



PATIENT	PRESENTING CLINICAL SIGNS
Zoey Bonet	<p>Date: 4/25/2023 Reason for Visit: LETHARGY/INAPPETANCE History: O HAS NOT BEEN GIVING GABAPENTIN OVER PAST COUPLE WEEKS O STATES P WAS WOBBLY ALSO WAS GIVING CBD. OVER PAST FEW DAYS LETHARGIC, DRINKING MORE THAN USUAL, PANTING, ALSO INCREASED SNORING. P IS HIGHLY FOOD AGGRESSIVE/MOTIVATED NORMALLY. NOT BEEN EATING WELL WAS NOT ACCEPTING TABLE FOOD. NO VOMIT NORMAL BM. NORMAL URINATION NOT HAVING ACCIDENTS IN HOUSE. O STATES NO MORE DIARRHEA SINCE BEING ON ULTAMINO. Owner reports that pet turned down popcorn the other day and that is her favorite treat they give her periodically. C/S/V/D: NONE E/D/U/D: NOT EATING Diet: ULTAMINO - client reported to tech that diarrhea issues resolved since switching to Ultramino. FAS Score: 1-2 Current Medications (dose and frequency): NONE OVER PAST 2 WEEKS EXCEPT FOR PROBIOTIC Heartworm Prevention / Flea Prevention: UNSURE (MR HERE TODAY) Known Allergies and Medical Conditions: Microchip ID: / No microchip Date: 5/1/2023 Rechecking: lethargy, inappetence, Abd ultrasound History: 10 y/o s,f shih tzu mix presents for a recheck of lethargy and inappetence. O says that P is doing the same since the last visit. O says that she is still eating, but has less of an appetite - has been eating food better when mixed with water. Per O, P has lower energy than usual. C/S/V/D: none E/D/U/D: decreased appetite, increased thirst Diet: ultramino FAS Score: Current Medications (dose and frequency): none, probiotic Known Allergies and Medical Conditions: none Vital Signs Weight: 19.0 Temp: 100.3 HR: 120 RR: panting MM/CRT:</p> <p>Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 19.7lb Temp: Thermometer in room out of batteries - tech will take in treatment at time of blood draw HR: 120 bpm RR: panting MM/CRT: pink, <2 sec Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Appears normal. Mentation: BAR. Eyes/Ears/Nose/Throat: NAD to inner pinnae. Moderate hair at external ear openings. Mil bilateral tear staining. NAD to eyes or surrounding structures. No nasal discharge. Oral Cavity: Mild mandibular prognathism. Severe tartar and mild gingivitis. Lymph Nodes: NAD on peripheral lymphnodes. Skin: Full, healthy haircoat. Cardiovascular/Respiratory: Normal on auscultation. Abdomen/GI: Normal on palpation. Urogenital/Perineum: NAD. Musculoskeletal: BCS 6/9. Ambulatory on all four legs. Neck flexes in all four directions with no apparent pain. No pain on repeated palpation of dorsal spinous processes. No pain on palpation of left and right epaxial muscles. No pain on palpation of left and right iliopsoas muscles. Neurological: NAD on hands off exam. Paw replacement normal on all four legs. Diagnostic Testing Performed: CBC/Chem/SDMA/TT4/UA - submitted to IDEXX lab. Declined Diagnostics/Treatments: In-house bloodwork/urinalysis option - OWNER DECLINED. -In-house fecal floatation - OWNER DECLINED. -Symptomatic treatment with Cerenia 24mg - OWNER DECLINED. Assessment: (Inappetence - CANINE) - R/o: fear leading to inadequate intake, pain, foreign body, chronic renal failure, DKA, hepatopathy, gastric ulcer, gastroenteritis (dietary, viral, bacterial, parasitic, pancreatitis), other systemic disease (fungal, pneumonia), neoplasia, decreased eating due to allergic skin disease Treatment Plan: Prescriptions to Dispense: None - OWNER DECLINED. Dietary (food) Recommendations: Continue to feed RC Ultramino at this time. Additional Comments: I discussed with client that further diagnostic testing (such as abdominal ultrasound with a specialist or Cushings testing if indicated) and treatments pending results and/or response to treatment. Recheck Needed: Immediately if there is an issue. Otherwise, recheck recommendations and/or further diagnostics/treatments to be made pending labwork results. Dr. Mary Danley, BVSc</p>
SPECIES	
Canine	
BREED	
Shih-Tzu Mix	
SEX	
FS	
AGE	
10yr	
WEIGHT	
19.0lb	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Dr. Rivera	
HOSPITAL NAME	
DPC Veterinary Hospital	
REFERRING VET	
Dr. Rivera	
INVOICE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
13659ag	Urinary System
DATE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or
05/01/2023	



