



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Buck Marvin	Has not eaten since April 25th at 7pm. Had diarrhea 2 weeks ago that resolved. 2 days ago acute onset of vomiting and diarrhea - was at emergency clinic last night.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: bloodwork all normal. Emergency clinic xray report from last night suggested "matter" in the stomach. Repeated rads today and pylorus was gas filled but fundus had some filling. Will email rads
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Australian Shep X Border Collie	<b>Urinary System</b>
<b>SEX</b>	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 was noted.
MN	
<b>AGE</b>	No overt pathology associated with the residual prostate was noted.
10 months	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	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 5.8 cm in length. The right kidney measured 5.7 cm in length.
25.6 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 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 0.64 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Hawkins AH	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.
<b>REFERRING VET</b>	
Dr. Hawkins	
<b>INVOICE</b>	
13736	
<b>DATE</b>	
4/27/22	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Buck Marvin	The stomach presented mild wall thickening secondary to mildly prominent gastric mucosa. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas artifact. Potential for minor retained nonspecific hyperechoic nonshadowing ingesta was noted. No evidence of gastric distention with retained fluid, shadowing echoes, or mechanical pyloric outflow obstruction was noted.
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Australian Shep X Border Collie	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.  Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	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.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
10 months	Intermittent, midabdominal mesenteric 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 3.0 cm x 0.54 cm. No peritoneal free fluid was noted.
<b>WEIGHT</b>	
25.6 kg	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> <li>Mild gastritis pattern with luminal gas, potential for minor nonobstructive retained nonspecific hyperechoic ingesta</li> <li>Sonographically unremarkable small bowel - no evidence of mechanical / metabolic small intestinal ileus pattern or foreign material</li> <li>Intermittent benign / reactive mesenteric lymph nodes - potential for mild lymphoid hyperplasia or reactive lymphadenitis potentially secondary to inflammatory bowel episode</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Crystal Hill	Overall, no overt evidence of mechanical / metabolic gastrointestinal obstructive pattern or definitive foreign material. Technically, the possibility of a small amount of retained gastric fabric, hair, stuffing, or similar is possible although not definitive. Dietary indiscretion / food intolerance, occult parasitism, structurally insignificant inflammatory bowel episode or IBD, or low-grade to chronic pancreatitis could be possible.
<b>HOSPITAL NAME</b>	
Hawkins AH	
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<b>DATE</b>	
4/27/22	Hospitalization with 24-48/Hour IV fluid and gastrointestinal supportive protocol with radiographic monitoring of the gastrointestinal tract would be reasonable. Recheck ultrasound is suggested if



**PATIENT**

persistent / progressive gastrointestinal signs or evidence of nonspecific retained gastric ingesta, pending response to conservative therapy, may be considered.

