



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Chooch Pantalone	Presented yesterday for vomiting and diarrhea. Was treated with supportive care. Ate chicken and rice. Vomited last night and again twice today, Did eat some rice and chicken/carrots and dried topper just before presenting for U/S
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: TP: 8.7, Glob: 5.4, ALK: 330, WBC: 19RBC: 8.1, HCT: 54
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Yorkie	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.
MN	
<b>AGE</b>	The residual prostate was free of pathology.
9 years	No evidence of pathology in the area of the aortic trifurcation.
<b>WEIGHT</b>	
15 lbs.	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
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 2.0 cm length x 0.66 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.57 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
A. Rodriguez	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>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Foxfield VS	The liver exhibited mild enlarged size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size likely secondary to the presence of gastric ingesta. The gallbladder contained mild anechoic content with no evidence of inflammatory criteria. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
A. Rodriguez	
<b>INVOICE</b>	
17241	
<b>DATE</b>	
7/14/23	



**PATIENT**

***Gastrointestinal***

Chooch Pantalone

The stomach presented intact mildly prominent wall layering. The stomach contained a mild to moderate amount of nonshadowing ingesta, consistent with food, along with pockets of luminal gas. No evidence of mechanical pyloric outflow obstruction was noted.

**SPECIES**

Canine

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental mild hyperechoic small intestinal mucosal speckling. The small intestine also contained segmental, similar appearing, non-shadowing ingesta / chyme. There was no obstructive pattern to the level of the colon.

**BREED**

Yorkie

**SEX**

The colon exhibited sonographically unremarkable wall layering with a segmental empty colon lumen along with semi-formed to soft fecal matter present in the distal descending colon, as well as the transverse and proximal colon.

MN

**AGE**

***Pancreas***

9 years

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.

**WEIGHT**

15 lbs.

***Free Abdomen***

**INTERPRETED BY**

No overt lymphadenopathy or peritoneal effusion was present.

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

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

A. Rodriguez

- Nonspecific gastroenteritis pattern with gastrointestinal ingesta - ingesta sonographically consistent with food
- Segmental semi-formed / soft fecal matter in colon
- Mild vacuolar hepatopathy pattern - benign
- Sonographically unremarkable pancreas
- Mild age-related kidneys

**HOSPITAL NAME**

Foxfield VS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

A. Rodriguez

Sonographically, there was no evidence of significant visceral pathology. The overall gastrointestinal tract was most suggestive of inflammatory criteria without evidence of gastroenterocolic neoplasia or PLE, given the current albumin level, with considerations including dietary intolerance / food hypersensitivity, dysbiosis, low-grade to emerging inflammatory enteropathy / IBD, low-grade to chronic pancreatitis which may present as sonographically normal, or other gastroenteropathy are all possible.

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Supportive care including dietary therapy i.e., novel protein or hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotic (such as Provable), empirical deworming even if fecal testing is negative, and as-needed gastroprotectants should prove beneficial. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as a sonographic reassessment of the



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Chooch Pantalone

gastrointestinal tract if persistent / progressive gastrointestinal signs or evidence of decreasing albumin levels are noted.

