



PATIENT	PRESENTING CLINICAL SIGNS
Luna Swanbergson	Unresolving diarrhea, now with blood, despite metronidazole. Currently hospitalized, inappetent.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Unremarkable labs, Giardia antigen negative
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Min Schnauzer	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild primarily dependent hyperechoic lumen mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	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. Mild bilateral non-obstructive nephrolithiasis in the lateral diverticuli was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
8yr	Adrenal Glands
WEIGHT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 0.50 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 0.36 cm width at the caudal pole and 0.45 cm width at the cranial pole.
8.1kg	Spleen
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver/Gallbladder
IMAGING PERFORMED BY	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. Normal vascular volume. 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 moderate inspissated non-organized hyperechoic sediment. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Dr Sarah Barthelemy	Gastrointestinal
HOSPITAL NAME	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.
Fish Creek Pet Hospital	
REFERRING VET	
Dr Sarah Barthelemy	
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DATE	
07/28/2023	



PATIENT

Luna Swanbergson

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 0.33 cm width. The jejunum wall measured 0.25 cm width.

SPECIES

Canine

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Soft fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

Min Schnauzer

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.

Free Abdomen

SEX

FS

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

AGE

8yr

ULTRASONOGRAPHIC FINDINGS

- Mild chronic colitis pattern with soft feces.
- Sonographically unremarkable GI tract/pancreas.
- Mild dependent urinary bladder lumen mineral/small calculi.
- Bilateral non-obstructive medullary nephrolithiasis.
- Moderate gallbladder sediment-not consistent with mucocele criteria.

WEIGHT

8.1kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested if not recently done. Ursodiol if tolerated may be considered if evidence of cholestasis is present.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

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), cobalamin supplementation pending assessment of B12 levels, antibiotic trial i.e., Tylosin +/- enrofloxacin given non-response to previous metronidazole and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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Canine

