



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bailey Hrabrovsky	Acute hx of anorexia and vomiting. Pet has previously vomited occasionally. Abnormal PE/Chem/CBC/UA Results: Amylase 1467, Hct 63 (61H)
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.
Mini Poodle	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.7 cm in diameter.
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
MN	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 3.5 cm in length. The right kidney measured 3.4 cm in length.
<b>AGE</b>	<b>Adrenal Glands</b>
2.4 years	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.45 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 1.3 cm length x 0.40 cm width at the caudal pole.
<b>WEIGHT</b>	<b>Spleen</b>
Not Given	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.
<b>INTERPRETED BY</b>	<b>Liver/ Gallbladder</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Shari Reffi, CVT	The stomach presented intact yet subjective mild prominent wall layering with minor retained echogenic fluid. The gastric body wall width measured 0.37 cm.
<b>HOSPITAL NAME</b>	
Animal Mansion	
<b>REFERRING VET</b>	
Dr. Parker	
<b>INVOICE</b>	
13560	
<b>DATE</b>	
3/25/22	



**PATIENT**

Bailey Hrabrovsky

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with no evidence of mechanical / metabolic ileus or small intestinal foreign material.

**SPECIES**

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

**BREED**

Mini Poodle

**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.

**SEX**

MN

**Free Abdomen**

No overt lymphadenopathy was present. Mild regional peri intestinal reactive mesentery was present. No free fluid was noted.

**AGE**

2.4 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

Not Given

**Primary Findings**

- Acute subjectively mild gastroenteritis
- Mild peri intestinal reactive mesentery

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion / food intolerance, occult parasitism, structurally insignificant Inflammatory bowel, or low-grade pancreatitis, which may present as sonographically normal, are possible. Conservative therapy for gastroenteritis should prove beneficial in this case. Correlation with a Spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate if persistent or recurrent GI signs could be considered. Overall, no overt evidence of significant abdominal visceral pathology was evident.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

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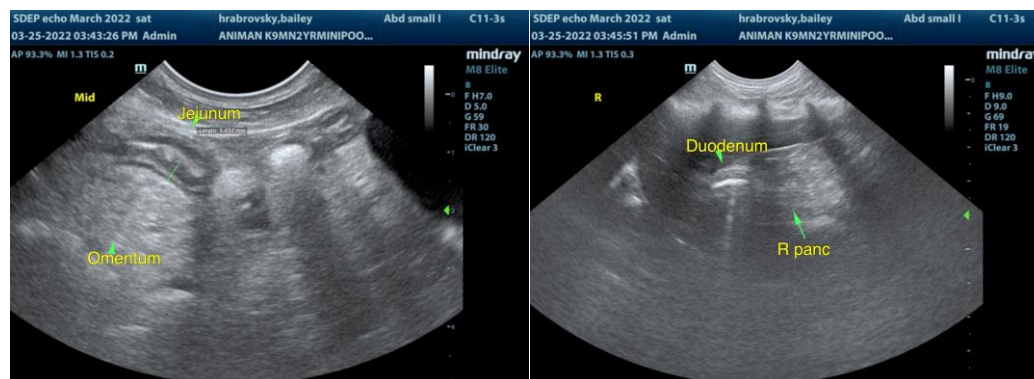
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**PATIENT**

Bailey Hrabrovsky

**SPECIES**

Canine

**BREED**

Mini Poodle

**SEX**

MN

**AGE**

2.4 years

**WEIGHT**

Not Given

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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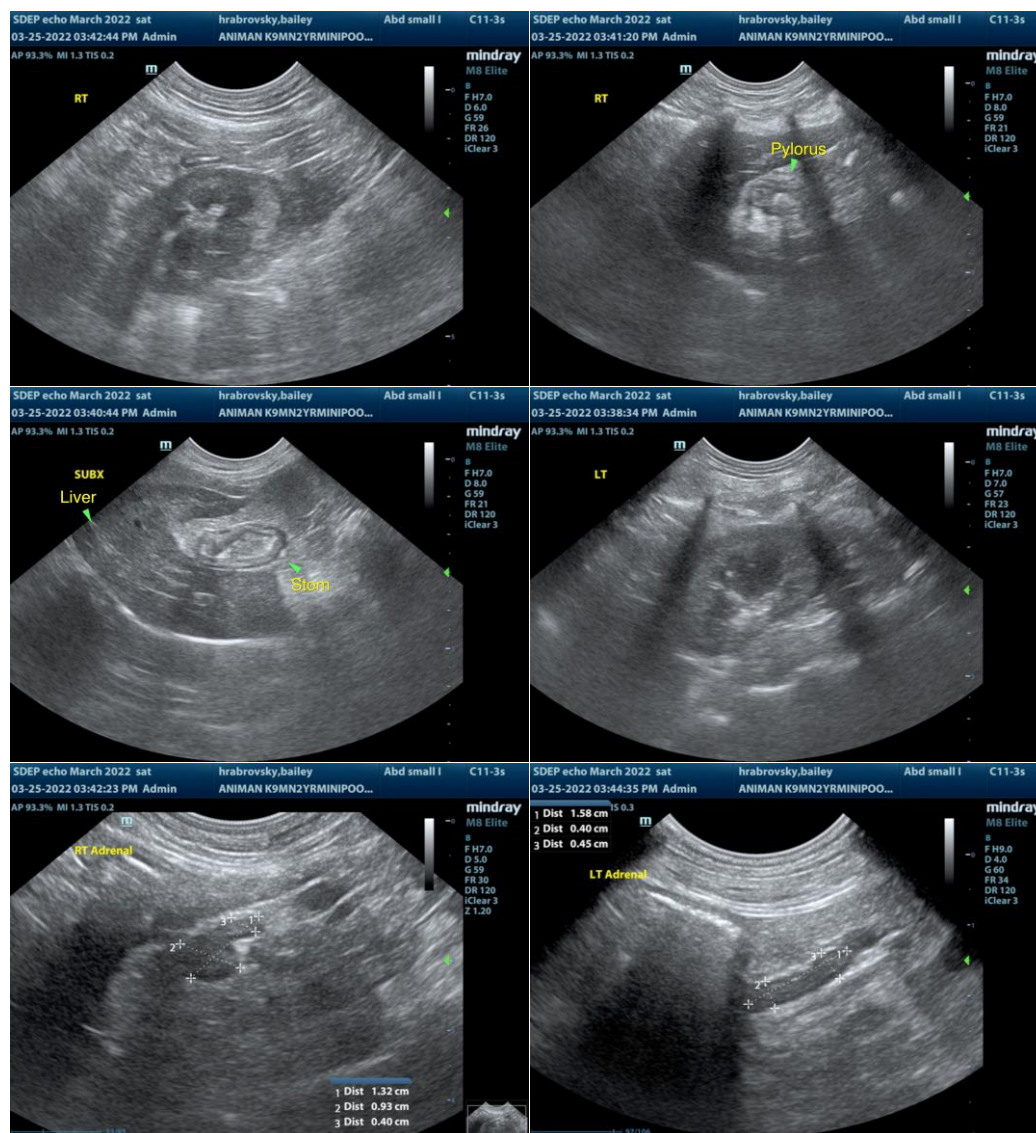
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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