



PATIENT	PRESENTING CLINICAL SIGNS
Milo Harbert	Losing weight for 6 months. MOstly doing well. History of severe atopy on/off under control. No diarrhea. Been on a hydrolyzed protein diet historically but since the fall has been on a homeade diet since from balanceit and is not strict on this and this is when weight loss started.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Albumin 2.4 in February. Albumin is 2.5 today. Rest of bw is normal.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
English Bulldog	Urinary System
SEX	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 were noted.
MN	
AGE	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 5.4 cm in length. The right kidney measured 6.2 cm in length.
3	
WEIGHT	The area of the aortic trifurcation was free of pathology.
50.4	The area of the residual prostate appeared normal and free of pathology measuring 1.0 cm in diameter.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 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 0.68 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Charlie Rodriguez	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	Liver/Gallbladder
Bethany Family Pet Clinic	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.
REFERRING VET	Gastrointestinal
Kierra Hanrahan	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
INVOICE	
13656ag	
DATE	
05/01/2023	



PATIENT

Milo Harbert

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild non-specific hyperechoic duodenojejunal speckling was present. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

BREED

English Bulldog

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Gastric ingesta-sonographically consistent with food.
- Intact small bowel walls with non-specific mild hyperechoic duodenojejunal speckling.
- Otherwise sonographically unremarkable abdomen.

AGE

3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's weight loss. The intestinal mucosal speckling is of unclear clinical significance yet at times may be associated with underlying inflammation. Given the lack of reported GI signs, this finding is non-specific.

WEIGHT

50.4

Continued monitoring of ALB levels is advised. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

INTERPRETED BY

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

Ideally sonographic reassessment of the GI tract following documented fast is recommended.

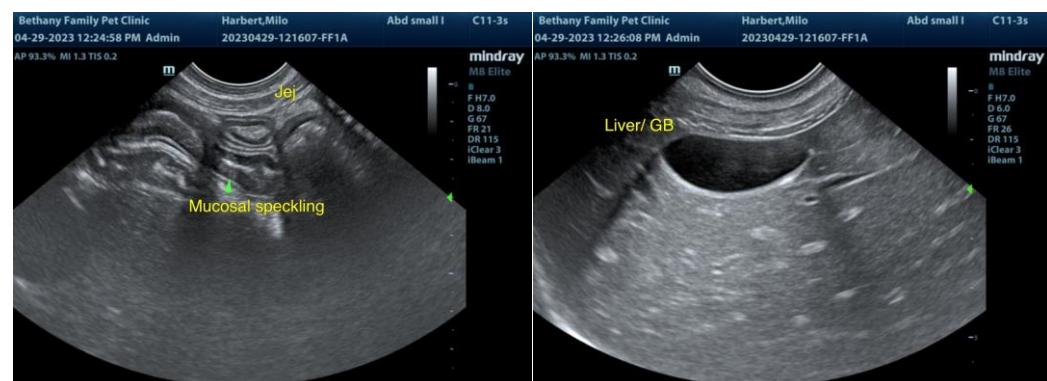
IMAGING PERFORMED BY

Charlie Rodriguez

Assessment of caloric plane and/or competitive eating environment may be considered if clinically applicable.

HOSPITAL NAME

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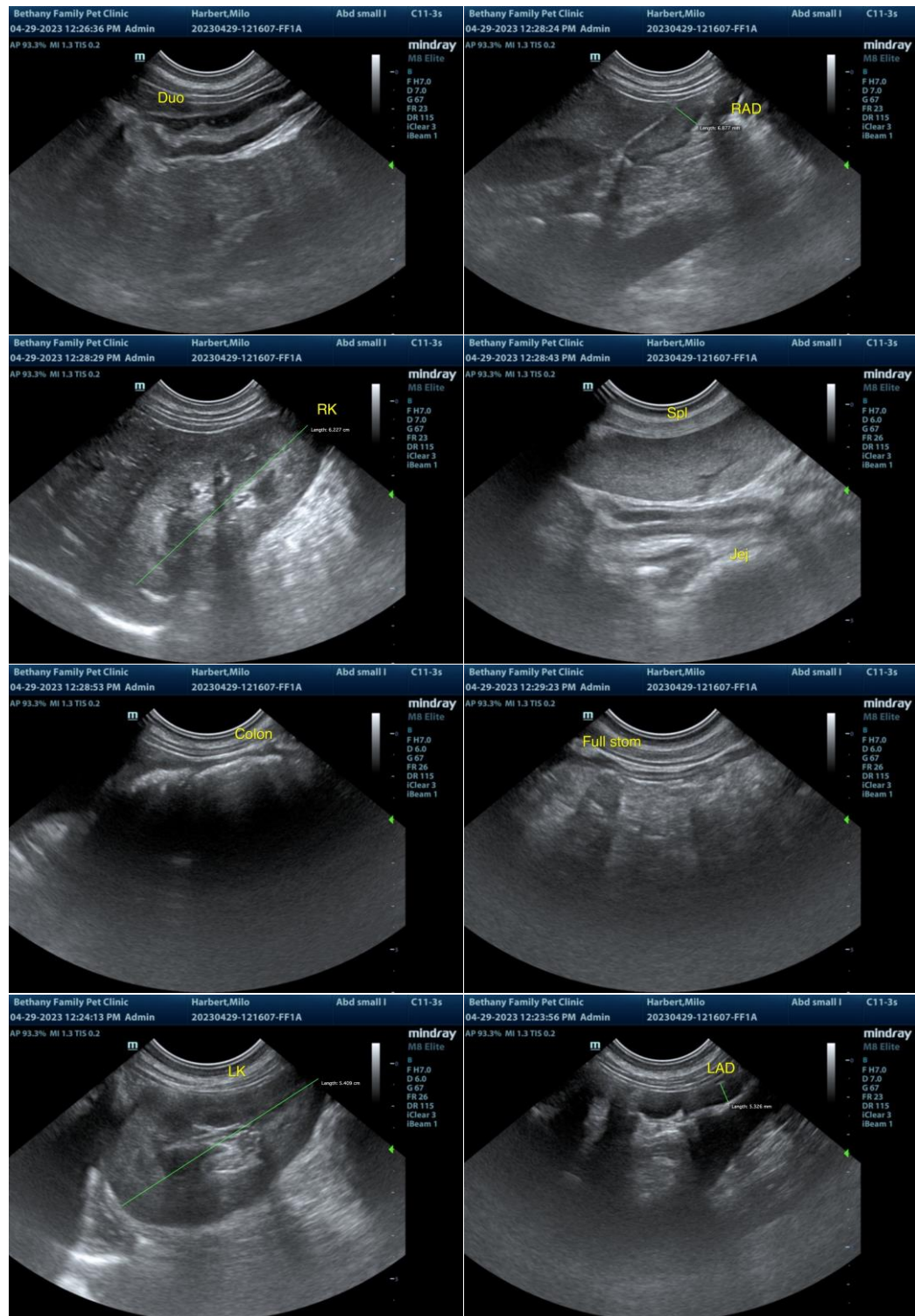
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

Milo Harbert

SPECIES

Canine

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

mac.daniel@sonopath.com

BREED

English Bulldog

SEX

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**IMAGING
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