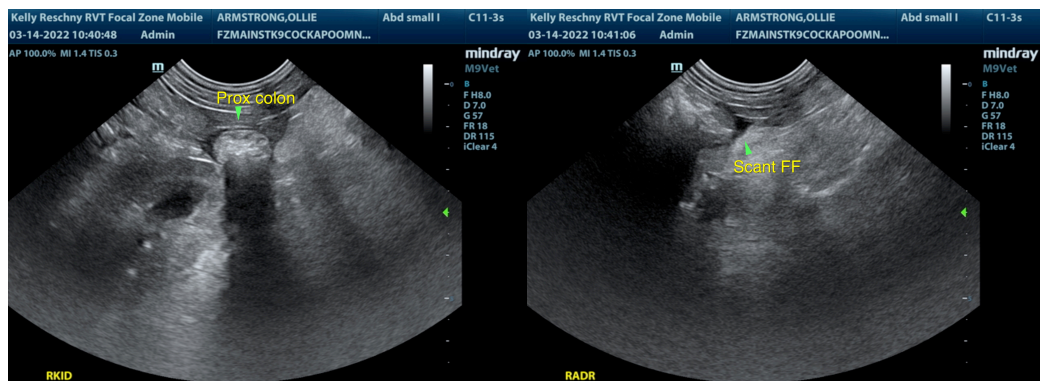
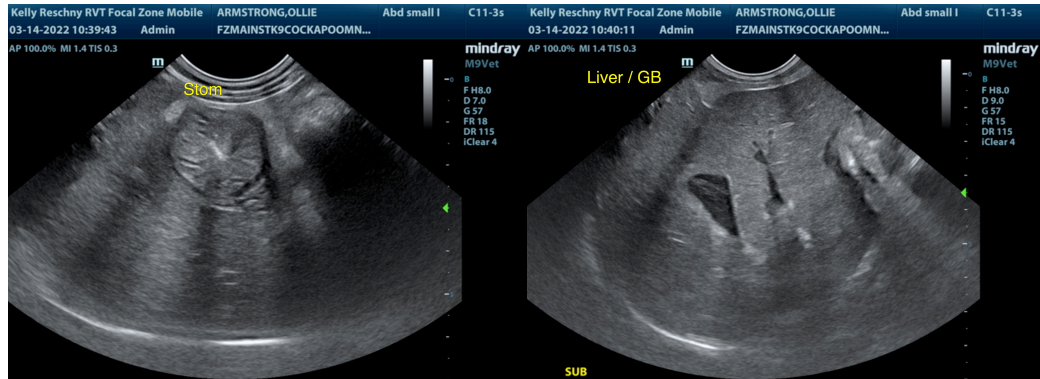
Dr. Albright

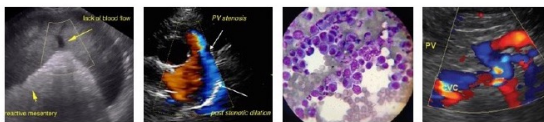
**INVOICE**

36161

**DATE**

3/14/22





**PATIENT**

Ollie Armstrong

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.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

**BREED**

Cockapoo

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

10.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Main Street AH

**REFERRING VET**

Dr. Albright

**INVOICE**

36161

**DATE**

3/14/22