



PATIENT	PRESENTING CLINICAL SIGNS
Bamn Smith	Persistent vomiting, possible IBD, gastritis, diarrhea EENT: MM pink, moist. CRT <2 seconds. Clear OU, Clean AU. Nares free of any discharge. INTEGUMENT: No external parasites observed. No evidence of skin disease at this time.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: No BW since 7/2022, will run panel and email over after ultrasound (patient needs to be sedated for blood draw) Current Medications trazodone/gabapentin for sedation- Radiographic Findings N/a
BREED	
Mixed	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
MN	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.
AGE	
7 years	The residual prostate was free of pathology.
WEIGHT	
88.4 lbs.	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	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 6.7 cm in length. The right kidney measured 6.6 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.81 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.4 cm length x 0.80 cm width at the caudal pole.
Sara Hansen	Spleen
HOSPITAL NAME	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.
The Ark VC	Liver/ Gallbladder
REFERRING VET	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.
Dr. Byers	
INVOICE	
16387	
DATE	
3/15/23	



PATIENT

Gastrointestinal

Bamn Smith

The stomach exhibited sonographically unremarkable visualized wall layering. The ventral gastric body wall width measured 0.41 cm. The stomach contained a mild amount of non-shadowing ingesta / chyme. No obvious evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.

SPECIES

Canine

BREED

Mixed

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental non-shadowing intestinal ingesta / chyme was present. No evidence of mechanical / metabolic ileus was noted. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.40 cm width.

SEX

Normal visible colon wall layers were present with apparent semi-formed to soft fecal matter, consistent with patient history and luminal gas.

MN

Pancreas

AGE

7 years

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

88.4 lbs.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion was noted.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal ingesta / chyme
- Normal colon containing semi-formed to soft fecal matter

IMAGING PERFORMED BY

Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

The Ark VC

No sonographic evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology as an obvious cause of the patient's gastrointestinal signs.

REFERRING VET

Dr. Byers

At times, the gastroenterocolic presentation may not correlate with current gastrointestinal signs. Considerations may include; dietary intolerance / food allergy, dysbiosis, occult parasitism, low-grade gastrointestinal inflammatory disease, or pancreatitis, both of which may present as sonographically normal, occult Addison's Disease, and infiltrative neoplasia (considered unlikely).

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia, as well as a resting cortisol level. Empirically, a limited antigen or hydrolyzed diet trial with potential long-term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), as-needed antibiotic trial with consideration for possible adverse effects on normal gastrointestinal flora, and as needed gastrointestinal support with an assessment of clinical response would be reasonable. Pending additional diagnostics and empirical therapy, endoscopic intestinal biopsies may be indicated if gastrointestinal signs continue despite empirical therapy.

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Bamn Smith

SPECIES

Canine

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INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark VC

