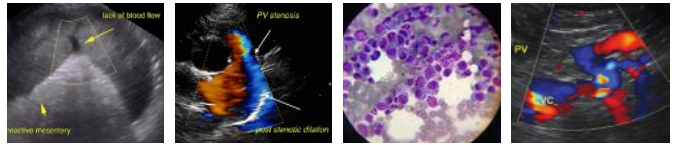


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zuri Montague	History: Chronic diarrhea, history of eating indiscretion, intermittent blood in stool, past history of diarrhea.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, 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.
Jack Russell Terrier	
<b>SEX</b>	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 3.6 cm in length. The right kidney measured 4.2 cm in length.
FI	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
1 yr	The uterus and bilateral ovaries were sonographically unremarkable.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
NA	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole and 0.38 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 0.34 cm width at the caudal pole and 0.38 cm width at the cranial pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Kelly Vazquez	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>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Brenda King Veterinary Services	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 gastric body wall measured 0.35 cm in width.
<b>REFERRING VET</b>	
Dr. Brenda King	
<b>INVOICE</b>	
10977ag	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 0.39 cm in width. The jejunum wall measured 0.38 cm in width.
<b>DATE</b>	
06/27/2022	Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT**

***Pancreas***

Zuri Montague

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 overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Jack Russell Terrier

Intermittent mildly prominent to enlarged jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.5 cm in diameter.

**SEX**

FI

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal GI tract/colon
- Intermittent benign/reactive colic to jejunocolic lymph nodes

**AGE**

1 yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall a sonographically unremarkable abdomen without evidence of significant visceral pathology including no evidence of gastroenterocolic pathology. At times the sonographic appearance of the GI tract does not always correlate with GI signs currently present. In patients with chronic GI signs, dietary intolerance/food allergy, dysbiosis, occult parasitism or IBD could be possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to rule out parasitic ova and giardia is recommended if not done.

**WEIGHT**

NA

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Brenda King  
Veterinary Services

**REFERRING VET**

Dr. Brenda King

**INVOICE**

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**DATE**

06/27/2022



**PATIENT**

Zuri Montague

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

FI

**AGE**

1 yr

**WEIGHT**

NA

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Brenda King  
Veterinary Services

**REFERRING VET**

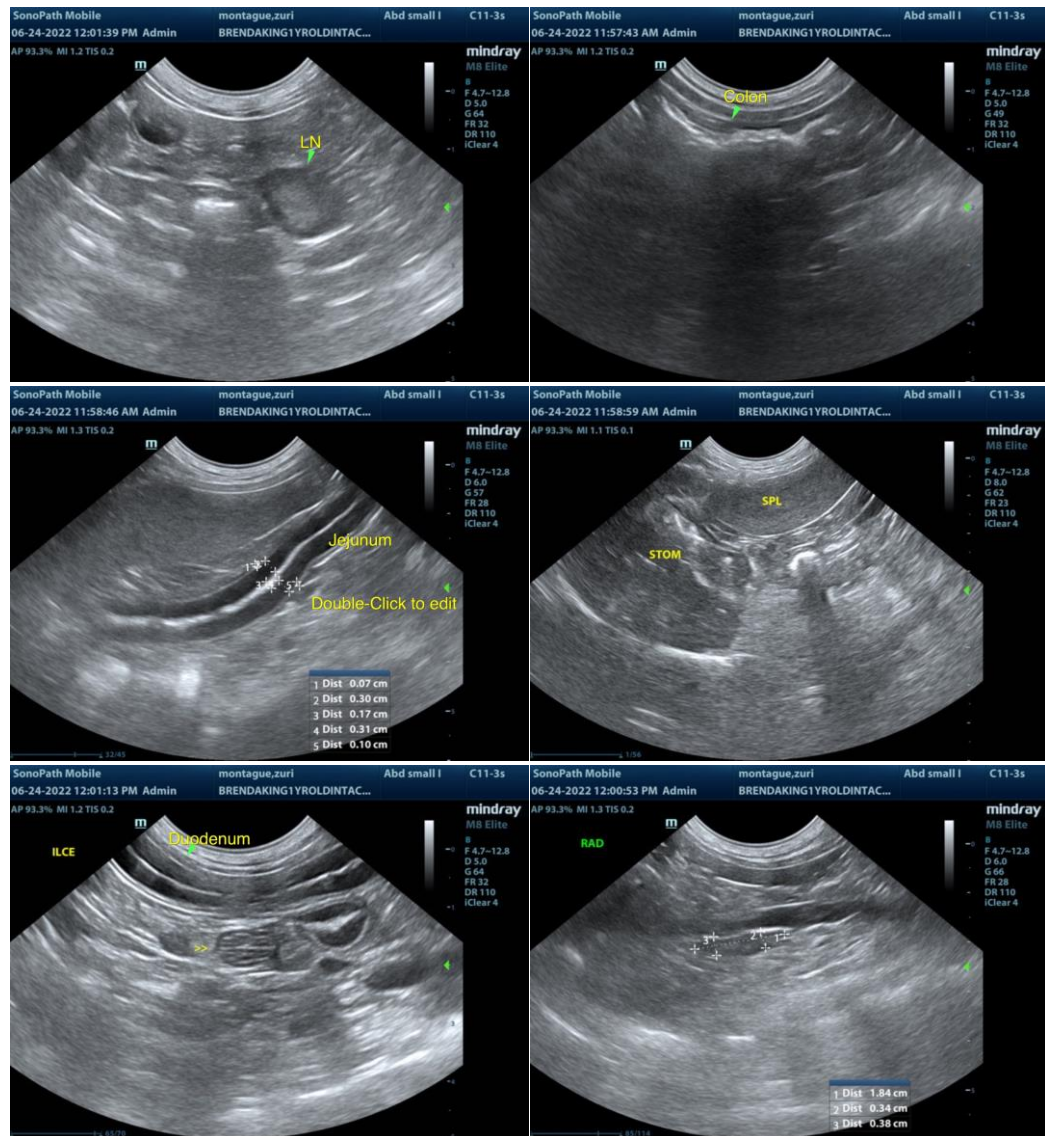
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**DATE**

