



PATIENT	PRESENTING CLINICAL SIGNS
Toro Devli	Eating less than normal, vomited undigested food.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Shiba Inu	
SEX	The area of the aortic trifurcation was free of pathology.
MN	
AGE	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 4.2 cm in length. The right kidney measured 4.2 cm in length.
1 year 6 months	
WEIGHT	Adrenal Glands
21 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.37 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 1.6 cm length x 0.33 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver/ Gallbladder
Jessica Miller	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.
HOSPITAL NAME	Gastrointestinal
Westwood RVH	The stomach presented intact yet prominent wall layering with minor retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The gastric body wall width measured 0.5-0.6 cm.
REFERRING VET	
Dr. Silver	
INVOICE	
14551	
DATE	
8/10/22	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 0.40 cm width. The jejunum wall measured 0.29 cm width.
	Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT

Pancreas

Toro Devli

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.

SPECIES

Canine

Free Abdomen

BREED

Shiba Inu

No overt lymphadenopathy or peritoneal effusion was present.

SEX

- Gastritis with mild gastric hypomotility

MN

- Sonographically unremarkable small bowel

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1 year 6 months

Sonographically, the appearance of the stomach was consistent with gastritis and potential mild gastric hypomotility. No overt evidence of structural small intestinal mural abnormalities or evidence of pancreatitis. Supportive care for gastritis, which may include gastroprotectants, empirical deworming, and bland or hydrolyzed diet trial may prove beneficial. Three-view chest radiographs may be considered to rule out concurrent esophageal pathology as a contributing factor. Resting cortisol level to rule out the unlikely potential for occult Addison's Disease could be considered.

WEIGHT

21 lbs.

INTERPRETED BY

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

Some or all of the following protocol could be considered empirically.

A clinical trial of **Zithromax** (**Dogs:** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Westwood RVH

REFERRING VET

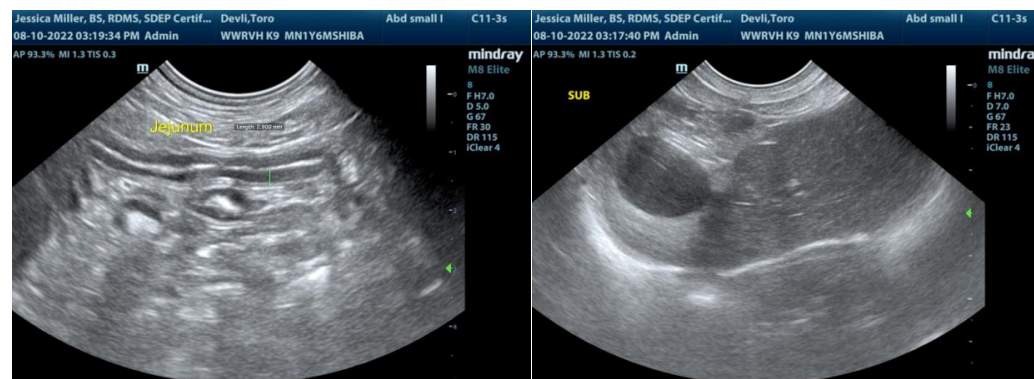
Dr. Silver

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PATIENT

Toro Devli

SPECIES

Canine

BREED

Shiba Inu

SEX

MN

AGE

1 year 6 months

WEIGHT

21 lbs.

INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

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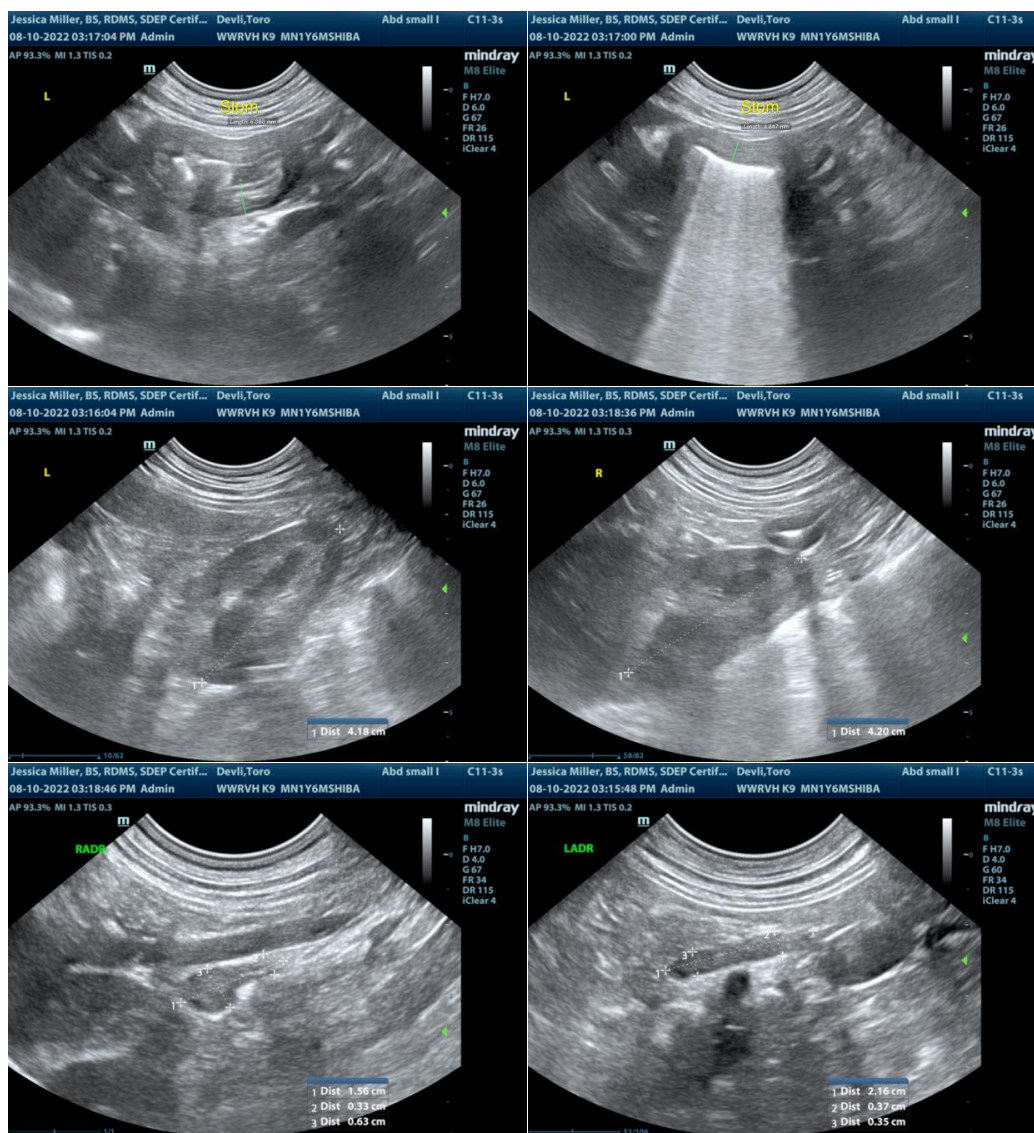
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com