

**PATIENT**

Jamison Johnson

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel

**SEX**

MN

**AGE**

4

**WEIGHT**

12

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Charlie Rodriguez

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Charlie Rodriguez

**INVOICE**

11214ag

**DATE**

07/27/2022

**PRESENTING CLINICAL SIGNS**

Jamison presented to our clinic on 7/25 and seen by one of our doctors for randomly yelping in pain and being lethargic, and hiding. Chest and abdominal rads were unremarkable and exam was unremarkable. A snap cpl returned abnormal and he was given sqf, cerenia, gabapentin, and low fat food and sent home. He was not eating yesterday and was brought in for a pit stop of sqf and cerenia. Today he presented for recheck exam because he is still not eating and quite lethargic. Exam he is slightly dehydrated and very lethargic/dull. BP are normal and in house cbc chemc shows

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

Alkp 217

Cortisol is being sent out

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

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 4.5 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

**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.

**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.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended with variably echogenic ingesta chyme and fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.29 cm in width. No evidence of mechanical pyloric outflow obstruction was noted.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.29 cm in width. The jejunum wall measured 0.27 cm in width.

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

**Pancreas**

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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.

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**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Moderate retained variably echogenic gastric ingesta/chyme
- Nonspecific enteritis pattern with nonobstructive ileus-possible inflammatory bowel
- Overtly normal pancreas
- Low grade hepatopathy-suspect mild reactive/vacuolar hepatopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the reported inappetence the presence of moderate retained gastric ingesta is nonspecific yet may suggest some degree of delayed gastric emptying. Sonographically the appearance of the pancreas was not consistent with active pancreatitis, the possibility of low grade to chronic pancreatitis could be possible and appear sonographically normal.

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Hospitalization with 48-72 hour IVF support and GI protocol with monitoring of gastric emptying and correction of dehydration with assessment of clinical response would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult GI disease. Correlation with pending cortisol level is recommended. If persistent evidence of GI stasis, GI biopsies may be indicated.