REFERRING VET

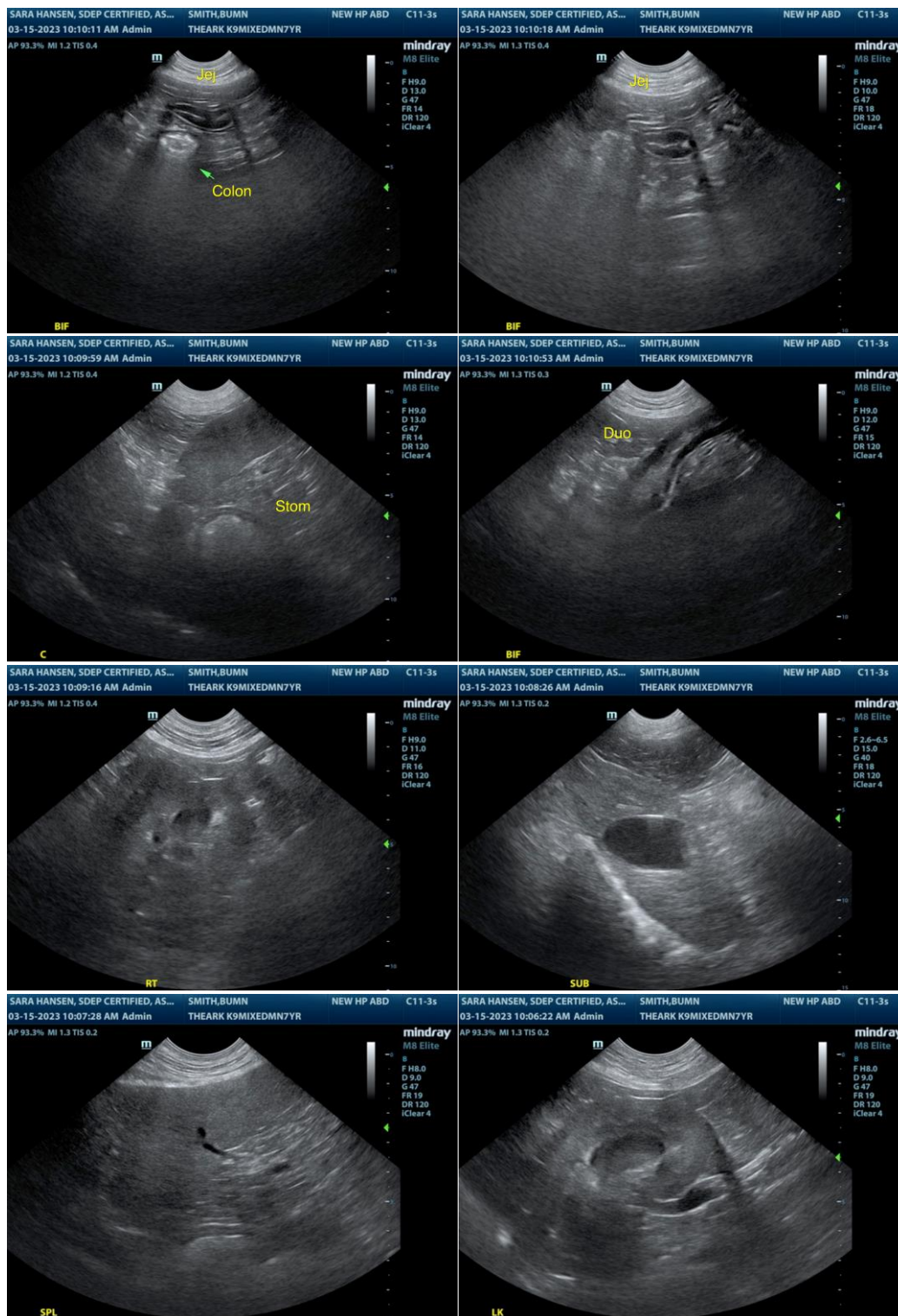
Dr. Byers

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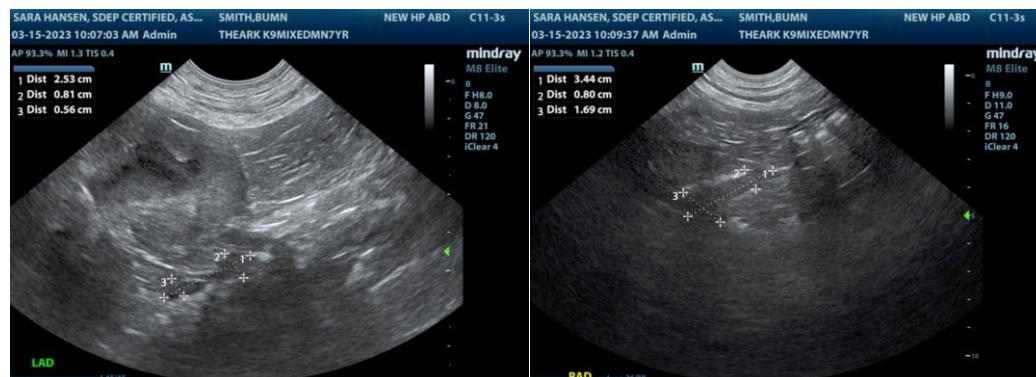
Dr. Byers

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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