



**PATIENT PRESENTING CLINICAL SIGNS**

Paige Reed Pt presented for vomiting and diarrhea. Pt doesn't have a history of getting into things or tearing up toys.

**SPECIES Abnormal PE/Chem/CBC/UA Results**

Canine BE showed normal CBC, chem- low ALP. Rads showed apparently dilated loops of bowel and weird gas pattern with ingesta on 5/14. Sent pt home on cerenia and metronidazole. Pt would not keep cerenia down so went to urgent care and got inj and SQ fluids. Pt did stop vomiting with cernia inj. On 5/15 presented for recheck rads. Stomach still appeared empty but still apparently dilated loops of bowel but moving gas patterns. Tried feeding but pt would only bury food.

**BREED**

Boston Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

FS

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 sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**AGE**

2 years

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 4.1 cm in length.

**WEIGHT**

17.1 lb

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

**Adrenal Glands**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width at the caudal pole and 0.4 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 0.42 cm width at the caudal pole and 0.46 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Jonathan Moss

**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.

**HOSPITAL NAME**

Harvest Hills Veterinary  
Hospital

**REFERRING VET**

**Liver**

Dr. Jonathan Moss

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.

**INVOICE**

10829ag

**Gastrointestinal**

**DATE**

06/15/2022



**PATIENT**

Paige Reed

The stomach presented intact yet with subjective prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Minor retained pyloric fluid was noted. The pylorus wall measured 0.47 cm in width.

**SPECIES**

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor upper duodenal ileus was observed. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The jejunum wall measured 0.42 cm in width.

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

**BREED**

Boston Terrier

**Pancreas**

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.

**SEX**

FS

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

2 years

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis pattern with suspect minor pyloric and duodenal ileus

**WEIGHT**

17.1 lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other. 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. If persistent GI signs despite conservative therapy, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as a resting cortisol level to rule out occult Addison's disease could be considered. Intestinal biopsies may be indicated pending additional diagnostics or if GI signs persist.

**INTERPRETED BY**

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

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**PATIENT**

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**SPECIES**

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**AGE**

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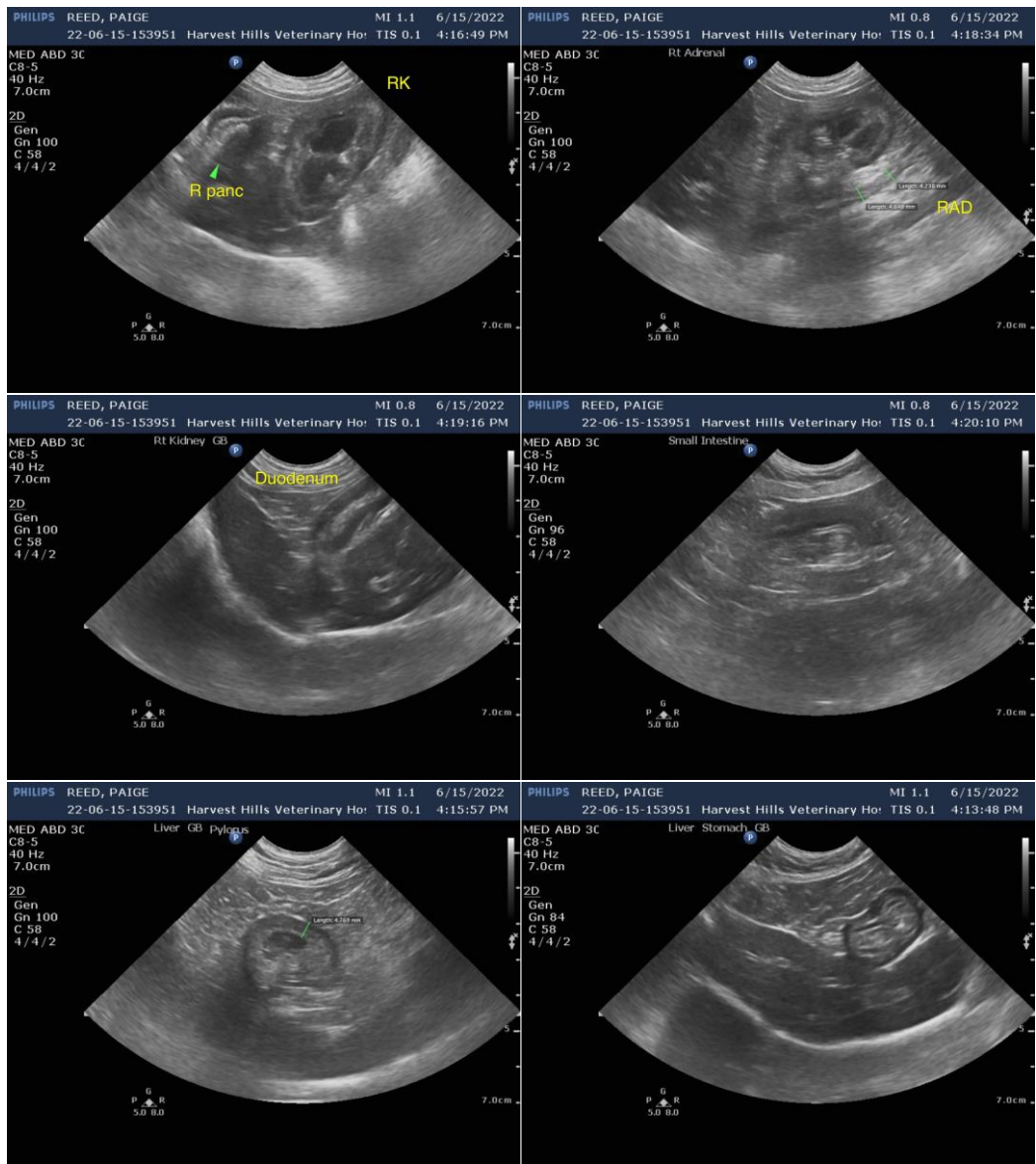
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**PATIENT**