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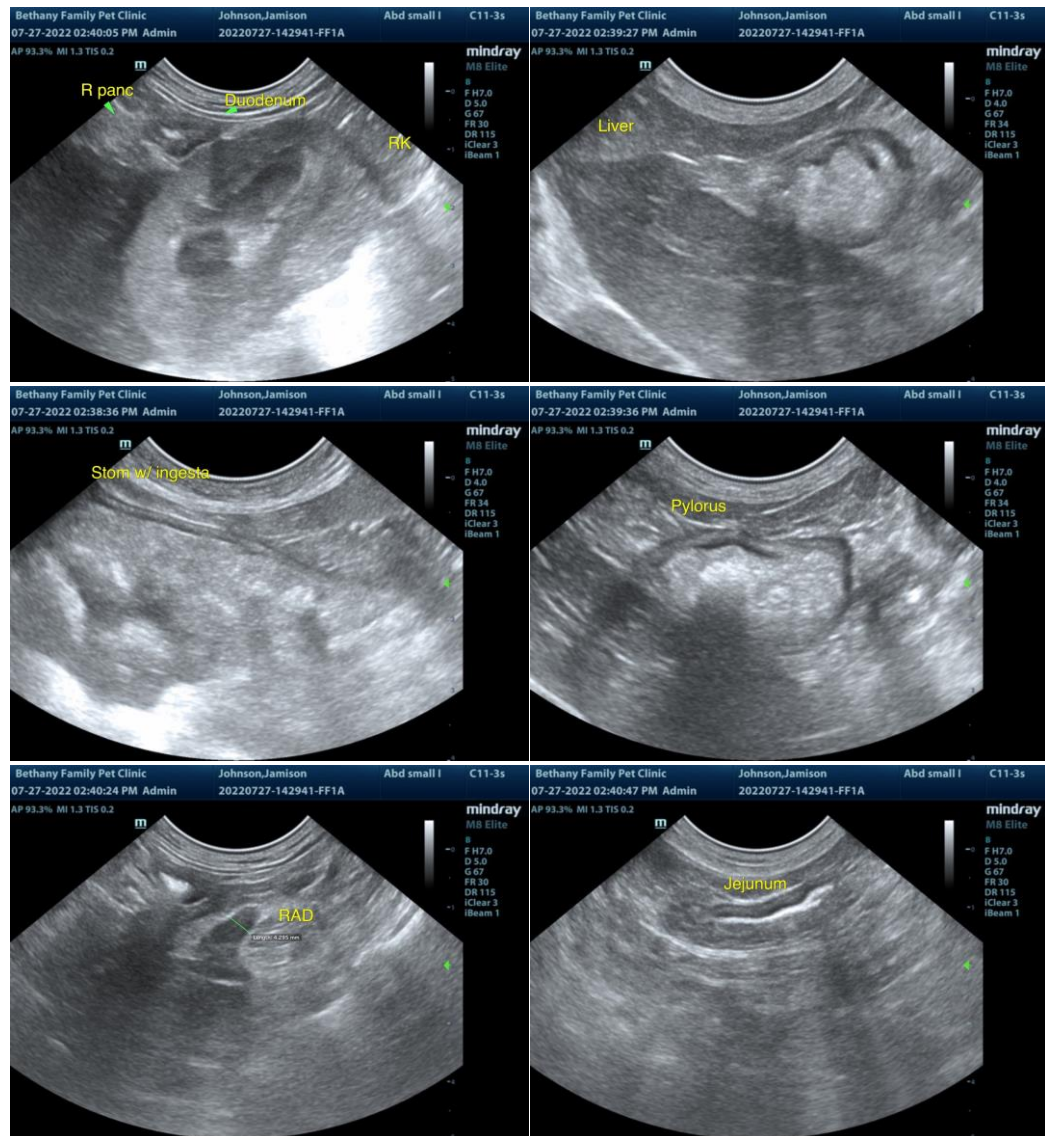
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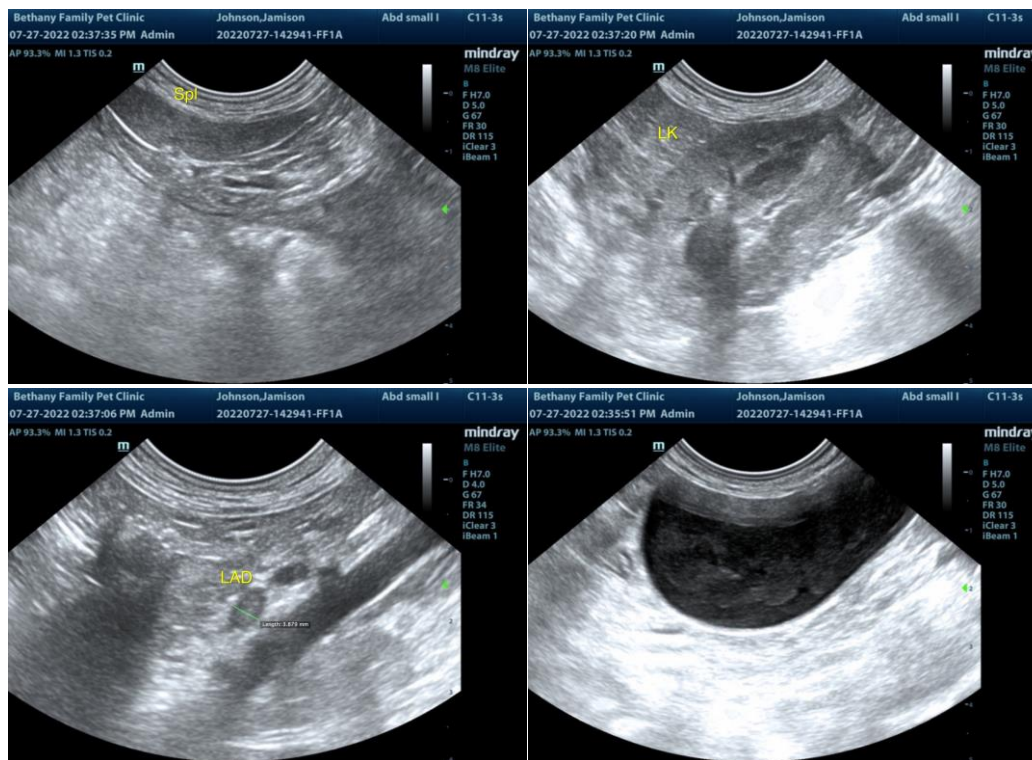
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com