PATIENT	sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Zoey Bonet	
SPECIES	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.
Canine	
BREED	The area of the aortic trifurcation was free of pathology.
Shih-Tzu Mix	
SEX	Adrenal Glands
FS	The left adrenal gland was indistinctly visualized. The left adrenal gland subjectively measured 0.45 cm width at the caudal pole and 0.4 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
AGE	Spleen
10yr	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule exhibited minor medial fibrosis which is incidental. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
WEIGHT	Liver/Gallbladder
19.0lb	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 with mild non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited mild gas distention with no signs of ileus, obstruction or foreign material.
IMAGING PERFORMED BY	
Dr. Rivera	
HOSPITAL NAME	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine exhibited segmental mildly increased gas pattern with no signs of ileus, obstruction or foreign material.
DPC Veterinary Hospital	
REFERRING VET	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dr. Rivera	
INVOICE	Pancreas
13659ag	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.
DATE	Free Abdomen
05/01/2023	No omental masses, overt lymphadenopathy or peritoneal effusion was present.



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Shih-Tzu Mix

SEX

FS

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

13659ag

DATE

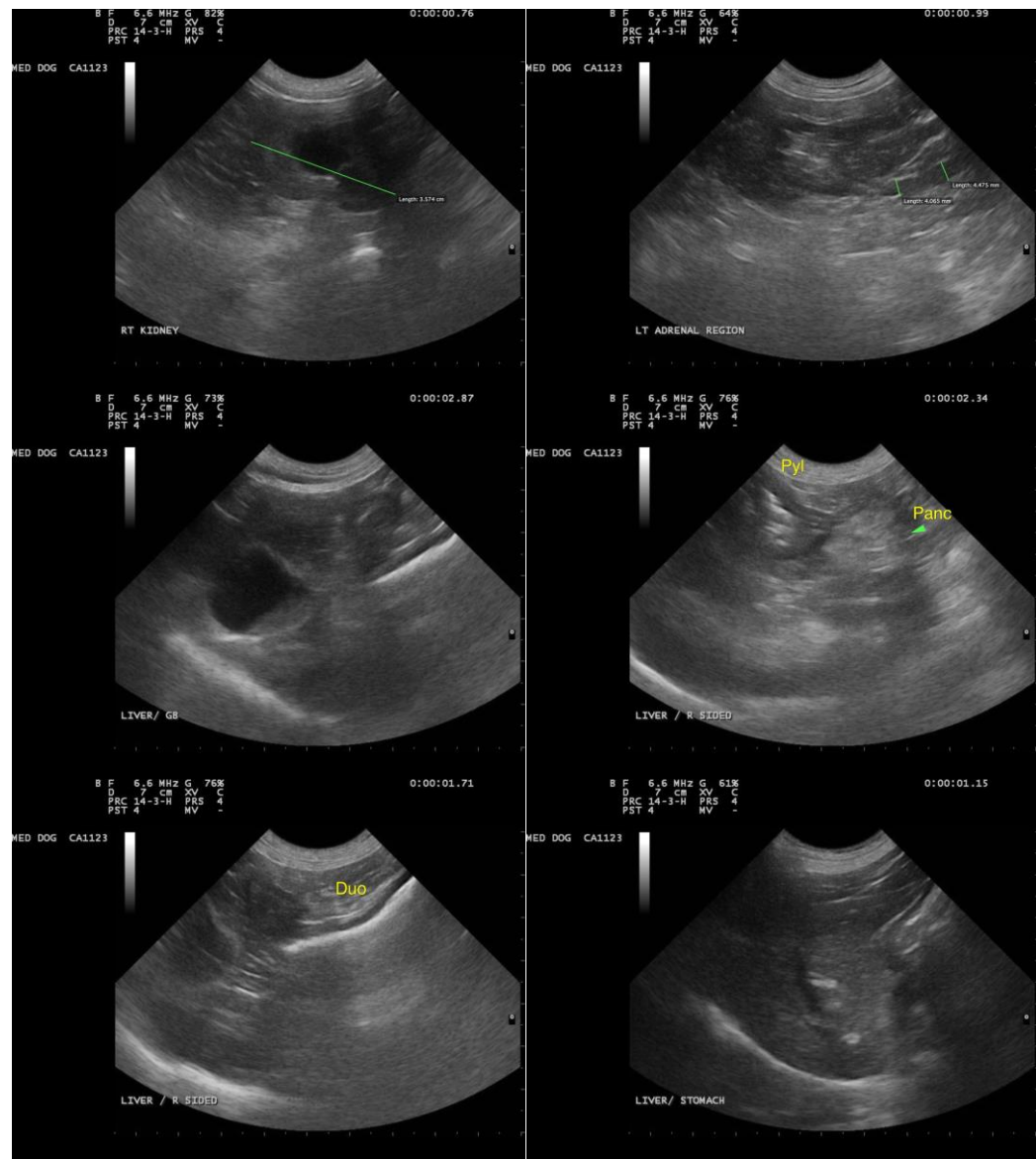
05/01/2023

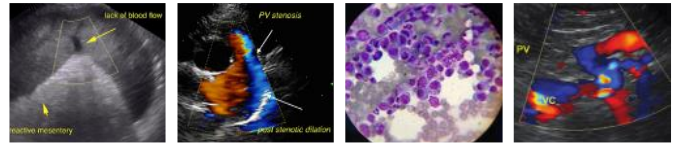
ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes.
- Sonographically unremarkable GI tract with mild subjective gastric and segmental intestinal gas.
- Gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely a mild geriatric abdomen with no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Correlation with pending labs is recommended.





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HOSPITAL NAME

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REFERRING VET

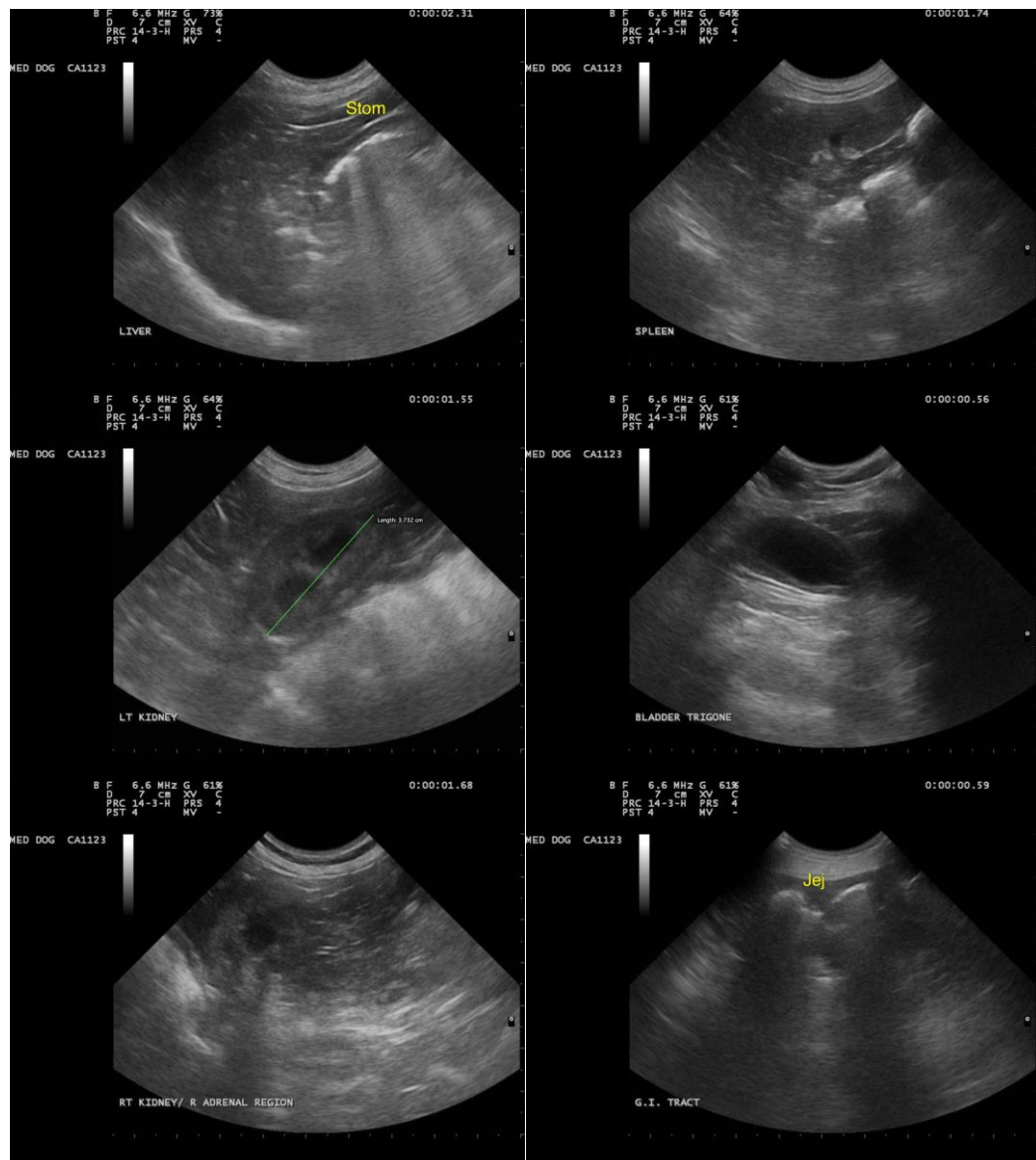
Dr. Rivera

INVOICE

13659ag

DATE

05/01/2023



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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