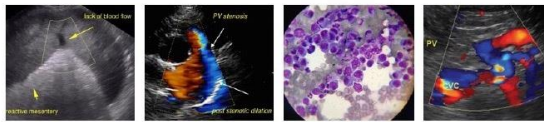


PATIENT	PRESENTING CLINICAL SIGNS
Winston Wilson	Assesment: Here 2wks ago for v/d, black stools. Improved on Cerenia, Omeprazole, Metronidazole, clinically doing well. Acute onset of symptoms again last night, red vomit and red diarrhea in large amounts overnight, lethargic, low temp on exam. Lethargic but stable on exam Abnormal PE/Chem/CBC/UA Results: PCV today = 62%
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Shih Tzu X	Urinary System The urinary bladder, trigone, and cystourethral junction 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. No overt pathology was noted in the area of the residual prostate. The area of the aortic trifurcation was free of pathology.
SEX	
MN	
AGE	
9 years	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 4.3 cm in length. The right kidney measured 4.5 cm in length.
WEIGHT	
7.2 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.47 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 0.39 cm width at the caudal pole and 0.58 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Kelly Reschny	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.
HOSPITAL NAME	Liver/ Gallbladder
Beattie Pet Hosp Stoney Creek	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 containing primarily anechoic content with mild hyperechoic luminal debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Mellish	
INVOICE	
14204	
DATE	
7/5/22	



PATIENT

Gastrointestinal

Winston Wilson

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 ventral gastric body wall width measured 0.35 cm.

SPECIES

Canine

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 width measured 0.26 cm. The jejunum wall width measured 0.25 cm.

BREED

Shih Tzu X

The colon presented a mildly prominent yet intact descending colon wall measuring 0.35 cm width. Non-formed feces was noted in the proximal and transverse colon with the descending colon subjectively mild gas distended.

SEX

MN

Pancreas

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.

AGE

9 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

7.2 kg

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal presentation is consistent with inflammatory criteria with the potential for recurrent acute hemorrhagic gastroenteritis syndrome. Dietary intolerance / food allergy, occult parasitism, and structurally insignificant emerging inflammatory bowel disease, are possible.

IMAGING PERFORMED BY

Kelly Reschny

Conservative therapy for acute hemorrhagic gastroenteritis with an assessment of clinical response and rehydration protocol should prove beneficial. If recurrent gastrointestinal signs, a GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol level to rule out occult Addison's Disease may be considered. Long-term limited antigen or hydrolyzed diet may be indicated. Prophylactic deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in three weeks, even if fecal testing is negative, may be considered.

HOSPITAL NAME

Beattie Pet Hosp
Stoney Creek

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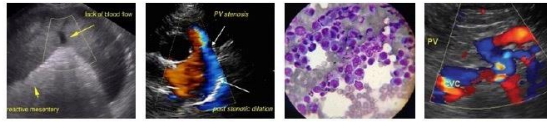
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7/5/22



