



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Scarlet Loguasto	Vomited twice with frank blood, panting, otherwise normal(abdominal pain?). History of IBD. Unsure if could have eaten anything suspicious. Just started Depocilin and Baytril today.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem - elevated Urea and bilirubin Lepto Snap negative Awaiting CPLi
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
Malinois X Shep	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Mild particulate sediment, which may indicate mild cellular or crystalline debris was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
<b>SEX</b>	
FS	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	
8 years	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedulary 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 6.5 cm in length. The right kidney measured 7.3 cm in length.
<b>WEIGHT</b>	
27 kg	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland exhibited potential for mild subnormal size measuring 1.9 cm length x 0.39 cm width at the caudal pole. The right adrenal gland was overtly normal in size measuring 2.0 cm length x 0.75 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Crystal Hill	<b>Liver/ Gallbladder</b>
<b>HOSPITAL NAME</b>	
Hartzel AH	
<b>REFERRING VET</b>	
Bukovska/Hobbs	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>INVOICE</b>	<b>Gastrointestinal</b>
13968	The stomach presented intact wall layering with a normal wall layer ratio. Mild retained ingesta / chyme and luminal gas were present. No evidence of gastric distention with retained ingesta, foreign material or pyloric outflow obstruction was noted. The visualized gastric walls were normal without
<b>DATE</b>	
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<b>PATIENT</b>	overt evidence of gastric Inflammatory or neoplastic mural criteria. The ventral gastric body wall width measured 0.40 cm.
Scarlet Loguasto	
<b>SPECIES</b>	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. No evidence of mechanical / metabolic small intestinal ileus pattern was noted. The jejunum wall width measured 0.39 cm. The duodenum wall width measured 0.42 cm.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with subjective semi-formed to soft feces in lumen.
Malinois X Shep	
<b>SEX</b>	<b><i>Pancreas</i></b>
FS	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>
8 years	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
27 kg	<ul style="list-style-type: none"> <li>• Overtly normal gastrointestinal tract with mild gastric ingesta / chyme</li> <li>• Mild particulate urinary bladder sediment</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	Overall, no overt evidence of abdominal visceral, specifically gastrointestinal or pancreatic, pathology was noted.
<b>IMAGING PERFORMED BY</b>	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
Crystal Hill	
<b>HOSPITAL NAME</b>	At times, the sonographic presentation of the gastrointestinal tract may not correlate with present gastrointestinal signs including history of previous IBD. Correlation with pending cPL +/- full a GI panel if persistent / progressive gastrointestinal signs may be considered. Adrenal screening with resting cortisol +/- full ACTH Stimulation test, if resting cortisol level (<2.0), is recommended given the reported vomiting with frank blood. Gastroprotectant protocol +/- hydrolyzed diet trial if not current instituted Is suggested pending additional diagnostics.
Hartzel AH	
<b>REFERRING VET</b>	
Bukovska/Hobbs	
<b>INVOICE</b>	
13968	
<b>DATE</b>	
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**PATIENT**

Scarlet Loguasto

**SPECIES**

Canine

**BREED**

Malinois X Shep

**SEX**

FS

**AGE**

8 years

**WEIGHT**

27 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hartzel AH

**REFERRING VET**

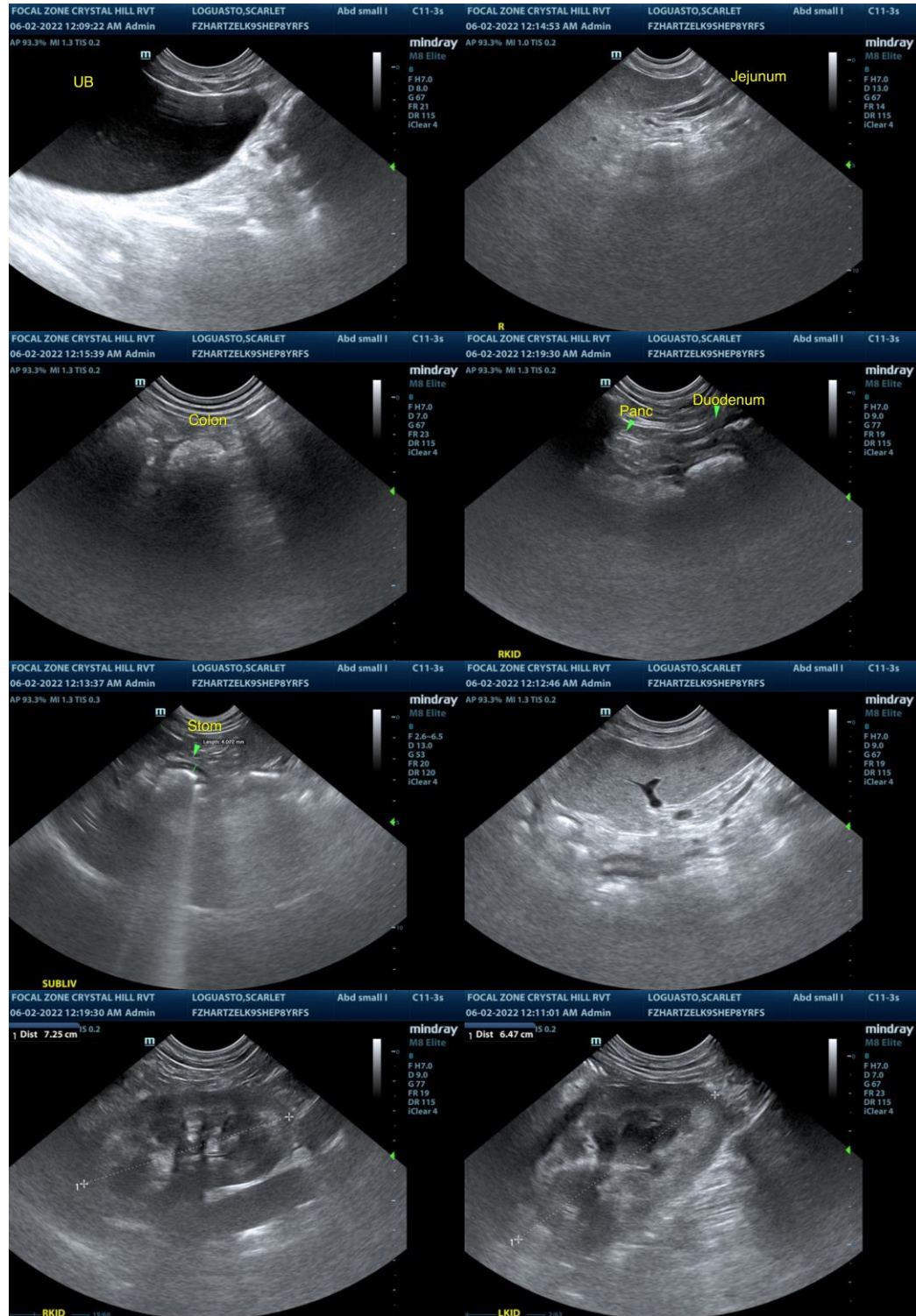
Bukovska/Hobbs

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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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