



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Reggie Thomson	Was hospitalized over the weekend with extreme bloody vomiting and diarrhea. Slight weight loss, poor appetite which is slightly improved today but taking feedings slowly. Last meal was fed today at 6am. Still very gassy during scan but no BM yet today and no further vomiting of blood. Spent the weekend in hospital on IVF and GI protectant medications.
<b>SPECIES</b>	Parvo test negative.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Giant Schnauzer	<b>Urinary System</b>
<b>SEX</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.
MN	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
1 year 1 month	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 7.0 cm in length. The right kidney measured 7.8 cm in length.
<b>WEIGHT</b>	
36.1 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm width at the caudal pole and 0.69 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 1.2 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	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>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Erin Folk AH	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>REFERRING VET</b>	
Dr. Soliman	
<b>INVOICE</b>	
13568	
<b>DATE</b>	
3/29/22	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Reggie Thomson	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, non-shadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.
<b>SPECIES</b>	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental to generalized, nonshadowing digesta/chyme. The small intestine was otherwise normal.
<b>BREED</b>	
Giant Schnauzer	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<b><i>Pancreas</i></b>
<b>SEX</b>	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.
MN	
<b>AGE</b>	<b><i>Free Abdomen</i></b>
1 year 1 month	No overt lymphadenopathy or peritoneal effusion was present.
	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<b><i>Primary Findings</i></b>
36.1 kg	<ul style="list-style-type: none"> <li>• Overall sonographically unremarkable abdomen</li> <li>• Overtly normal gastrointestinal tract with gastrointestinal ingesta / chyme</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	No evidence of abdominal visceral pathology specifically no evidence of gastroenterocolic pathology was noted. Unfortunately, the sonographic presentation of the gastrointestinal tract does not always correlate with gastrointestinal signs. Acute gastroenterocolitis / HGE, gastroenterotox insult, infectious gastroenterocolitis, dietary indiscretion / food intolerance, or other are possible.
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	Empirically, continued medical therapy for hemorrhagic gastroenterocolitis with a continued assessment of clinical response would be reasonable. If persistent gastrointestinal signs or weight loss, further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.
Erin Folk AH	
<b>REFERRING VET</b>	Adrenal screening with resting cortisol to rule out occult Addison's Disease could also be considered if persistent or recurrent gastrointestinal signs are noted.
Dr. Soliman	
<b>INVOICE</b>	The presence of gastrointestinal ingesta / chyme is suspected to be secondary to meal Ingestion. However, the possibility of some degree of mild gastrointestinal hypomotility owing to inflammation cannot be excluded. No evidence of gastrointestinal mechanical obstruction or foreign material was evident.
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Reggie Thomson

