



**PATIENT**

Giorgi Shawa

**SPECIES**

Canine

**BREED**

Kerry Blue Terrier

**SEX**

Female Spay

**AGE**

9

**WEIGHT**

12.5

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Glamorgan AC

**REFERRING VET**

Dr. MacAulay

**INVOICE**

16672

**DATE**

4/20/23

**PRESENTING CLINICAL SIGNS**

Intermittent diarrhea and inappetance still bright and alert. Started one month ago and now is continuous.

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment, which may indicate incidental minor cellular debris / protein, crystalline. 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. Pinpoint discrete medullary mineral was noted in both kidneys. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 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 0.51 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 0.58 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 containing primarily anechoic content with mild gallbladder debris, considered incidental unless evidence of cholestasis is noted. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact overtly normal to borderline prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The ventral gastric body wall width measured 0.37 cm.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental nonobstructive intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The jejunum wall measured 0.34 cm width.

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

***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***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Gastroenteritis pattern, potential for inflammatory bowel
- Sonographically normal pancreas
- Semi formed / soft fecal matter in colon

***Secondary findings***

- Early age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no sonographic evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology. Dietary intolerance / food hypersensitivity, dysbiosis, suspect inflammatory bowel disease / gastroenteritis, infectious disease, occult parasitism, and occult Addison's Disease, are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A resting cortisol level to rule out occult Addison's Disease is warranted.

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



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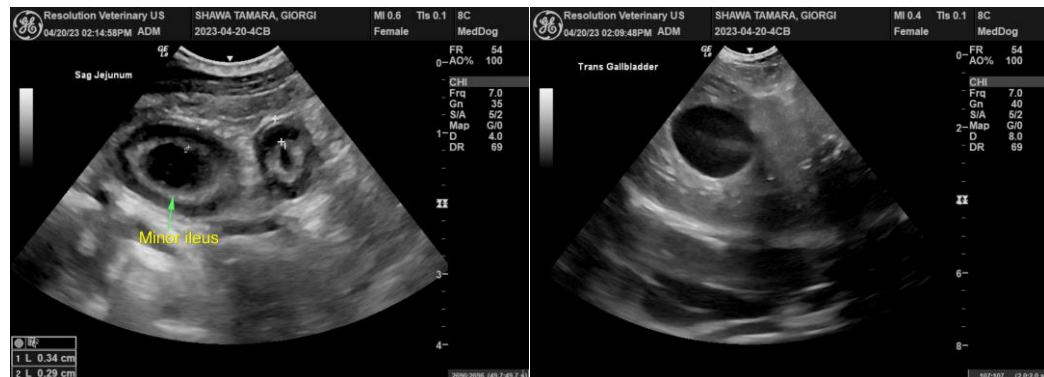
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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