**PATIENT**

Sophie Wood

**SPECIES**

Canine

**BREED**

Minature Schnauzer

**SEX**

FS

**AGE**

14 months

**WEIGHT**

14 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Jennifer Simon

**INVOICE**

13459

**DATE**

3/9/22

**PRESENTING CLINICAL SIGNS**

Abdominal cramping/pain - rolling on the floor - pancreatic episodes? Going on for about a year on/off. May vomit bile when has these.

Abnormal PE/Chem/CBC/UA Results: Performed abdominal exploratory in August with no findings. Labwork was normal in August, cPL one month ago (when has the last episode) was normal. Gave a 3 day dose of buprenorphine for abdominal pain yesterday.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No overt pathology was noted in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

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 4.2 cm in length. The right kidney measured 4.7 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length x 0.38 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 1.7 cm length x 0.44 cm width at the caudal pole.

**Spleen**

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.

**Liver/ Gallbladder**

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.

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***Gastrointestinal***

The stomach exhibited intact and sonographically unremarkable wall layering. The pylorus wall width measured 0.28 cm. The stomach contained a mild amount of retained pyloric ingesta / chyme along with mild luminal gas. No evidence of gastric distention was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor upper duodenal ileus was present. The duodenum wall width measured 0.35 cm. The jejunum wall width measured 0.30 cm. No overt pathology was noted in the area of the ileocolic junction, including no evidence of intussusception. No signs of mechanical gastrointestinal obstruction, foreign material, or gastrointestinal masses was noted.

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

***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 overt sonographic signs of active inflammation or neoplastic disease were evident.

***Free Abdomen***

Intermittent, mildly prominent, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.8 cm x 0.6 cm. No effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

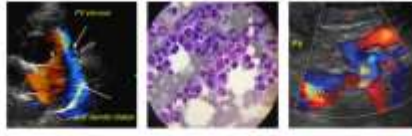
- Overtly normal gastrointestinal tract, mild retained pyloric ingesta / chyme and mild upper duodenal ileus
- Sonographically unremarkable pancreas
- Intermittent, mild, subjectively benign mesenteric lymphadenopathy - suspect intermittent mild mesenteric lymphadenitis, potential for lymphoid hyperplasia, no evidence of lymphatic neoplastic criteria

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant visceral specifically gastroenterocolic or pancreatic pathology was noted.

Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant gastroduodenitis or generalized gastroenteropathy and / or recurrent low-grade pancreatitis, (both of which may present sonographically unremarkable), may be possible. The presence of minor pyloric ingesta / chyme may also suggest some degree of metabolic delayed gastric emptying if documented NPO.

An obvious source of Intra-abdominal pain was not definitively evident. A bland or hydrolyzed diet trial with smaller more frequent feedings and as-needed gastroprotectants may prove beneficial.



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If not previously done, endoscopic upper-intestinal biopsies may be required for further clarification with histopathology.