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Canine

**BREED**

Giant Schnauzer

**SEX**

MN

**AGE**

1 year 1 month

**WEIGHT**

36.1 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Erin Folk AH

**REFERRING VET**

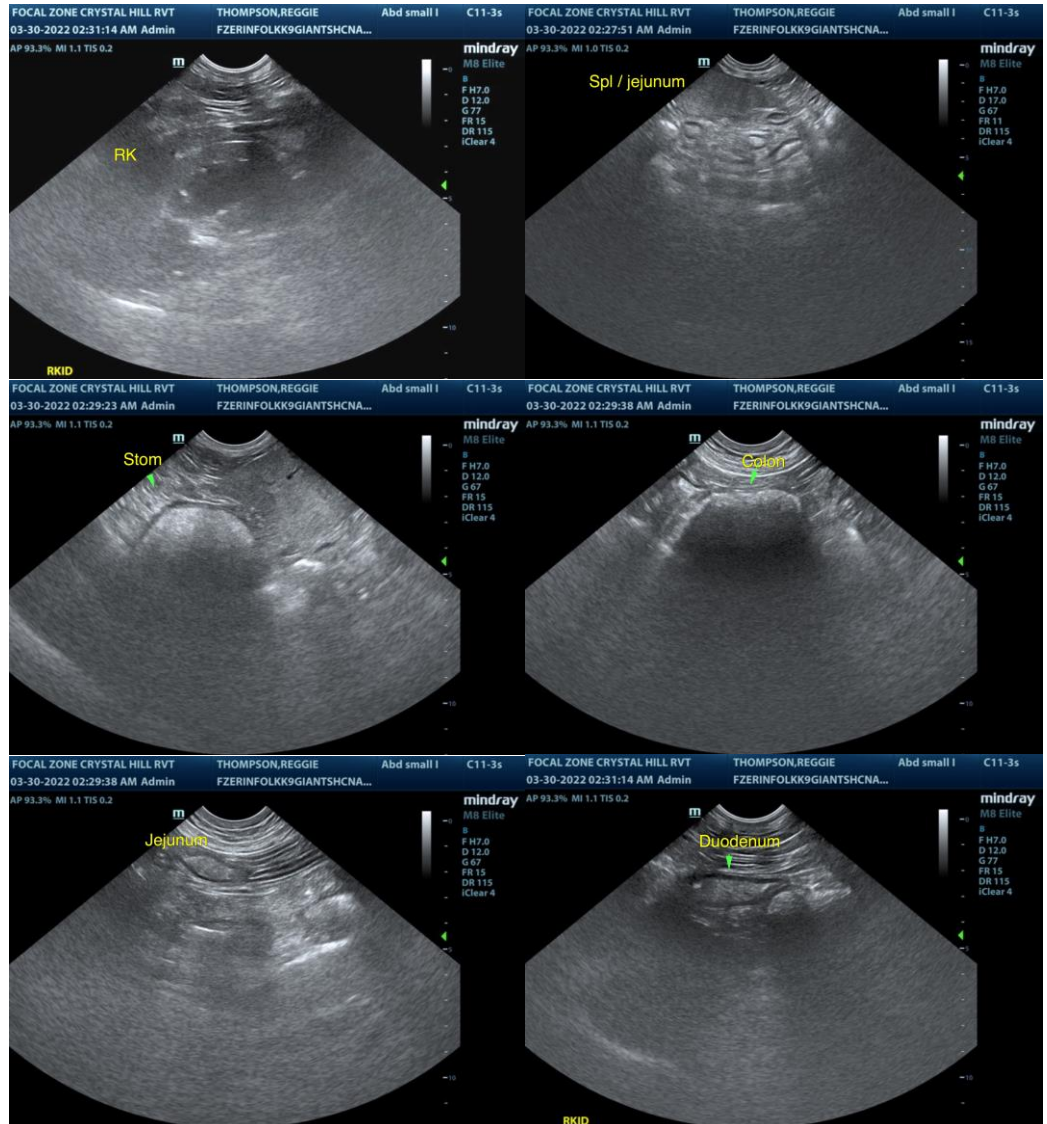
Dr. Soliman

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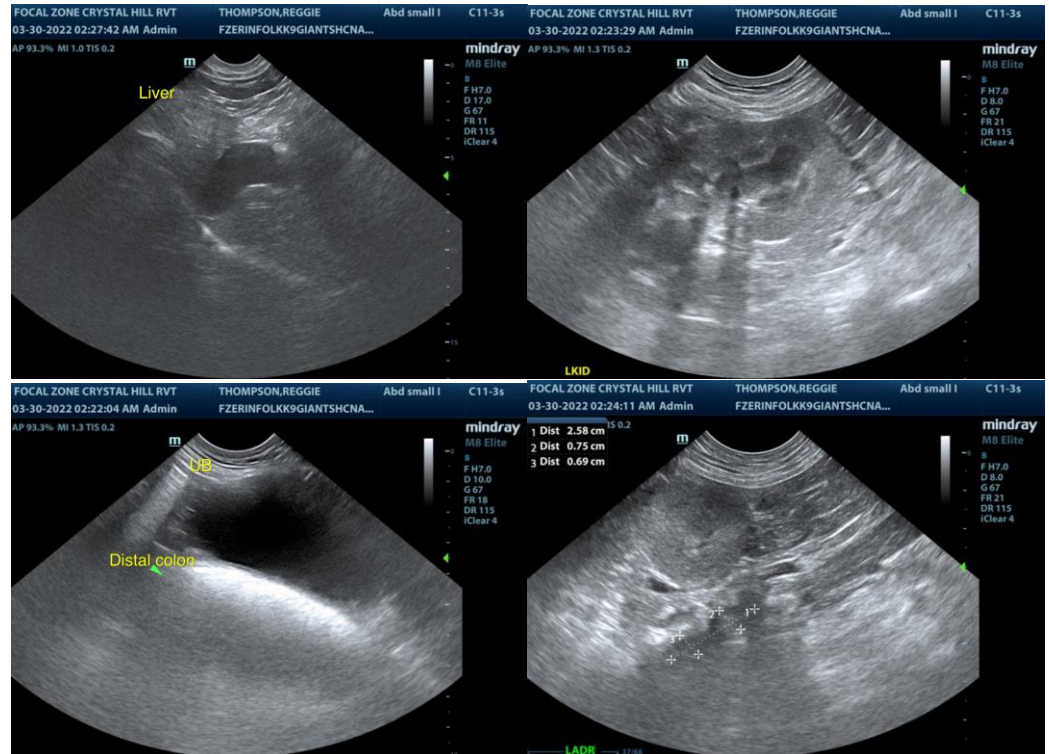
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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