



PATIENT

Fozzie Beaupain

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Male Neutered

AGE

7y

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

13414

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: Seen on 4/10/ and 4/12 at the ER for vomiting, decreased appetite, and diarrhea. He has been treated with SQF, injectable maropitant, and GI meds. Is on a bland diet. His appetite and energy gave improved quite a bit No more vomiting. He is drinking water well. Diarrhea had improved yesterday but started up again last night with urgency to go out, mucous. No more blood in stool. Owner is mixing medications into his food, and he isn't getting them all. Underlying cause currently unknown, he is not an indiscriminate eater. History microvascular dysplasia. Seen at Northshore 4/14 - Pretty unremarkable exam besides a very sore bottom :(Radiographs not taken. Pros and cons discussed, and owner more interested in AUS as it is likely to be higher yield in this case.

Abnormal PE/Chem/CBC/UA Results: Labs were good at ER besides mild neutrophilia and elevated amylase/lipase Pending pancreatic lipase

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted.

The residual prostate presented normal and free of pathology.

Normal size and margination was 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 3.5 cm in length. The right kidney measured 3.4 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 0.42 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 0.45 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

The liver was subjectively normal in size, structure, and contour with subjective vascular volume. 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



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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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and a small amount of non-shadowing ingesta.

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.

The colon walls presented intact yet mild thickened wall layering. Generalized non-formed liquid fecal matter was present in the colon lumen consistent with patient history. Descending colon wall measured 0.27 cm.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild colitis pattern with non-formed fecal matter
- Non-obstructive hypomotile stomach
- Sonographically unremarkable empty small intestine
- Normal area of pancreas
- Sonographically unremarkable normal volume liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colitis of nonspecific etiology and concurrent mild non-obstructive gastric stasis are present which may suggest resolving nonspecific gastroenterocolitis. No evidence of gastroenterocolic mural pathology, mechanical obstruction or sonographically active pancreatitis. Low-grade to mild pancreatitis at times may present sonographically normal. Correlation with pending pancreatic lipase level is recommended. Consideration for concurrent fecal analysis and screening cortisol level is suggested. Continued gastrointestinal support, empirical therapy for gastroenterocolitis with clinical and as needed sonographic monitoring if persistent or progressive gastrointestinal signs is recommended.