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9 years

**WEIGHT**

15 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

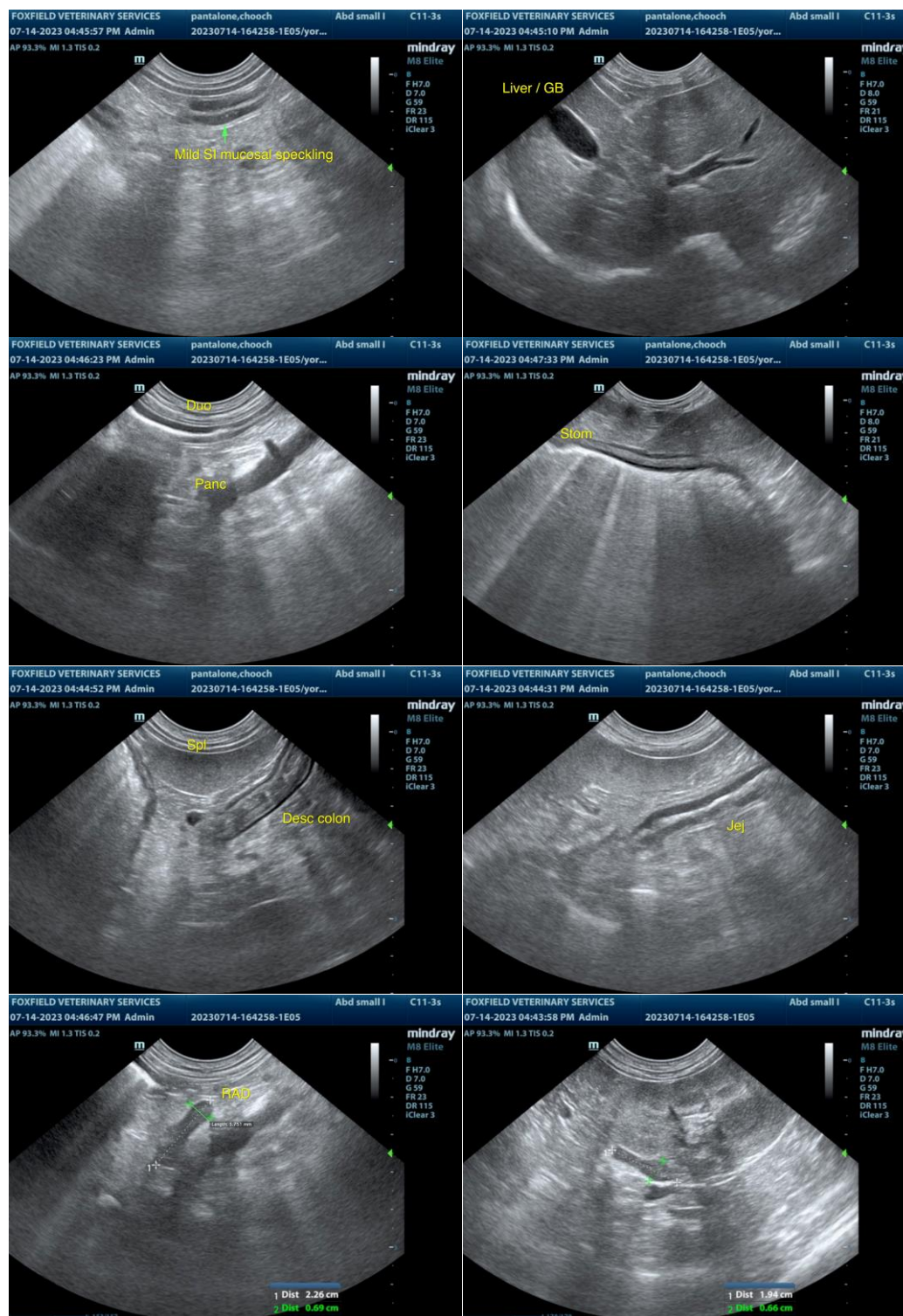
A. Rodriguez

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**HOSPITAL NAME**

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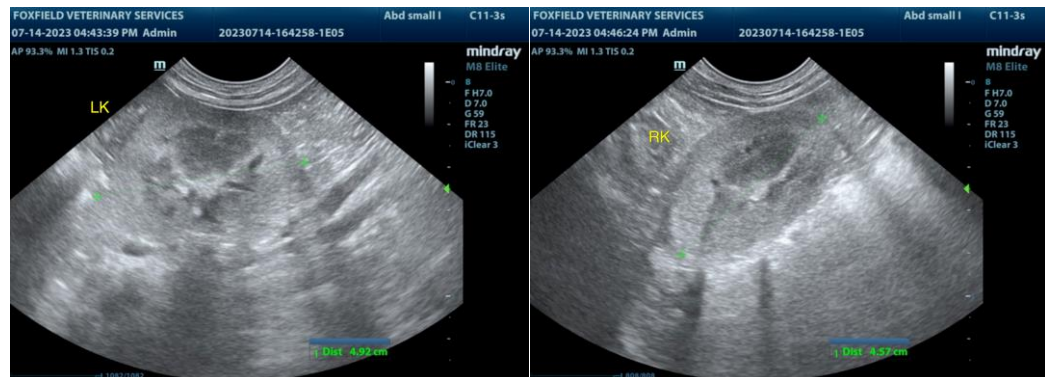
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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