



PATIENT	PRESENTING CLINICAL SIGNS
Caleb Feldman	Vomiting on and off
SPECIES	Abnormal PE/Chem/CBC/UA Results: Blood work–within normal limits Pink analysis–Giardia positive
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Poodle Mix	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.
SEX	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 7.0 cm in length. The right kidney measured 7.0 cm in length.
MN	The area of the aortic trifurcation was free of pathology.
AGE	Adrenal Glands
3.9	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
WEIGHT	Spleen
61.8	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.
INTERPRETED BY	Liver/Gallbladder
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Gastrointestinal
Dr.Sharkaway	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.
HOSPITAL NAME	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.
Kew Gardens Animal Hospital	Normal visible colon wall layers were present with apparent formed feces in lumen.
REFERRING VET	Pancreas
Dr.Sharkaway	
INVOICE	
13697ag	
DATE	
05/02/2023	



PATIENT

Caleb Feldman

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.

SPECIES

Canine

Free Abdomen

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

BREED

Poodle Mix

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs. Dietary indiscretion / food hypersensitivity, infectious disease given + giardia, occult Addison's disease, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials.

AGE

3.9

Although considered unlikely, a resting cortisol level to rule out occult Addison's disease is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended specifically if evidence of weight loss or persistent GI signs.

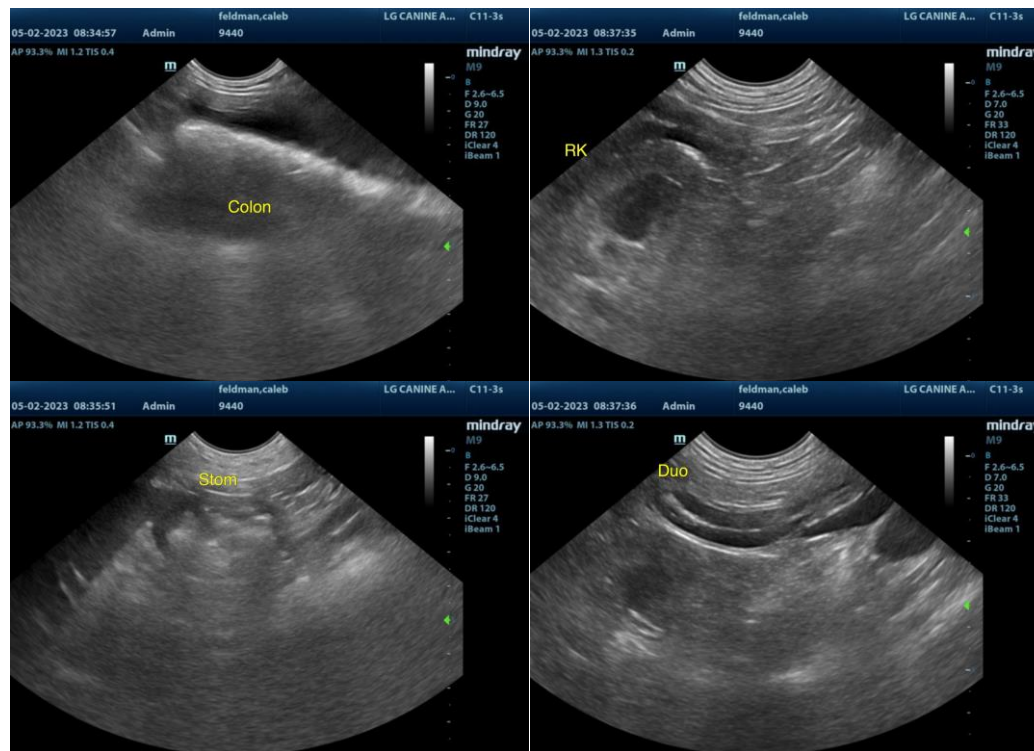
WEIGHT

61.8

Empirically, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, gastroprotectants and giardia therapy with assessment of clinical response may prove beneficial.

