



PATIENT	PRESENTING CLINICAL SIGNS
Hayden Larsen Scott	Hx seizures, currently on phenobarbital, keppra, and gabapentin. Vomiting/diarrhea for 3 days, lethargic, inappetent. May have eaten pig ear 3 days ago. Ate a very small amount of food last night.
SPECIES	Abnormal PE/Chem/CBC/UA Results: O declined labs. BCS 7/9, Liquid yellow diarrhea on hind end. Abdomen slightly painful.
Canine	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Heeler Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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.
SEX	
FS	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 5.6 cm in length. The right kidney measured 5.7 cm in length.
AGE	
1.5yr	The area of the aortic trifurcation was free of pathology.
WEIGHT	Adrenal Glands
15.1kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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
Wendy Turner	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.
HOSPITAL NAME	Gastrointestinal
Pennsauken AH and Urgent Care	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
REFERRING VET	
Dr. Witt	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine exhibited mild segmental non-shadowing ingesta/chyme and non-obstructive ileus with obstruction or foreign material.
INVOICE	
13177ag	Normal visible colon wall layers were present with apparent generalized non-formed feces in lumen.
DATE	
03/15/2023	



PATIENT

Pancreas

Hayden Larsen Scott

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 was evident.

SPECIES

Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Heeler Mix

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern with mild gastric functional/metabolic stasis.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral specifically gastroenterocolic pathology as a definitive cause of the patient's clinical signs. No evidence of GI obstructive criteria, foreign material or mural pathology. Dietary indiscretion / food hypersensitivity, occult parasitism, enterotoxin, structurally insignificant inflammatory gastroenteropathy or Addison's disease are all potentials. No indication for surgical intervention. Supportive care for gastroenterocolitis/inflammatory bowel episode should prove beneficial. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's and a GI panel to include PLI/TLI/Cobalamin/Folate could be considered. Correlation with full CBC/chem/UA to assess for underlying metabolic disease is recommended.

AGE

1.5yr

WEIGHT

15.1kg

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) and high colony count probiotic (Proviale or Visbiome) is suggested.

