



PATIENT PRESENTING CLINICAL SIGNS

Phineas Schempp History: Chronic vomiting but not lethargic. Previous diagnosis of pancreatitis and history of calcium oxalate uroliths

SPECIES Abnormal PE/Chem/CBC/UA Results: Non diagnostic

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Bichon Frise 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.

SEX

MN 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 3.5 cm in length. The right kidney measured 4.2 cm in length.

AGE

9

The area of the aortic trifurcation was free of pathology.

WEIGHT

6.8 kg

The residual prostate was normal measuring 0.53 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.40 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 0.44 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Glamorgan Animal
Clinica

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 with minor congealed echogenic debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. MacAulay

Gastrointestinal

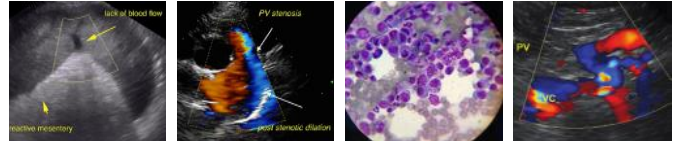
INVOICE

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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. The ventral gastric body wall measured 0.34 cm in width.

DATE

06/17/2022



PATIENT

Phineas Schempp

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. The duodenum wall measured 0.42 cm in width. The jejunum wall measured 0.28 cm in width.

SPECIES

Canine

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Bichon Frise

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

9

- Sonographically unremarkable GI tract
- Mild heterogeneous pancreas
- Minor congealed gallbladder debris-incident

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

6.8 kg

No evidence of overt specific GI or pancreatic pathology on today's scan. Dietary intolerance/food hypersensitivity, structurally insignificant to mild inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may present sonographically normal cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to screen for occult GI disease or pancreatic inflammation.

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A canned hydrolyzed diet trial with as needed gastric protectants/antiemetics and assessment of clinical response with potential for long term dietary therapy may prove beneficial. Broad spectrum deworming is suggested even if fecal testing is negative.

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Three view chest radiographs to rule out occult thoracic or esophageal pathology is suggested if not recently done.

