



**PATIENT PRESENTING CLINICAL SIGNS**

Scout Bennett Seen Friday for diarrhea. vomited Saturday after eating. Appetite etc WNL. Eating chicken and rice. Vomits undigested food.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: WBC: 12.8, Mono: 1.15, ALT: 133, GGT: 9, amy: 548, Lipa: 372

**BREED**

Bernadoodle

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 were noted.

**SEX**

Male

The prostate gland was sonographically unremarkable.

**AGE**

5 Months

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

34 Pounds

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 6.3 cm. The right kidney measured 6.4 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 2.1 cm length x 0.45 cm at the caudal pole. The right adrenal gland measured 2.7 cm length x 0.50 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Rodriguez

**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.

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**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.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of variably echogenic non-shadowing ingesta and mild luminal gas. No overt evidence of mechanical pyloric outflow obstruction or obstructive gastric mural pathology. No evidence of gastric foreign material.

**DATE**

7/17/23



**PATIENT**

Scout Bennett

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Similar appearing segmental to generalized intestinal ingesta/chyme present. No evidence of intestinal mechanical/metabolic ileus, loss of intestinal wall layering, foreign material, or obstructive mural pathology to the level of the colon.

**SPECIES**

Canine

Normal visible colon wall layers were present with semiformal to possible soft fecal matter in the lumen.

**Pancreas**

**BREED**

Bernadoodle

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**

Male

**Free Abdomen**

**AGE**

5 Months

Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 4.8 cm x 0.80 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**WEIGHT**

34 Pounds

Focal, mildly prominent to enlarged medial iliac node was present, measuring 1.8 cm x 0.80 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No evidence of peritoneal effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable gastrointestinal tract with gastrointestinal ingesta
- Intermittent, sonographically benign mesenteric and solitary minor medial iliac lymphadenopathy – sonographically consistent with incidental hyperplasia or likely immunologic immaturity.
- Sonographically normal liver

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of visceral, specifically gastroenterocolic pathology. Dietary intolerance/food hypersensitivity, occult parasitism, non-specific gastroenteritis, infectious disease, or other gastroenteropathy all potentials. 3-view chest radiographs may be considered to rule out occult thoracic or esophageal pathology as contributing factor. Empirically, canned novel protein or hydrolyzed diet trial with potential smaller, more frequent feedings, high colony count probiotic such as Provable, as-needed gastroprotectants, and empirical deworming (i.e., Panacur 50 mg/kg PO SID for 5 days with potential repeat protocol in 3 weeks even if fecal testing is negative), and assessment of gastrointestinal response may prove beneficial.

