



**PATIENT**

Bourbon Clarke

**SPECIES**

Canine

**BREED**

Shih-Tzu/Bichon Mix

**SEX**

M/N

**AGE**

3 years

**WEIGHT**

4.69 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Aspen AH

**REFERRING VET**

Dr. Berdeen Ross

**INVOICE**

16571

**DATE**

4/11/23

**PRESENTING CLINICAL SIGNS**

CPL Negative. Increased eosinophils. Distended stomach on AXR. Blood in stool. Lethargic. Recent vomiting with blood.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 3.6 cm in length. The right kidney measured 3.8 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 1.3 cm length x 0.41 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 0.31 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 liver exhibited normal vascular volume. The gallbladder was non-distended in size containing primarily anechoic content with mild, particulate, nonorganized, gallbladder debris. The cystic and common bile ducts were normal. The gallbladder debris is considered incidental, assuming no evidence of cholestasis.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. No evidence of retained ingesta or fluid was noted.



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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.

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Normal visible colon wall layers were present with subjective semi-formed to possible soft fecal matter.

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**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**

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

3 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

4.69 kg.

**Primary Findings**

- Sonographically unremarkable gastrointestinal tract / colon with semi-formed / possible soft fecal matter

**Secondary Findings**

- Mild gallbladder debris - incidental

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology.

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RDCS

At times, the gastroenterocolic presentation may not always correlate with a history of chronic gastrointestinal signs. Considerations may include dietary intolerance / food allergy, nonspecific inflammatory gastroenterocolonopathy, occult parasitism, low-grade to chronic pancreatitis, which may present as sonographically normal, occult Addison's Disease, especially if no evidence of stress leukogram in the face of eosinophilia, or other. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A resting cortisol level is suggested to assess for occult Addison's Disease, even though the bilateral adrenal glands appear to be sonographically unremarkable.

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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), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Endoscopic upper and lower intestinal biopsies may be indicated if GI signs continue or progress despite empirical therapy and pending additional diagnostics.

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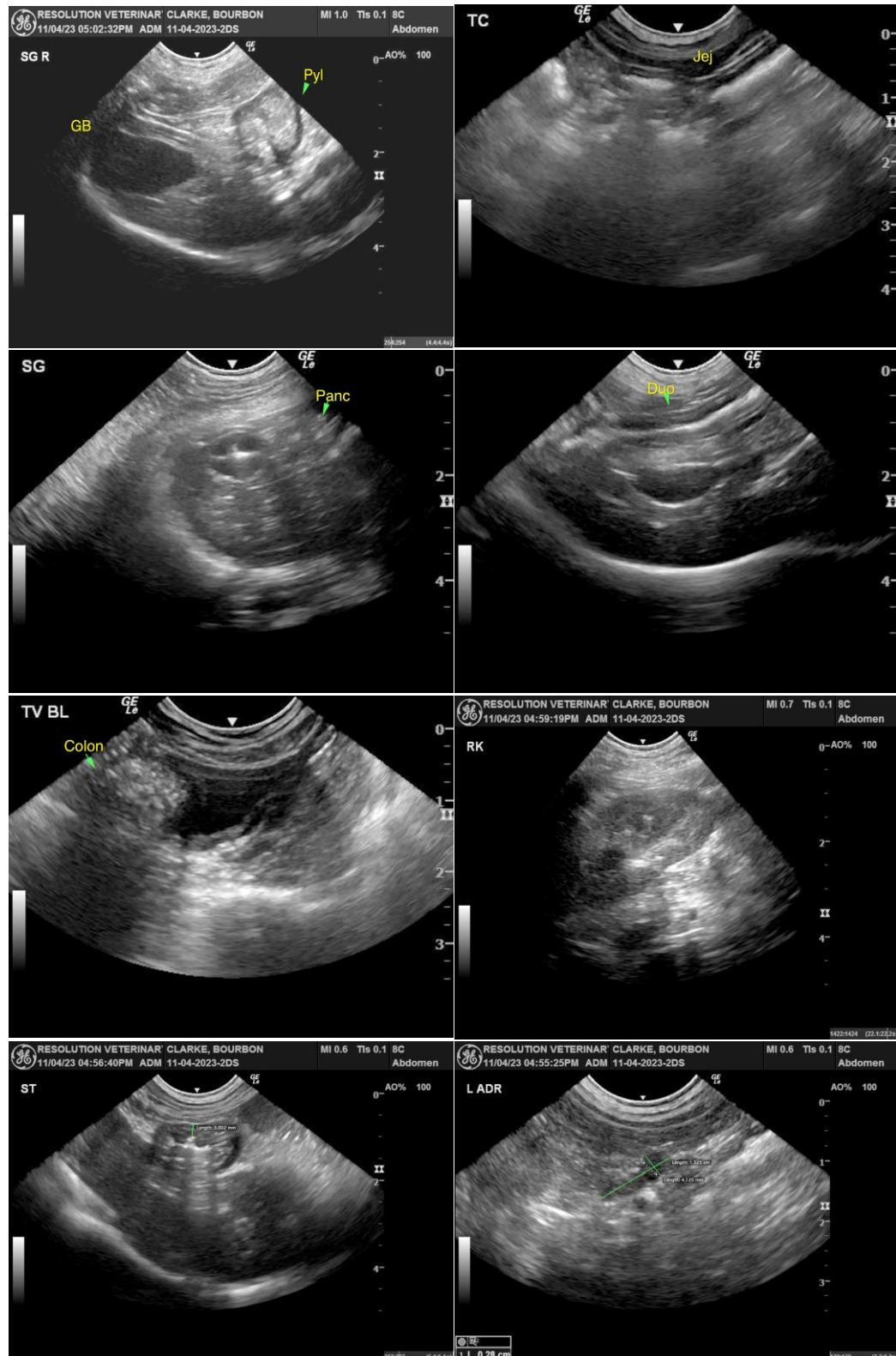
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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