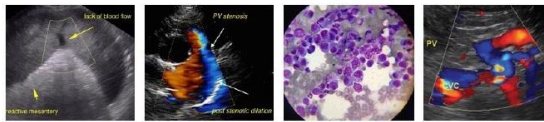
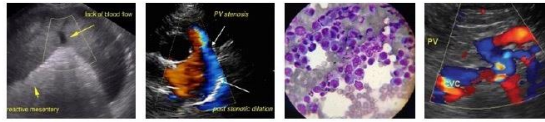


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Maisy Wilhelm	Marked elevation in appetite suddenly, eating twice the amount of food as previously and not gaining weight. Still seems hungry all of the time and will not settle. Has history of allergies which are currently not well controlled no matter which options we use. Has had Cytopoint, Apoquel. Currently using Gabapentin 60mg and Trazodone 25mg at night and Cytopoint every 3-4 weeks so owners can get some rest. Just finished course of Fenbendazole. Ruled out Addison's disease.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Bichon Frise	Abnormal PE/Chem/CBC/UA Results: RBCs low, Hemoglobin low, Hematocrit low, Platelets M1 elevation, Polychromasia, WBC morphology normal, platelets normal. Rest of CBC unremarkable. Chem - Glucose 6.4(3.5-6.3) SDMA 17(0-14) Urea 15.1(3.2-11.0) Potassium 5.6(4.0-5.4) Na:K ratio low. Sample grossly lipemic. Cortisol less than 28(28-120). ACTH stim - Baseline cortisol 90(28-120) Post Cortisol 267(220-550)
<b>SEX</b>	
FS	
<b>AGE</b>	
13.5 yr	
<b>WEIGHT</b>	
3.9 kg	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP	<b>Urinary System</b>
<b>IMAGING PERFORMED BY</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.
Crystal Hill	The area of the aortic trifurcation was free of pathology.
<b>HOSPITAL NAME</b>	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length. Pinpoint medullary mineral was noted in both kidneys.
Wellington AH	<b>Adrenal Glands</b>
<b>REFERRING VET</b>	The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 1.2 cm length x 0.35 cm width at the caudal pole. The right adrenal gland measured 1.2 cm length x 0.32 cm width at the caudal pole.
Dr. Dennis	<b>Spleen</b>
<b>INVOICE</b>	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.
16483	<b>Liver/ Gallbladder</b>
<b>DATE</b>	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
3/29/23	



<b>PATIENT</b>	containing primarily anechoic content with minor echogenic nonorganized gallbladder debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.
Maisy Wilhelm	
<b>SPECIES</b>	<b>Gastrointestinal</b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.
<b>BREED</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. Segmental nonshadowing ingesta / chyme was present with no obstructive pattern. No evidence of pathology was noted at the level of the ileocolic junction.
Bichon Frise	
<b>SEX</b>	Sonographically normal visible colon wall layers were present with subjective formed fecal matter present in the distal descending colon with subjective semi-formed to possible soft fecal matter in the proximal colon.
FS	
<b>AGE</b>	<b>Pancreas</b>
13.5 yr	The pancreas was normal in size and contour with mild heterogeneous primarily isoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>WEIGHT</b>	<b>Free Abdomen</b>
3.9 kg	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> <li>• Structurally normal gastrointestinal tract with gastrointestinal ingesta</li> <li>• Mild heterogeneous pancreas</li> <li>• Mild chronic renal changes with pinpoint medullary mineral</li> <li>• Minor gallbladder debris (non-mucocele)</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Crystal Hill	Sonographically, no evidence of visceral, specifically gastrointestinal or pancreatic pathology was noted as an obvious cause of the patient's clinical signs. Largely geriatric abdomen was observed without evidence of intraabdominal neoplastic criteria.
<b>HOSPITAL NAME</b>	A GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for occult intestinal or pancreatic disease as a possible contributing factor.
Wellington AH	A novel protein or hydrolyzed diet trial in conjunction with reported chronic allergies and high colony count probiotic if soft or non-formed stool may prove beneficial.
<b>REFERRING VET</b>	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
Dr. Dennis	
<b>INVOICE</b>	
16483	
<b>DATE</b>	
3/29/23	



