



PATIENT	PRESENTING CLINICAL SIGNS
Ruby Brenneman	ADR and hyporexia since April 12, 2023. Will only eat GI low fat canned food and only if hand fed. Initially thought to be possibly pain related from IVDD but back pain has resolved. Has been on Simparica Trio, Tramadol and Gabapentin with no obvious improvement and previous GI upset with NSAIDs.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: WNL except mild increased hemoglobin, mild lymphopenia, TT4 WNL, 4DX negative, urine unremarkable with quiet sediment, pH 6.0, Sp. grav 1.030.
BREED	
Daschund	
SEX	
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
AGE	
9 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	
5 kg	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 3.9 cm in length. The right kidney measured 4.5 cm in length.
INTERPRETED BY	Adrenal Glands
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 0.60 cm width at the caudal pole and 1.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 1.7 cm length.
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	Liver/ Gallbladder
New Hamburg VC	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
Dr. Von Hausen	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
INVOICE	
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DATE	
5/10/23	



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 ileus, obstruction, or foreign material.
Ruby Brenneman	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	Pancreas
Canine	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.
BREED	Free Abdomen
Daschund	No overt lymphadenopathy or peritoneal effusion was present.
SEX	ULTRASONOGRAPHIC FINDINGS
FS	Primary Findings
AGE	<ul style="list-style-type: none"> Sonographically unremarkable abdomen.
9 years	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
WEIGHT	Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs.
5 kg	As needed GI support is recommended.

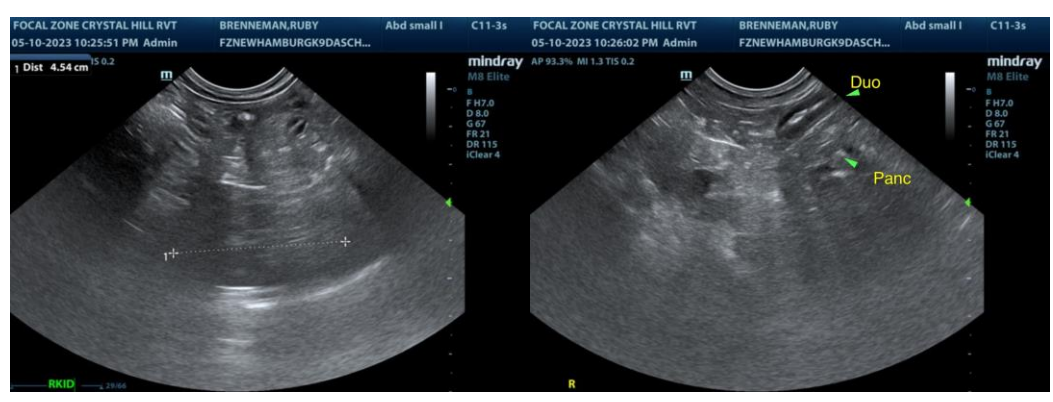
INTERPRETED BY Three view chest radiographs are recommended if not done to assess for occult thoracic/esophageal pathology as a contributing factor.

R. McKenzie Daniel,
DVM, DABVP

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PATIENT

Ruby Brenneman

SPECIES

Canine

BREED

Daschund

SEX

FS

AGE

9 years

WEIGHT

5 kg

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**IMAGING
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REFERRING VET

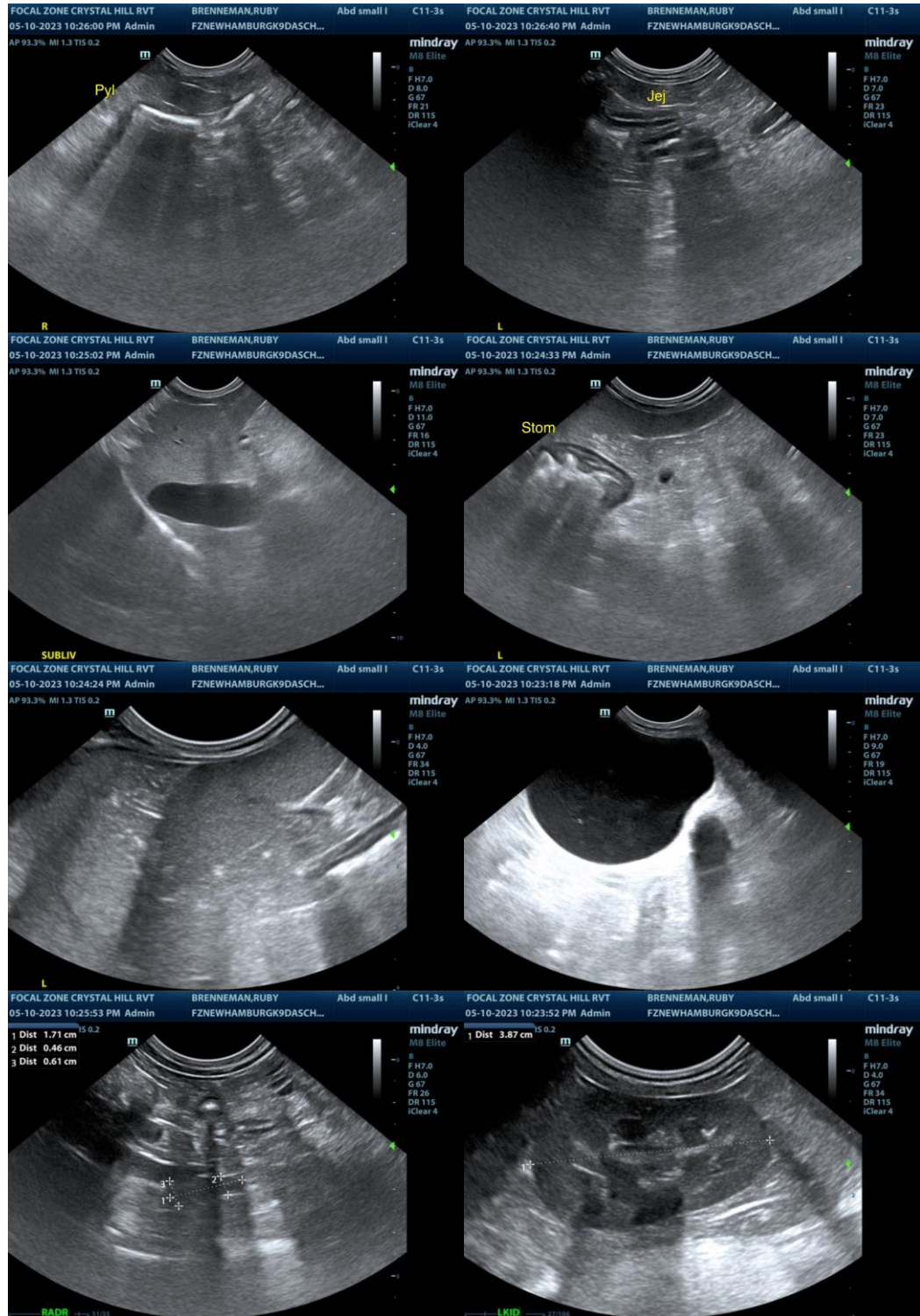
Dr. Von Hausen

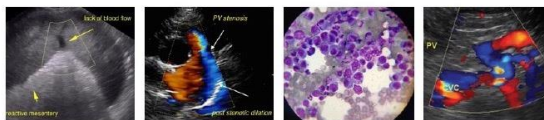
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PATIENT

Ruby Brenneman

SPECIES

Canine

BREED

Daschund

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FS

AGE

9 years

WEIGHT

5 kg



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

INTERPRETED BY

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