



**PATIENT**

Toby Stone

**SPECIES**

Canine

**BREED**

Boxer/Lab Mix

**SEX**

MN

**AGE**

8 years

**WEIGHT**

58.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. A. Rodriguez

**INVOICE**

16593

**DATE**

4/13/23

**PRESENTING CLINICAL SIGNS**

Diarrhea and vomiting. Vomiting esp after eating. Drinking a lot  
Abnormal PE/Chem/CBC/UA Results: Not performed due to financial concerns

**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 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 7.0 cm in length. The right kidney measured 6.6 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 0.78 cm width. The right adrenal gland was indistinctly visualized yet no overt pathology was noted. The right adrenal gland subjectively measured 0.58 cm width.

**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.

**Gastrointestinal**

The stomach presented wall thickening secondary to mild to moderate echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of retained anechoic to mildly echogenic fluid and chyme. No evidence of mechanical pyloric outflow obstruction was noted.

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 mechanical / metabolic ileus, obstruction, or foreign material.



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The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon lumen with lumen dilation.

### 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.

### Free Abdomen

Focal, to intermittent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.2 cm x 0.76 cm. No omental masses or evidence of peritoneal free fluid were noted.

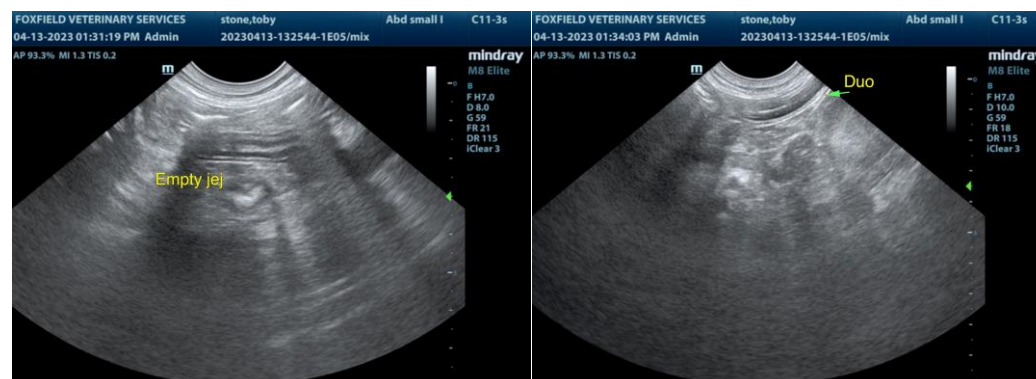
### ULTRASONOGRAPHIC FINDINGS

- Gastritis / gastroenteritis pattern with nonobstructive gastric hypomotility - suspect metabolic / functional gastric stasis
- Semi-formed / soft fecal matter in colon
- Focal to intermittent, minor, benign / reactive mesenteric lymphadenopathy
- Early / minor age-related kidneys

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastric or gastrointestinal foreign material or obstructive pattern was noted. Dietary intolerance / food allergy, suspected nonspecific inflammatory gastroenteropathy, low-grade to chronic pancreatitis which may present as sonographically normal, occult parasitism, helicobacter / dysbiosis, and infiltrative neoplasia (less likely), are all potentials. No indication for immediate surgical intervention. Supportive care for gastroenteritis with potential coverage for helicobacter and assessment of gastrointestinal response would be reasonable.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to rule out occult Addison's Disease.





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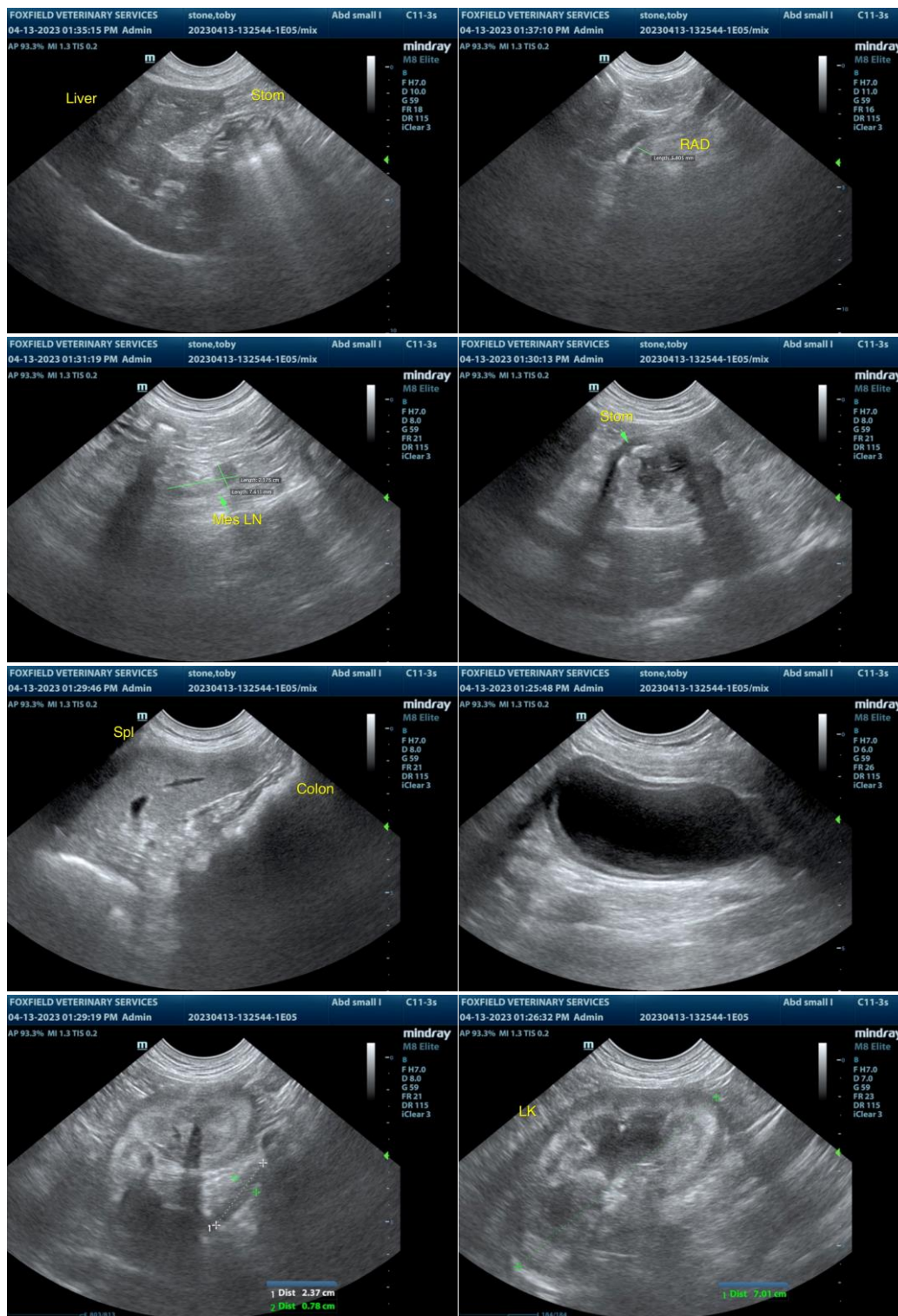
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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**info@SonoPath.com**

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