06/27/2022





**PATIENT**

Zuri Montague

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

FI

**AGE**

1 yr

**WEIGHT**

NA

**INTERPRETED BY**

R. McKenzie Daniel,  
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**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

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Veterinary Services

**REFERRING VET**

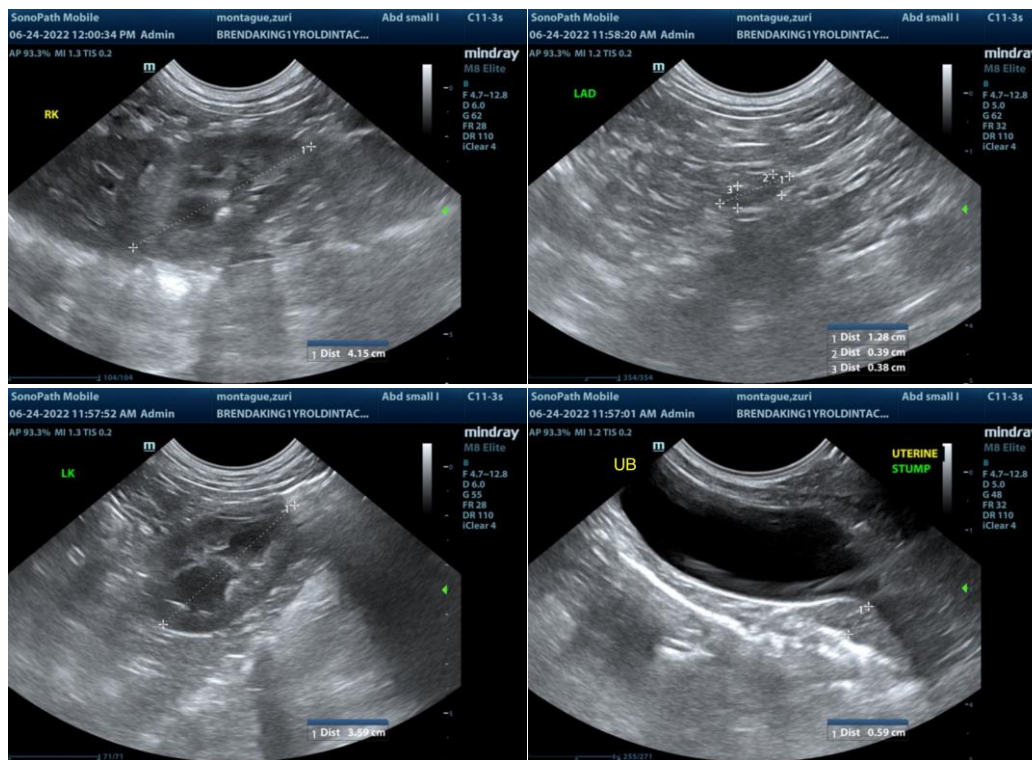
Dr. Brenda King

**INVOICE**

10977ag

**DATE**

06/27/2022



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)

info@SonoPath.com