PATIENT

Winston Wilson

SPECIES

Canine

BREED

Shih Tzu X

SEX

MN

AGE

9 years

WEIGHT

7.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hosp
Stoney Creek

REFERRING VET

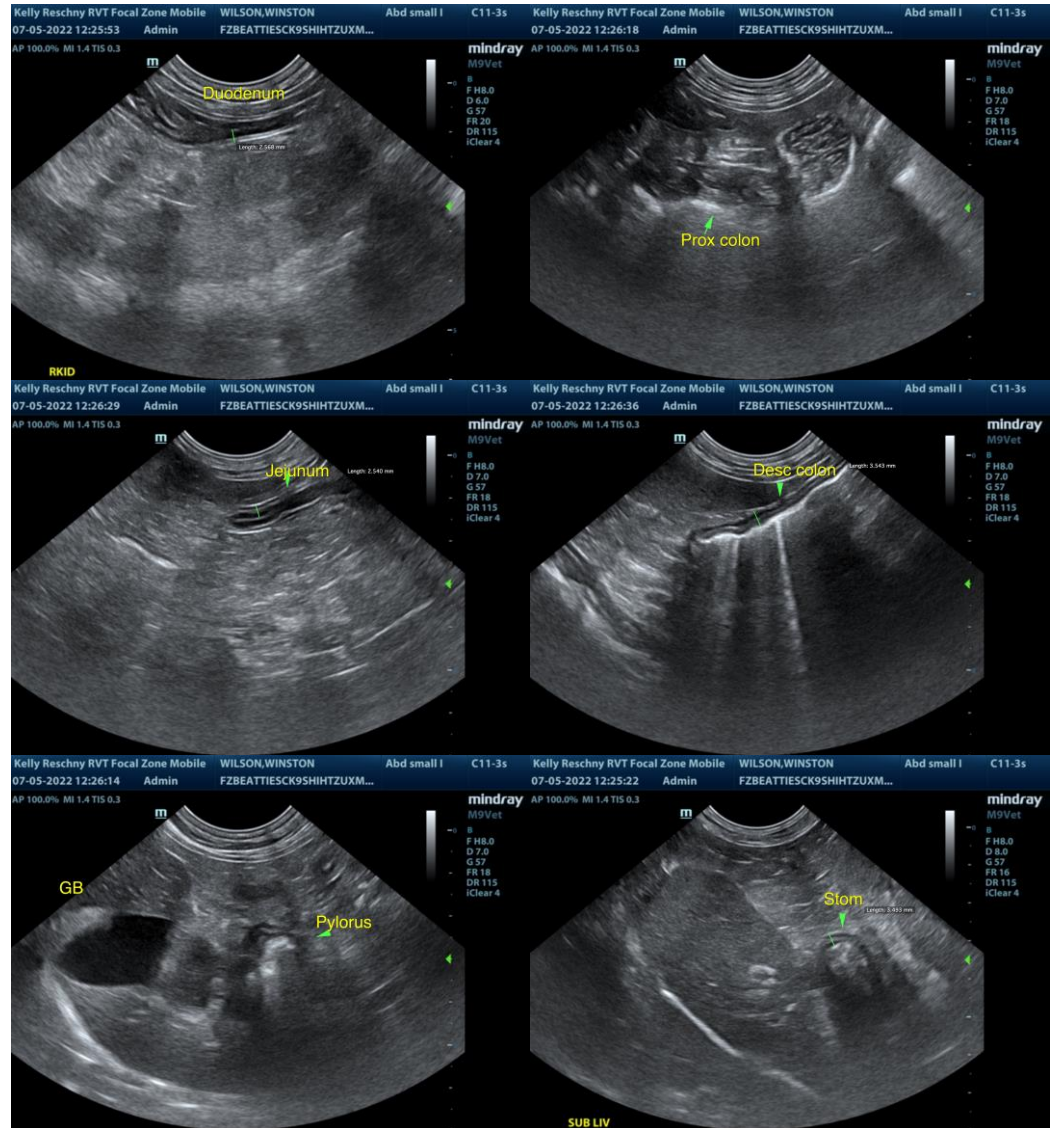
Dr. Mellish

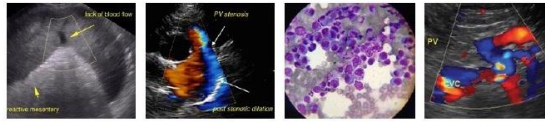
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PATIENT

Winston Wilson

SPECIES

Canine

BREED

Shih Tzu X

SEX

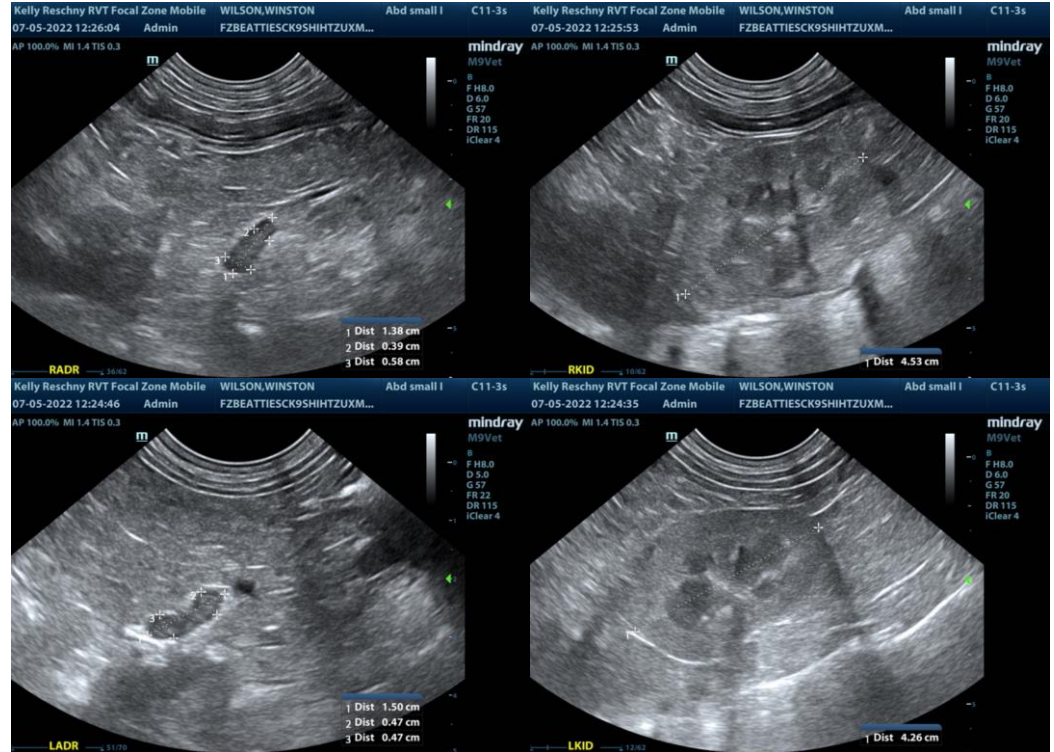
MN

AGE

9 years

WEIGHT

7.2 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hosp
Stoney Creek

REFERRING VET

Dr. Mellish

INVOICE

14204

DATE

7/5/22

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