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH and
Urgent Care

REFERRING VET

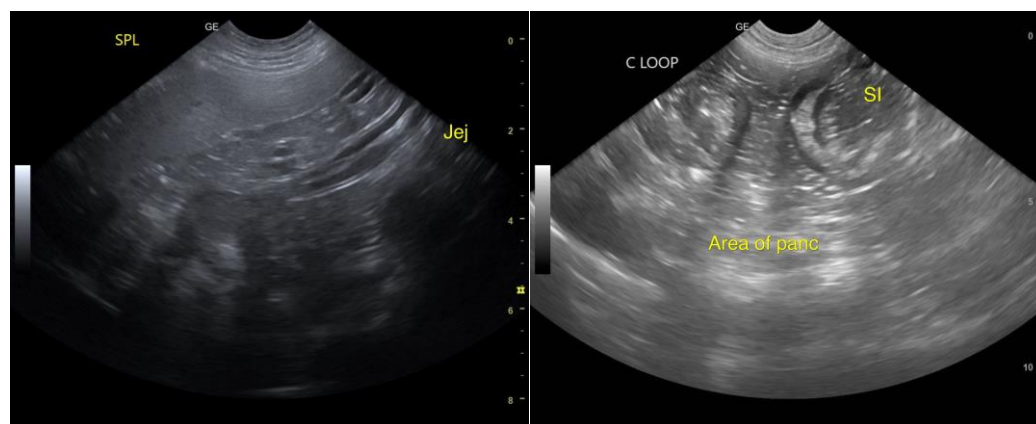
Dr. Witt

INVOICE

13177ag

DATE

03/15/2023





PATIENT

Hayden Larsen Scott

SPECIES

Canine

BREED

Heeler Mix

SEX

FS

AGE

1.5yr

WEIGHT

15.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken AH and
Urgent Care

REFERRING VET

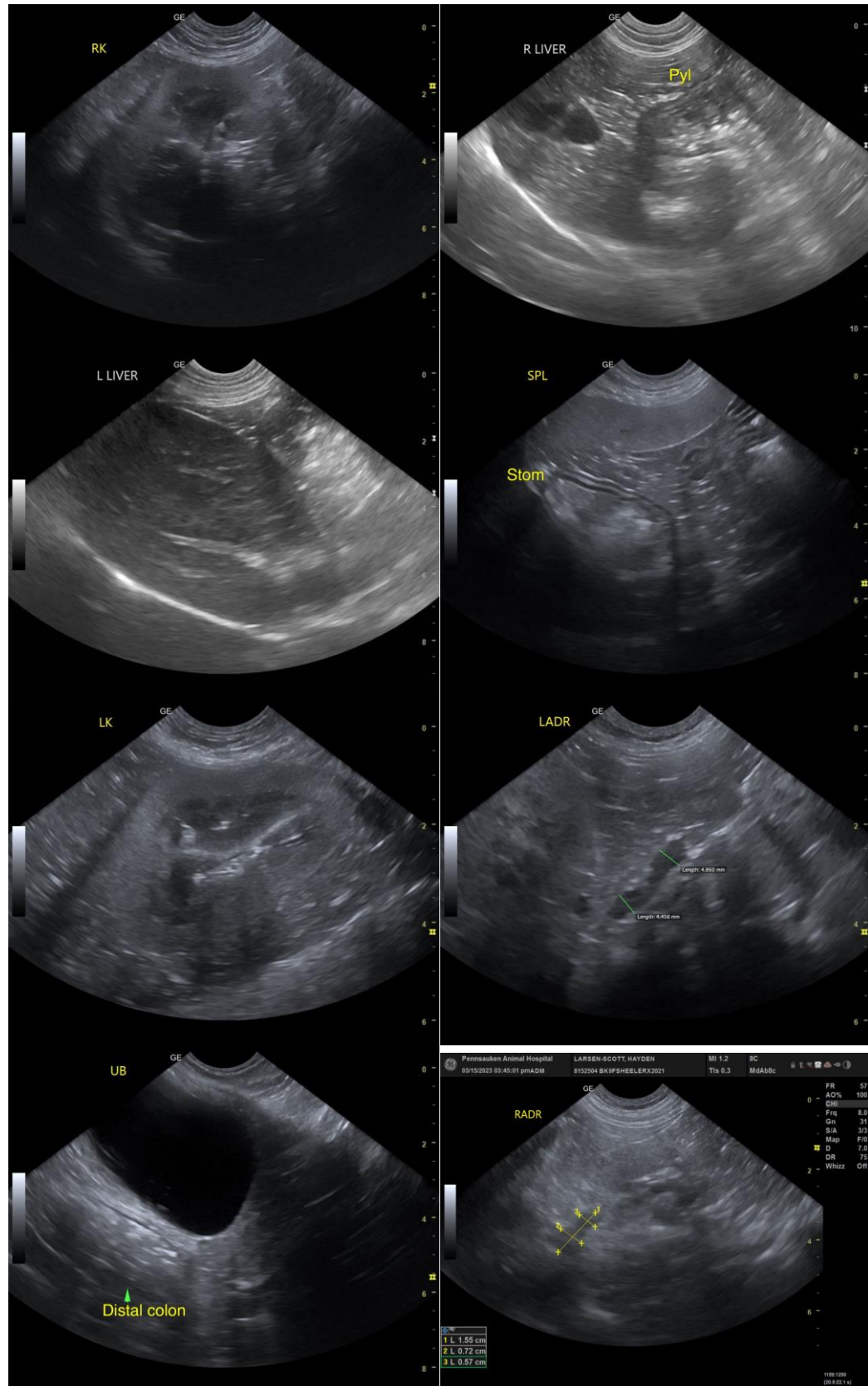
Dr. Witt

INVOICE

13177ag

DATE

03/15/2023





PATIENT

Hayden Larsen Scott

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.

BREED

Heeler Mix

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

SEX

FS

AGE

1.5yr

WEIGHT

15.1kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Wendy Turner

HOSPITAL NAME

Pennsauken AH and
Urgent Care

REFERRING VET

Dr. Witt

INVOICE

13177ag

DATE

03/15/2023