INTERPRETED BY

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



IMAGING PERFORMED BY

Dr.Sharkaway

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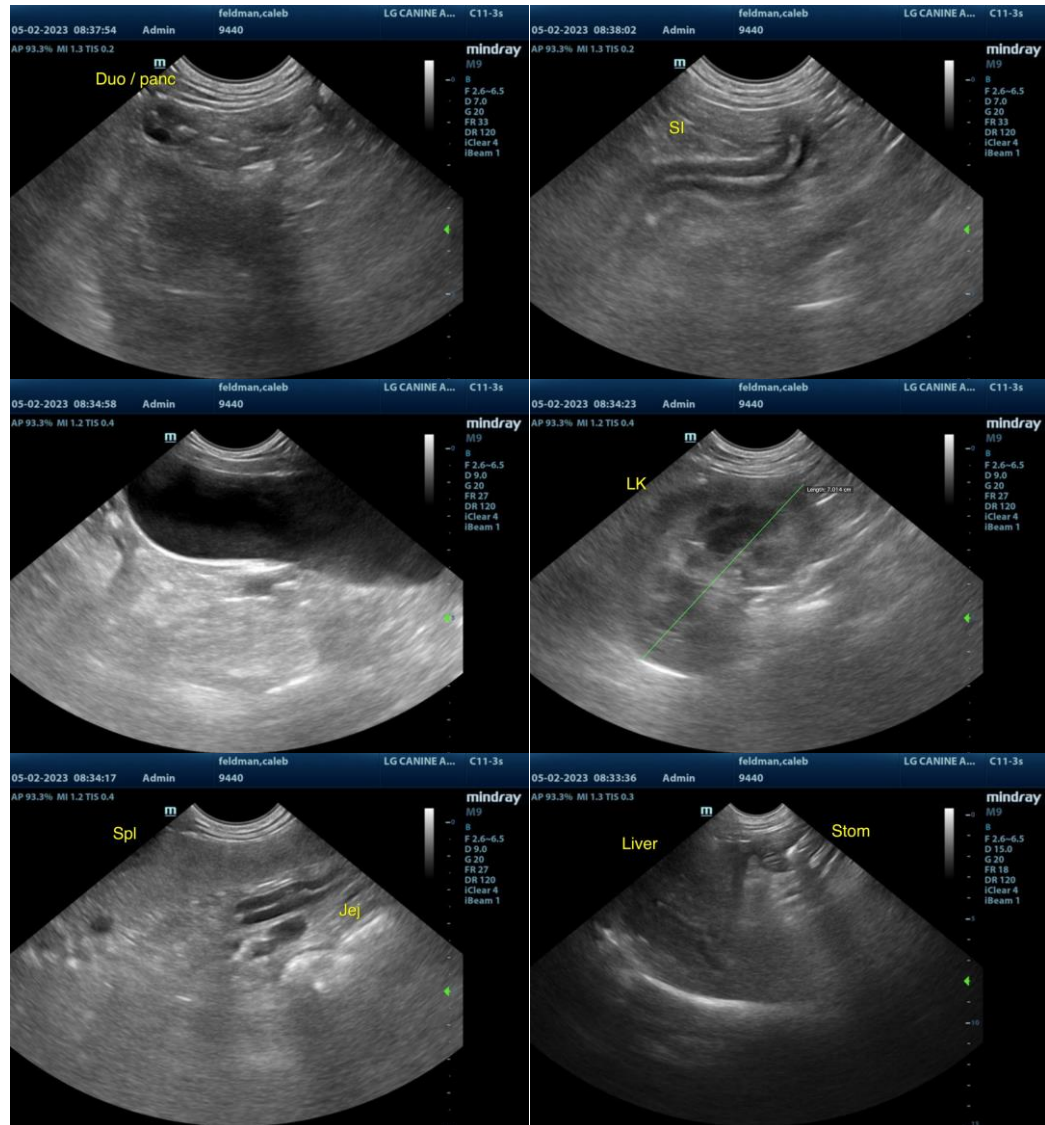
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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