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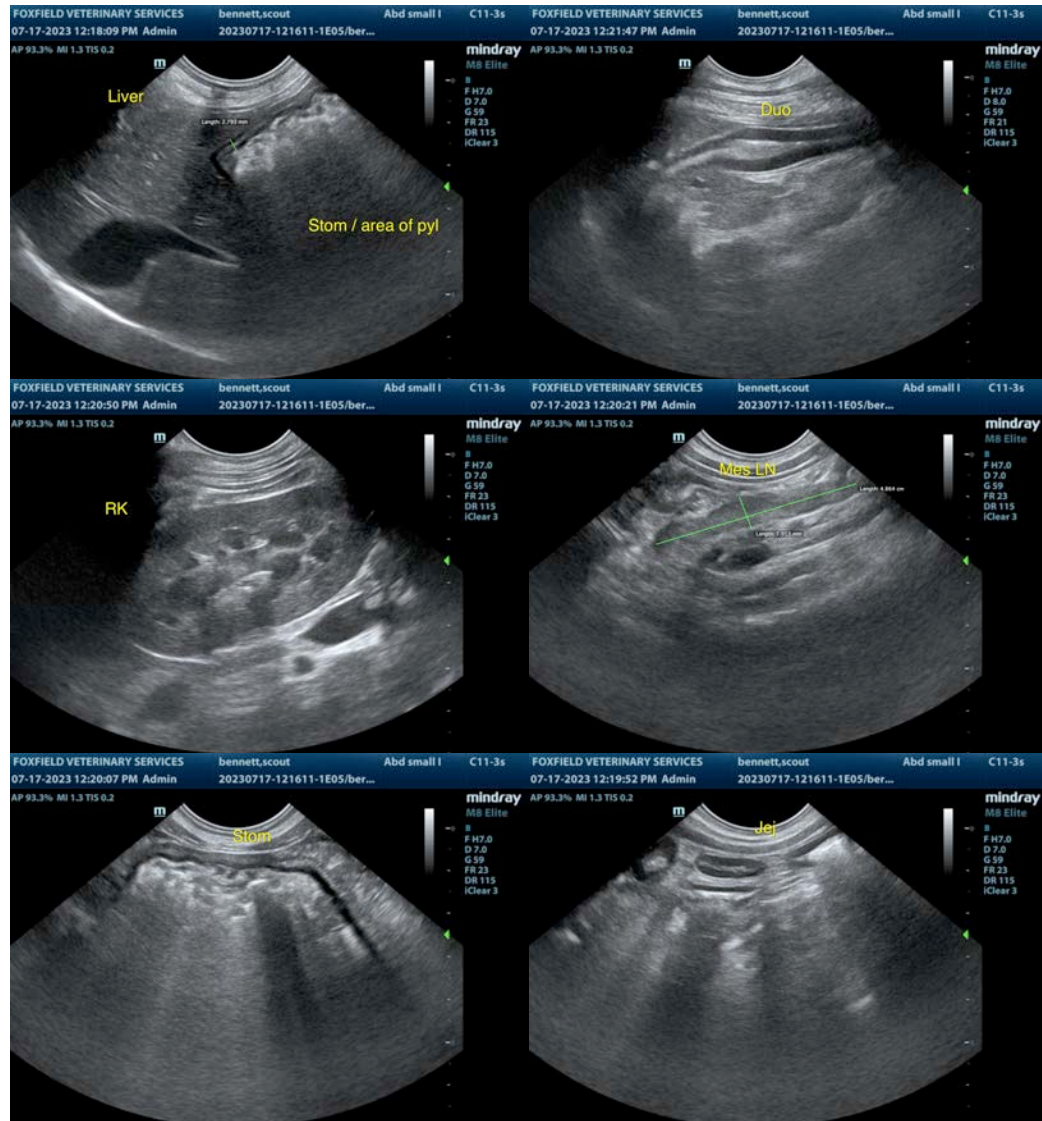
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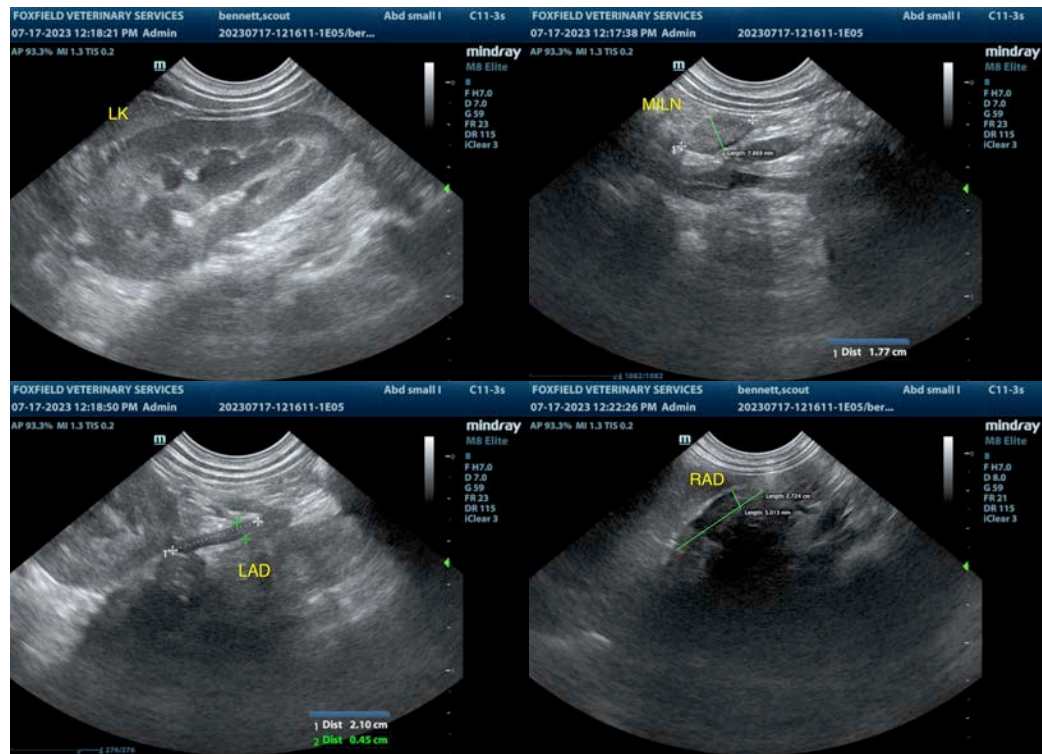
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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

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