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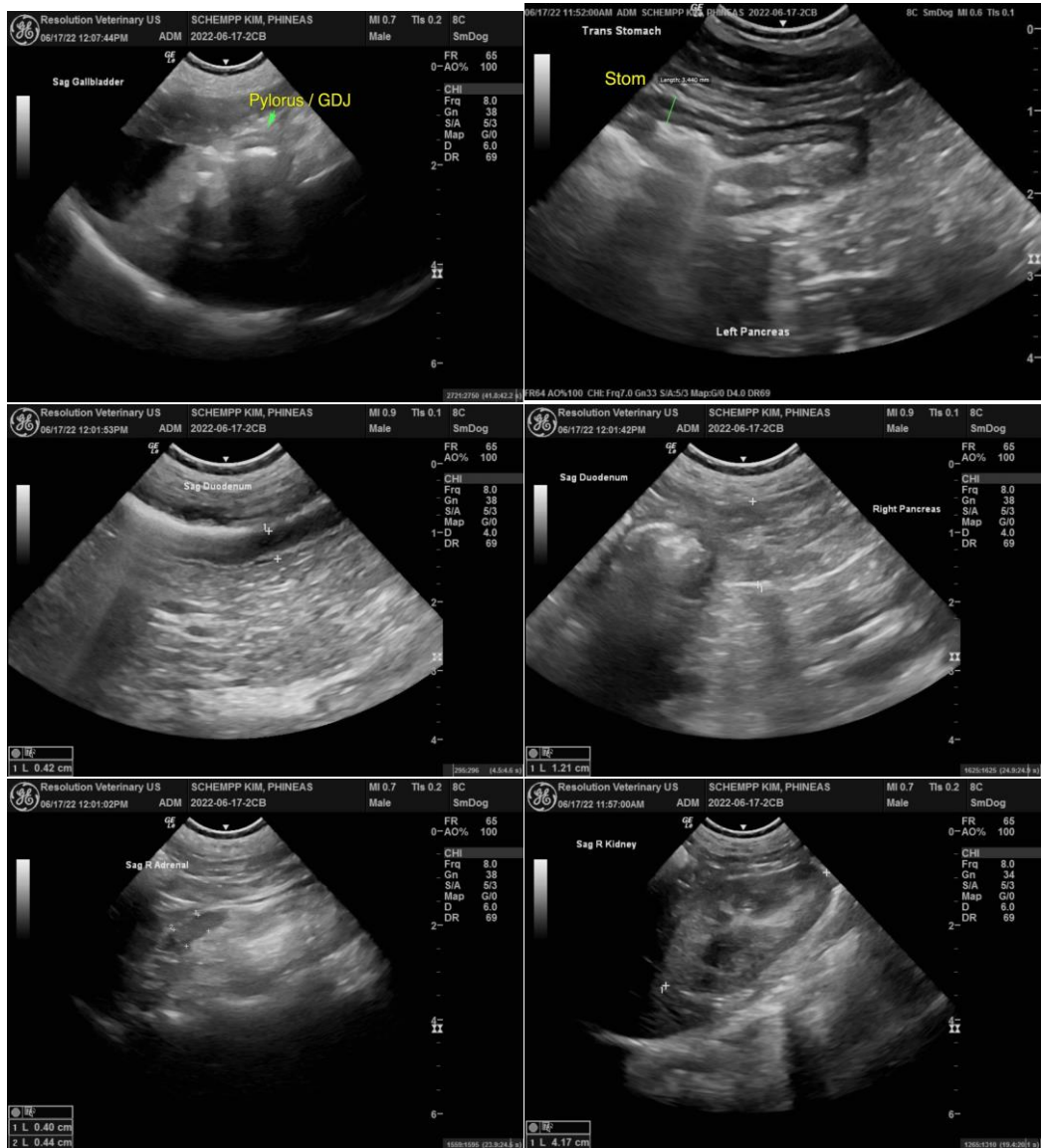
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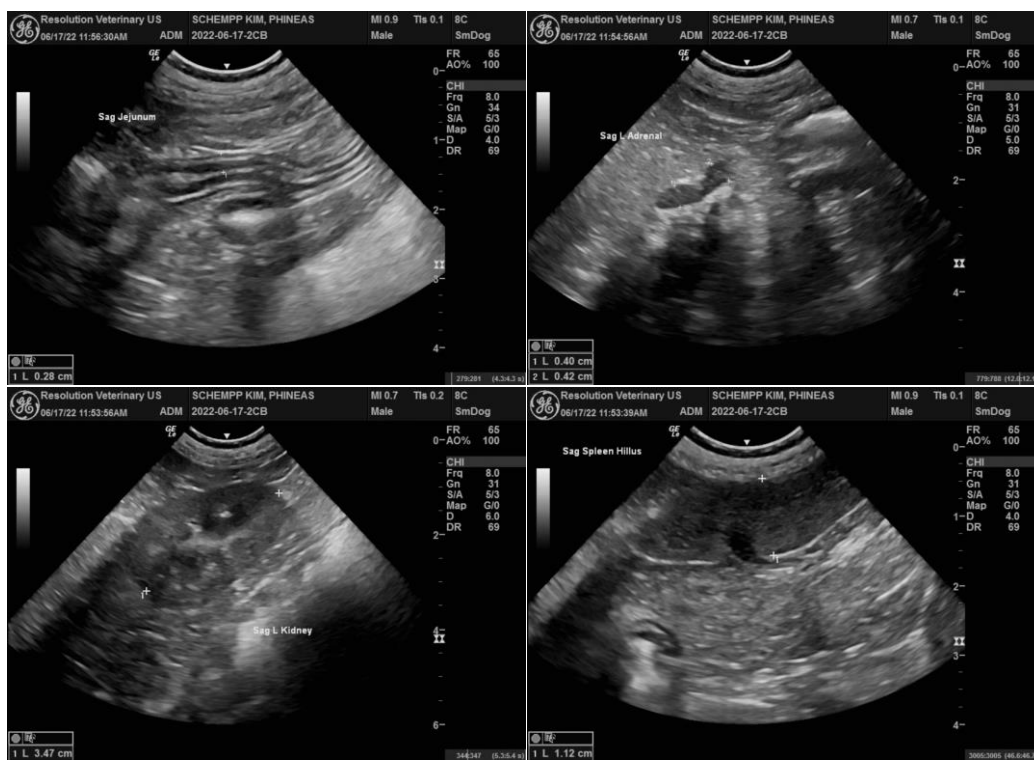
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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

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