Paige Reed

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

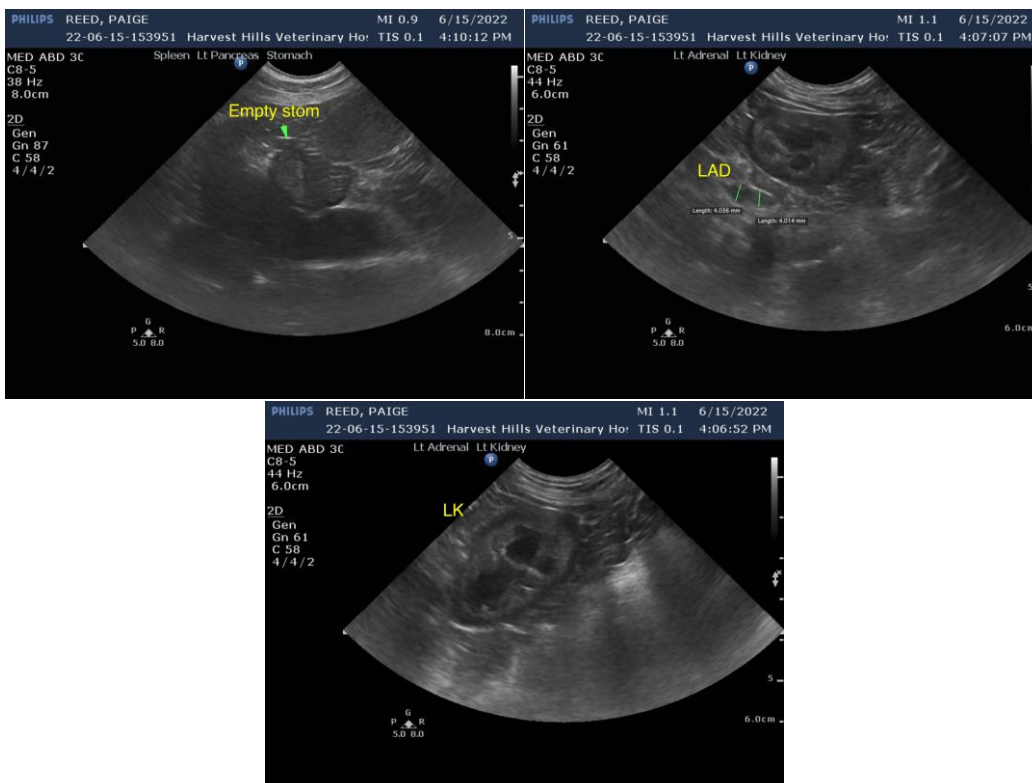
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**AGE**

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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