Buck Marvin

**SPECIES**

Canine

**BREED**

Australian Shep X  
Border Collie

**SEX**

MN

**AGE**

10 months

**WEIGHT**

25.6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hawkins AH

**REFERRING VET**

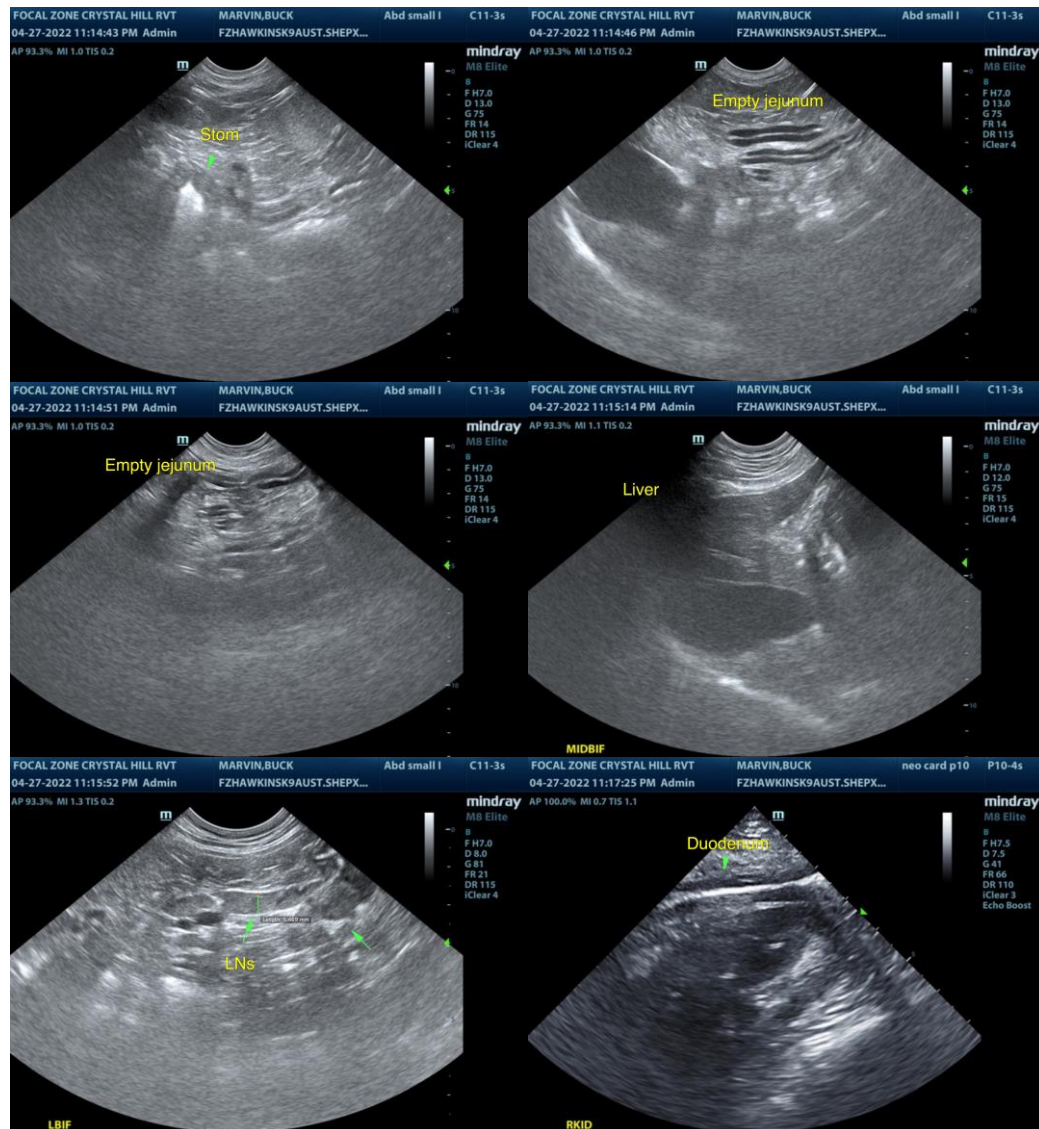
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**DATE**

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**PATIENT**

Buck Marvin

**SPECIES**

Canine

**BREED**

Australian Shep X  
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**SEX**

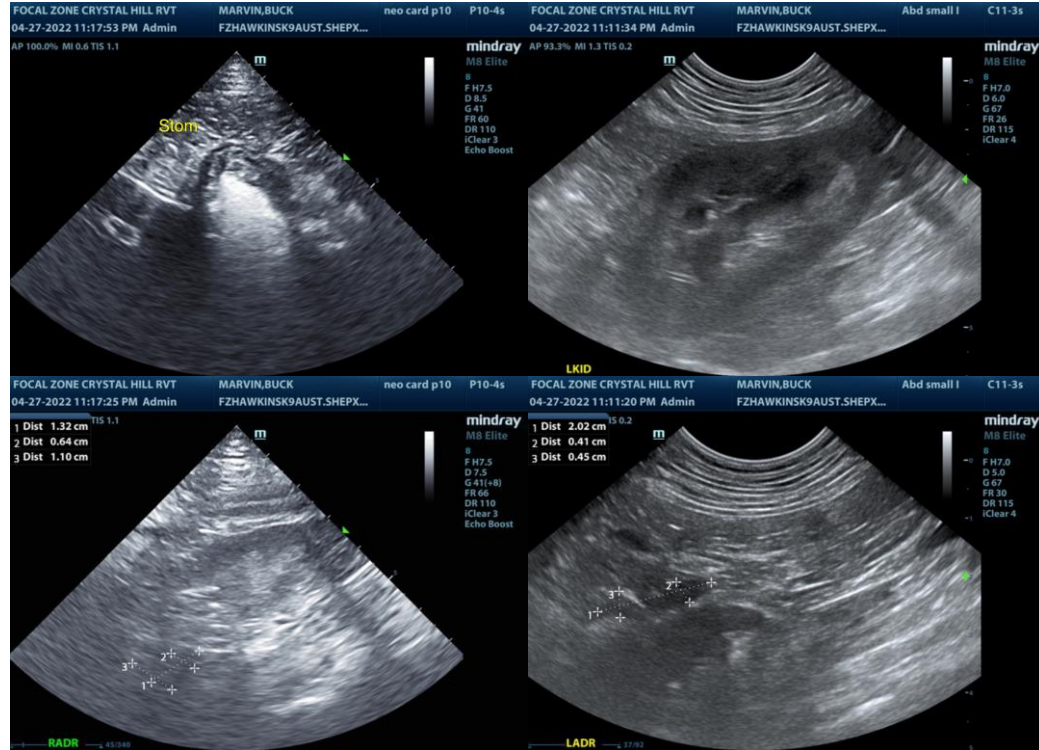
MN

**AGE**

10 months

**WEIGHT**

25.6 kg



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Crystal Hill

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Hawkins AH

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**DATE**

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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.

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