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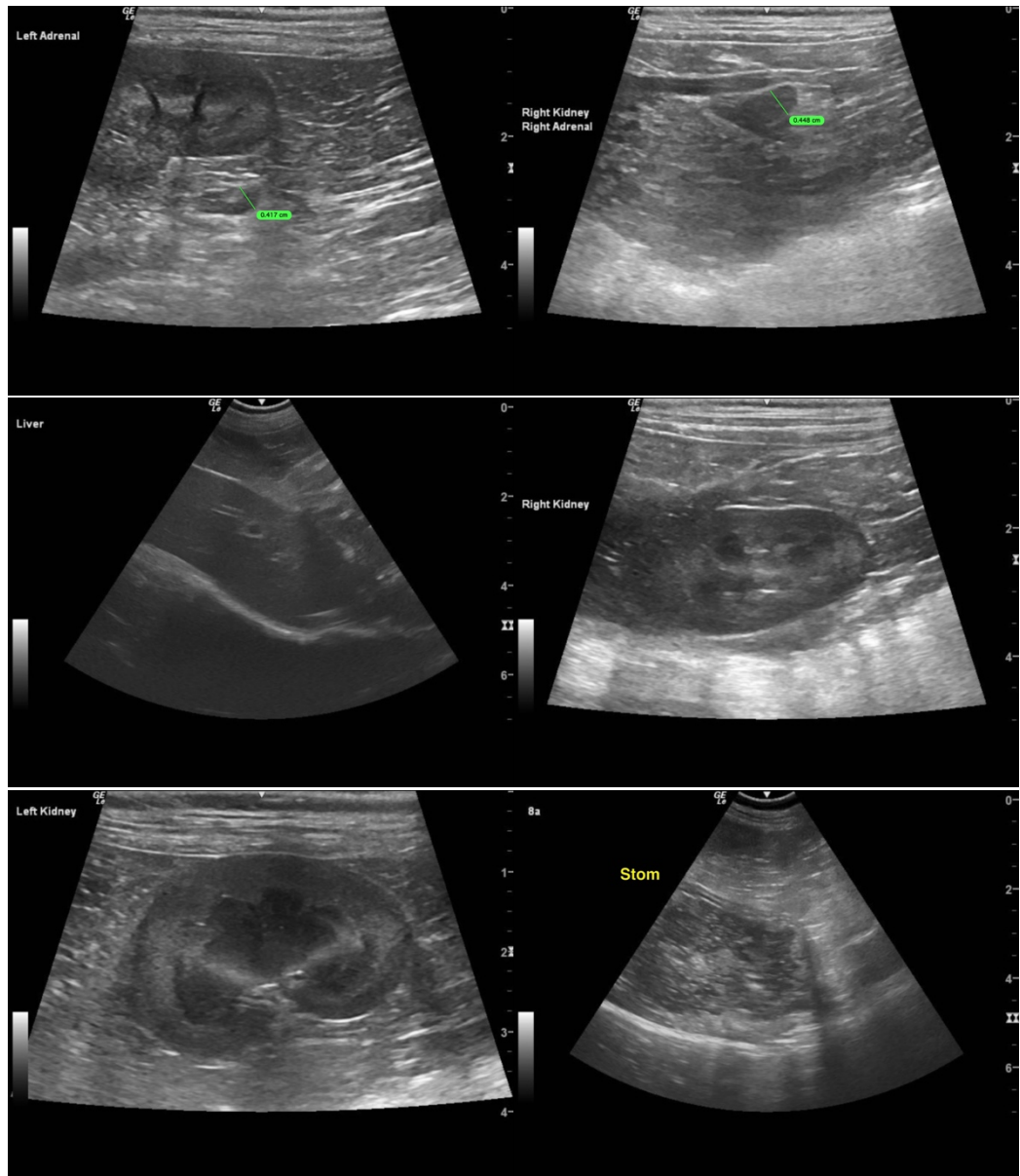
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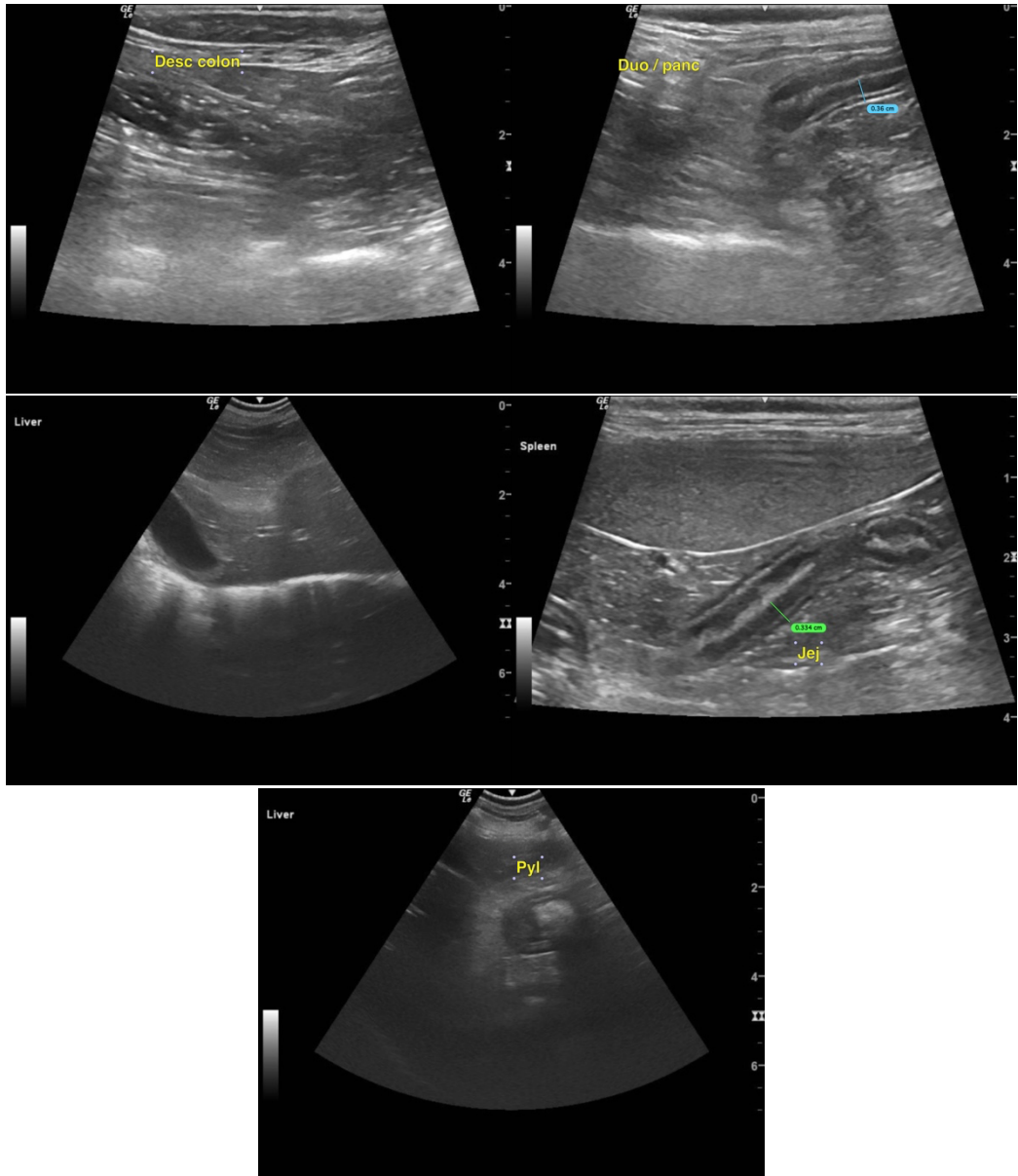
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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