



PATIENT	PRESENTING CLINICAL SIGNS
Lily Liddiard	Vomiting and diarrhea, frank blood noted in vomit, black tarry stools, anorexia. Has been on Sulcralfate, Omeprazole, Cerenia, Metronidazole.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Rads unremarkable. RBCs high 8.8, Hemoglobin high 214, Retics high 123.2, Chloride low 100, Cholesterol High 9.9, Creatine/Kinase high 326, Spec cPL normal. 4DX negative.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Cane Corso	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
6 years	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 6.9 cm in length. The right kidney measured 6.6 cm in length.
WEIGHT	
88 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 2.7 cm length x 0.88 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and conformation.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	
Smithville AH	
REFERRING VET	Liver/ Gallbladder
Hulzebosch	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.
INVOICE	Gastrointestinal
16667	The stomach presented intact variably prominent to mildly thickened wall layering. The stomach was empty without evidence of retained ingesta, fluid, or foreign material with mild luminal gas. The gastric body wall width measured 0.80 cm.
DATE	
4/20/23	



PATIENT	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.
Lily Liddiard	
SPECIES	The visualized colon exhibited overtly normal wall layering with semi-formed to soft fecal matter.
Canine	Pancreas
BREED	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.
Cane Corso	Free Abdomen
SEX	No overt lymphadenopathy or peritoneal effusion was present.
FS	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> • Empty stomach with mildly thickened wall layering • Structurally unremarkable small intestine / colon • Normal pancreas
6 years	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
WEIGHT	Sonographically, the gastric presentation is suggestive of a gastritis pattern without evidence of enterocolic mural pathology or obstructive pattern. No obvious evidence of definitive gastrointestinal ulceration, although gastric microulceration is possible given the reported hematemesis. Early infiltrative gastric mural neoplasia is thought less likely yet cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal disease, as well as resting cortisol level to rule out occult Addison's Disease, is warranted. If not done, three-view chest radiographs are suggested to rule out occult thoracic pathology as a potential contributing factor.
88 lbs.	Empirically and pending additional diagnostics, continued gastroprotectant protocol with canned hydrolyzed diet trial and potential long-term dietary therapy +/- coverage for helicobacter, assessment of clinical response, and potential sonographic reassessment of the gastrointestinal tract, if persistent gastrointestinal signs, would be reasonable. Gastrointestinal endoscopy, pending additional diagnostics, should be considered if nonresponse to conservative therapy.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
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PATIENT

Lily Liddiard

SPECIES

Canine

BREED

Cane Corso

SEX

FS

AGE

6 years

WEIGHT

88 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Smithville AH

REFERRING VET

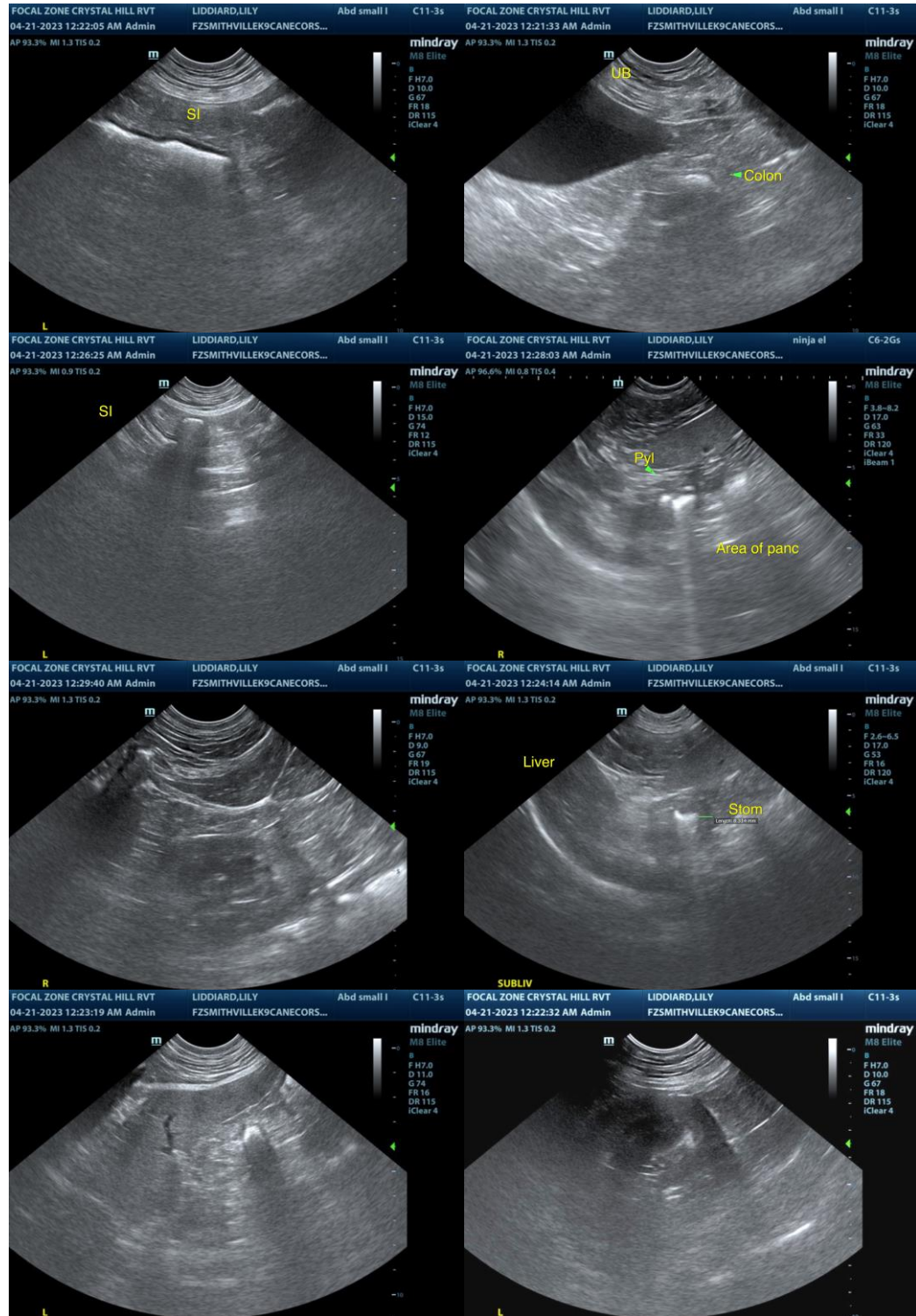
Hulzebosch

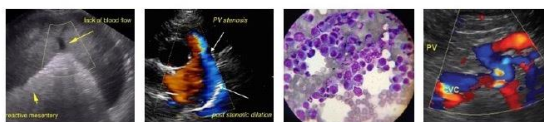
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PATIENT

Lily Liddiard

SPECIES

Canine

BREED

Cane Corso



SEX

FS

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.

AGE

6 years

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.

WEIGHT

88 lbs.

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