**PATIENT**

Maisy Wilhelm

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

FS

**AGE**

13.5 yr

**WEIGHT**

3.9 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Wellington AH

**REFERRING VET**

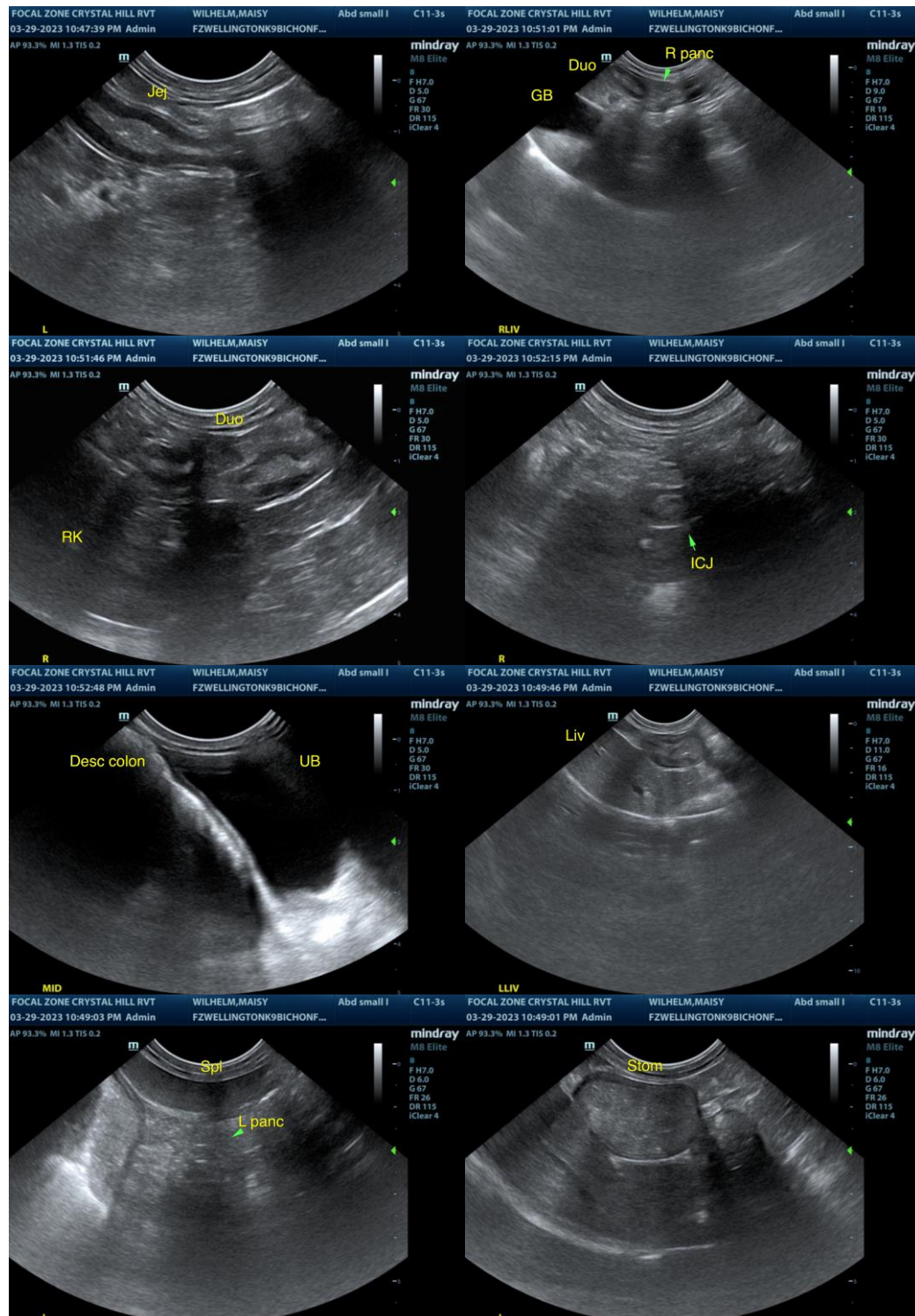
Dr. Dennis

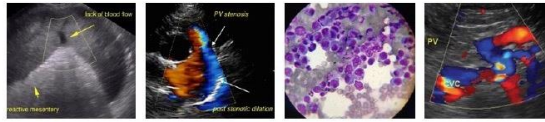
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16483

**DATE**

3/29/23





**PATIENT**

Maisy Wilhelm

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

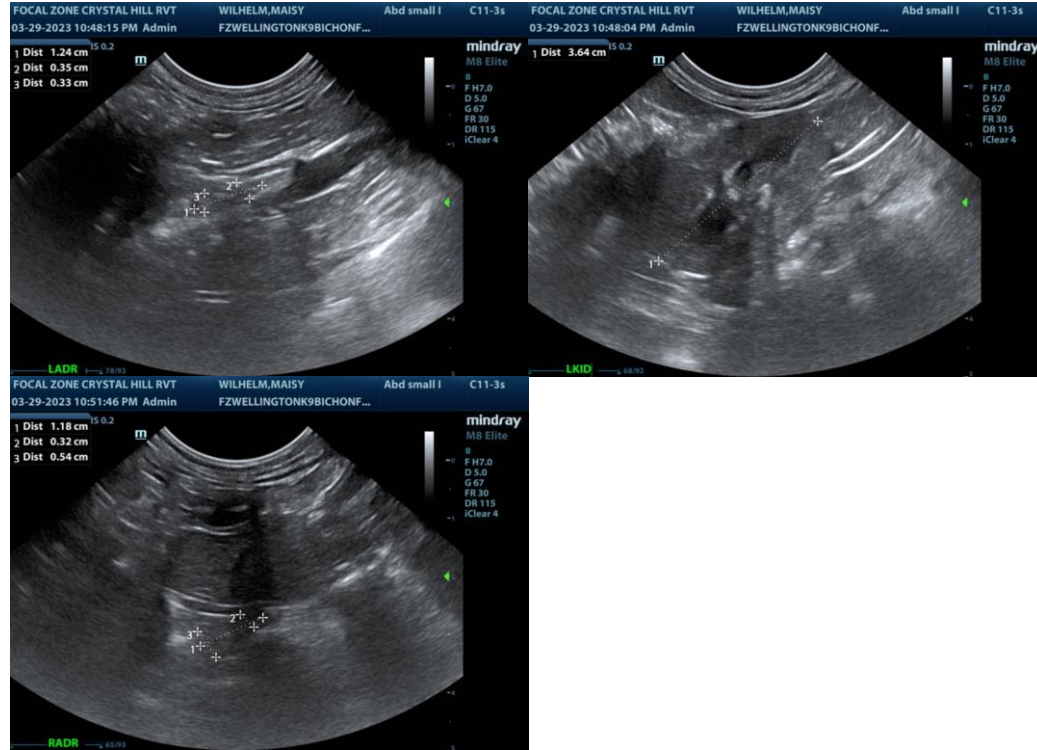
FS

**AGE**

13.5 yr

**WEIGHT**

3.9 kg



**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Wellington AH

**REFERRING VET**

Dr. Dennis

**INVOICE**

16483

**DATE**

3/29/23

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