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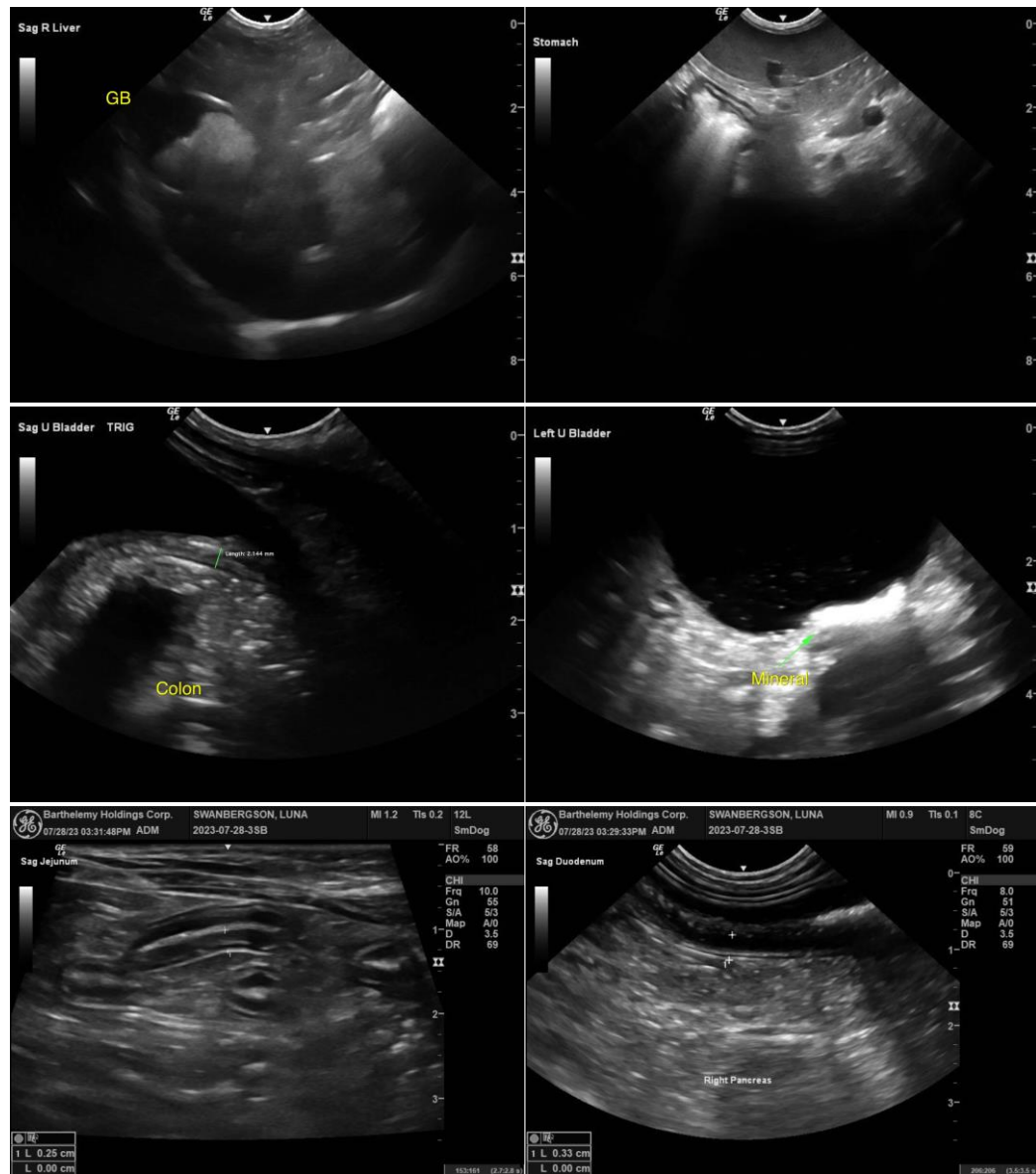
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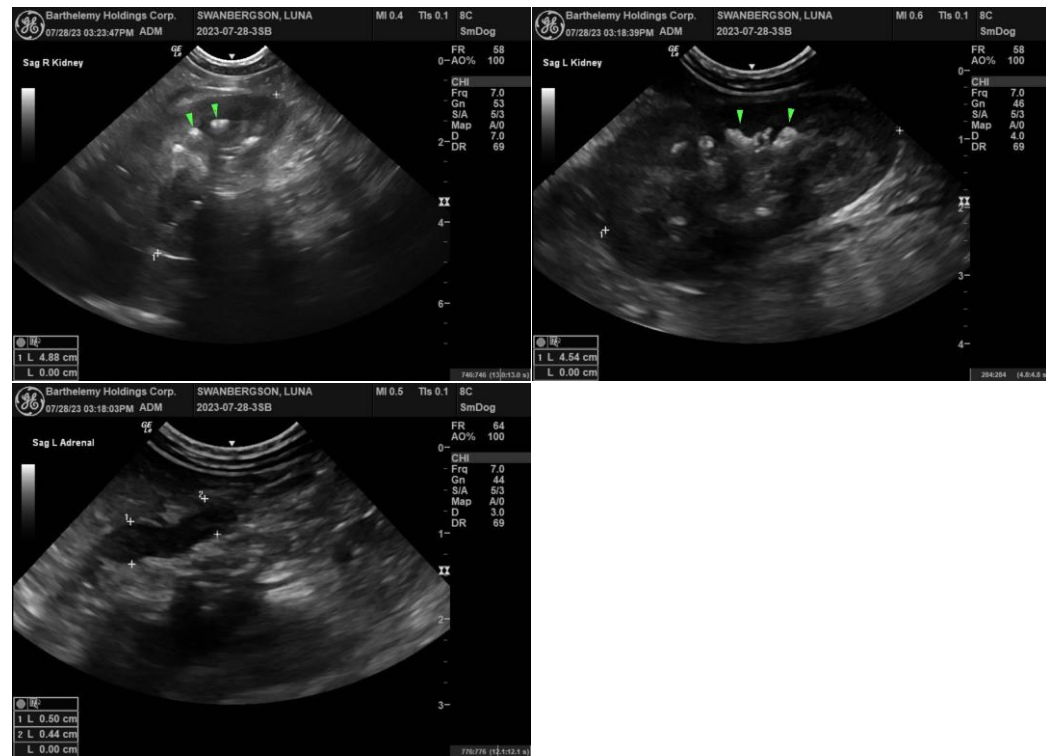
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AGE

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(Canine and Feline)

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.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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