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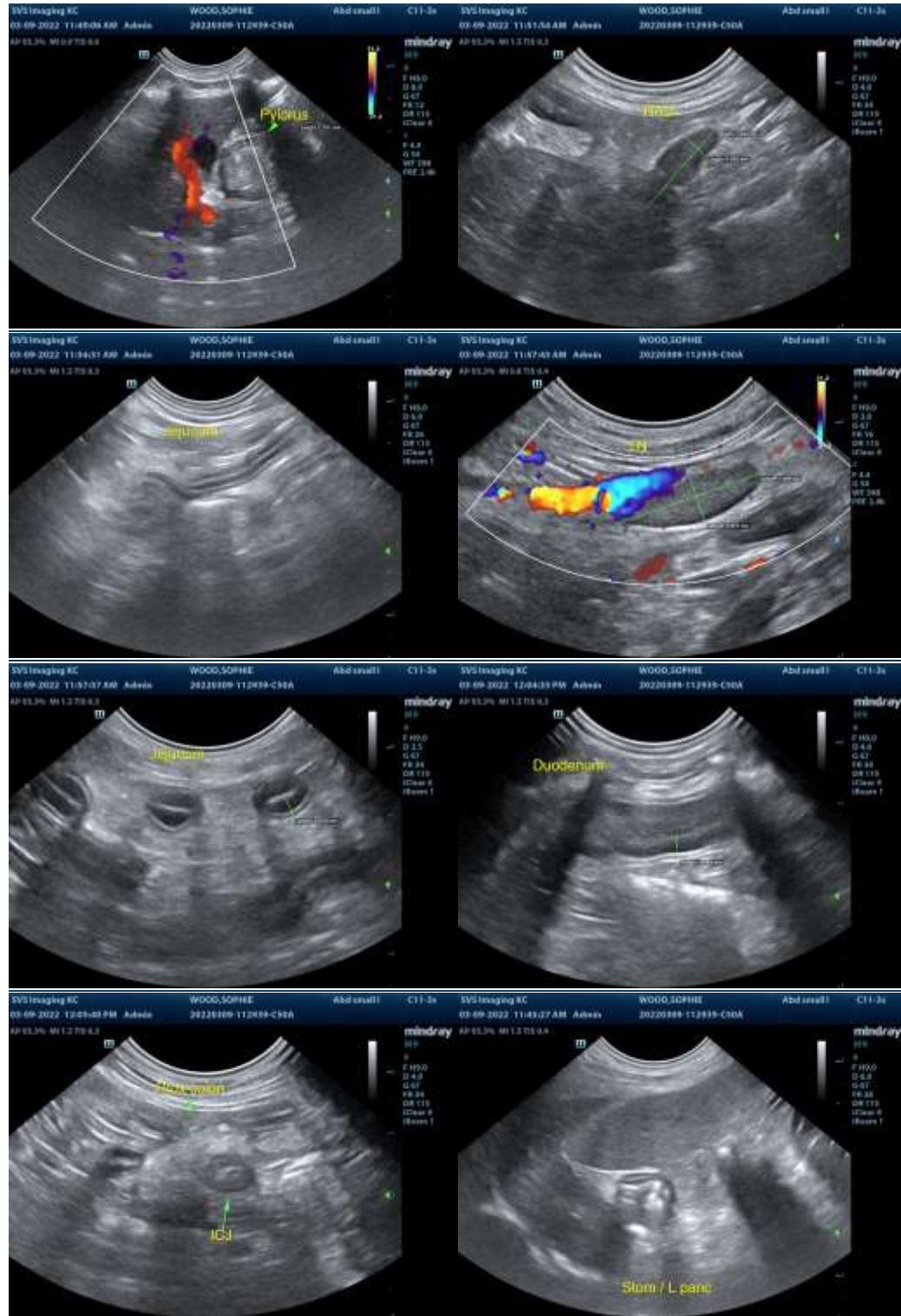
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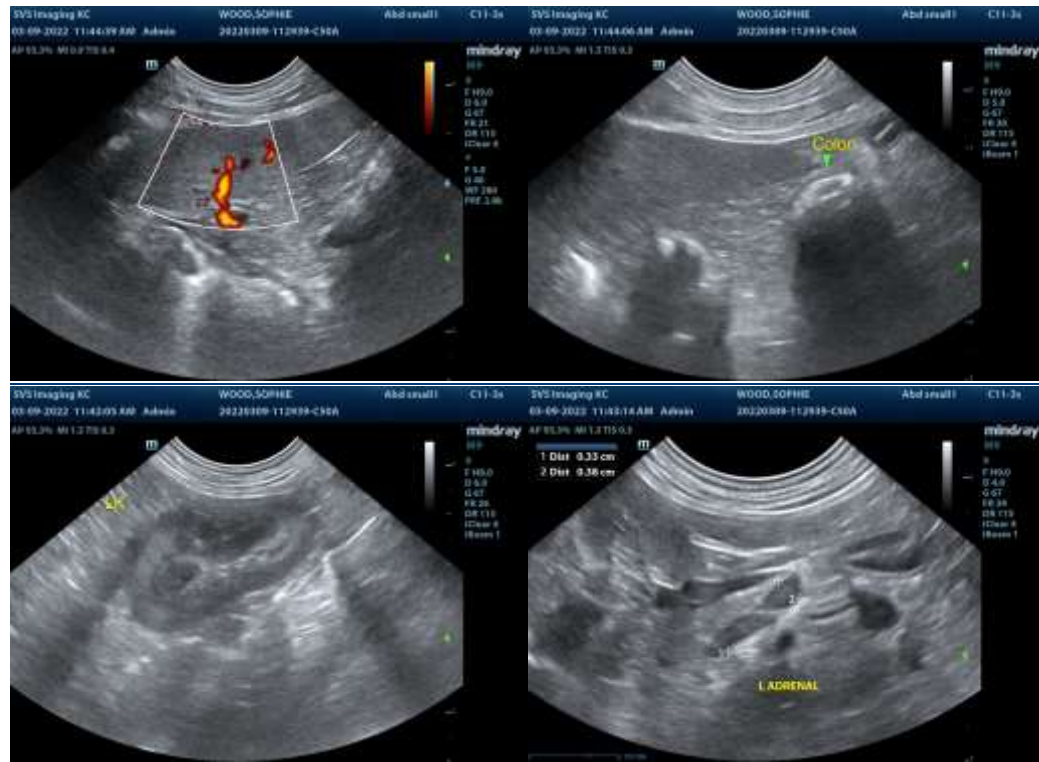
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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