



**PATIENT**

Blueberry Kazinetz

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

27 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tam Mengine, DVM,  
DABVP

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Tam Mengine, DVM,  
DABVP

**INVOICE**

16086

**DATE**

6/14/22

**PRESENTING CLINICAL SIGNS**

History: 2-3 week history of intermittent vomiting and diarrhea. Today has vomited 4 times over several hours. Fecal O&P + antigen testing neg, bloodwork pending. Concern for foreign material in region of pyloroduodenal junction on rads.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 4.2 cm in length. The right kidney measured 4.9 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.49 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole and 0.37 cm width at the cranial pole.

**Spleen**

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.

**Liver**

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.

**Gastrointestinal**

The stomach presented intact yet mildly prominent wall layering. The stomach was primarily empty with minor retained anechoic fluid. No evidence of gastric distention with retained ingesta or overt foreign material. The ventral gastric body wall measured 0.49 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no overt evidence of small intestinal mechanical/metabolic ileus pattern or small intestinal foreign material. The duodenum wall measured 0.38 cm. The jejunum wall measured 0.32 cm.



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

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**Pancreas**

**SPECIES**

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.

Canine

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Australian Shepherd

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Gastroenteritis pattern, possible inflammatory bowel

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

No overt evidence of gastrointestinal foreign material, specifically in the area of the pyloduodenal junction. Likewise, no evidence of upper or generalized gastrointestinal mechanical/metabolic ileus. Potential for minor gastric stasis, secondary to inflammation is possible. In dogs with recurrent to chronic gastrointestinal signs, dietary intolerance/food allergy, dysbiosis, structurally insignificant inflammatory bowel disease or low-grade to mild pancreatitis, both of which may present sonographically normal, could be possible.

2 Years

**WEIGHT**

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered less likely, resting cortisol level to rule out occult Addisons disease could be considered.

27 Pounds

**INTERPRETED BY**

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. No indication for immediate surgical intervention.

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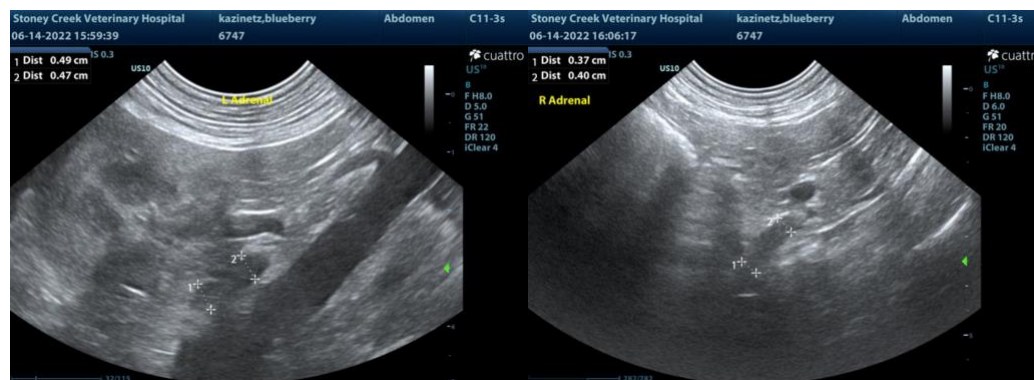
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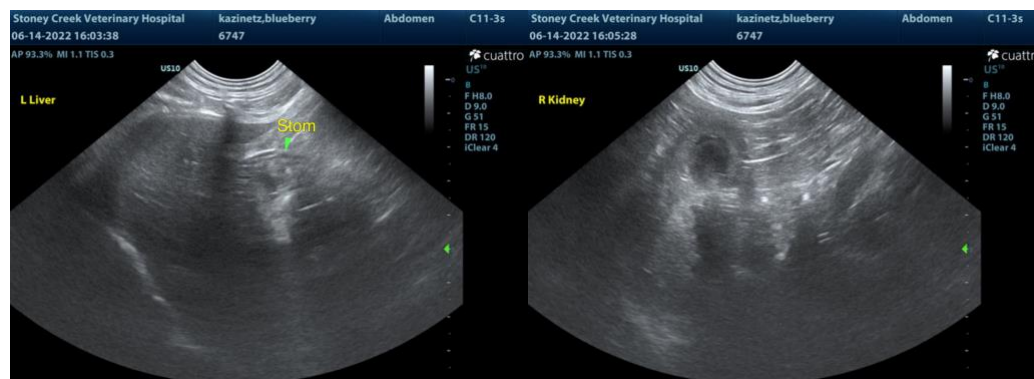
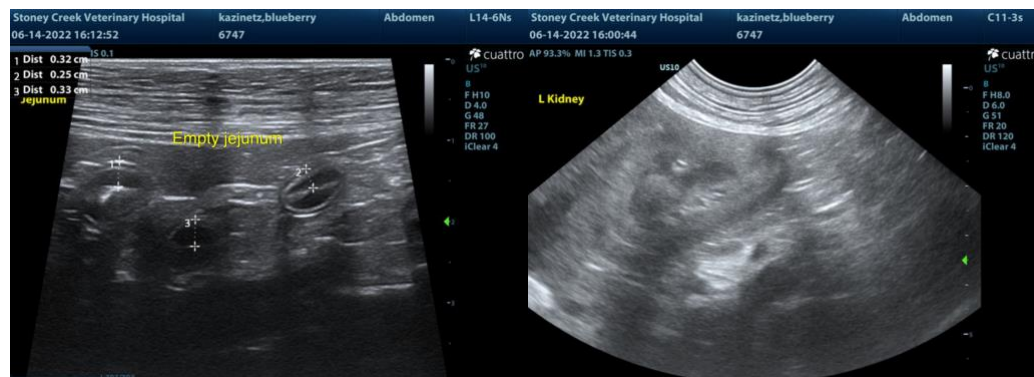
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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