



PATIENT PRESENTING CLINICAL SIGNS

Joey Herman repeat occurrence of diarrhea, shaking, lethargic, anorexia currently on metro, clavaseptin, tramadol
Abnormal PE/Chem/CBC/UA Results: elevated WBC, ALP(resolved with Clavaseptin and now again)

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Beagle

SEX 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. The right kidney measured 4.8 cm.

Neutered Male

AGE **Adrenal Glands**

1 Year The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.43 cm at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.55 cm at the caudal pole.

WEIGHT **Spleen**

7.1 kg 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

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INVOICE

24628

DATE

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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.

Gastrointestinal

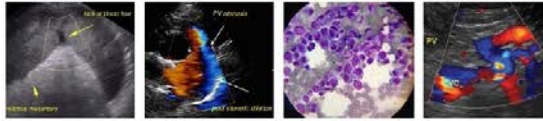
The stomach exhibited intact yet subjective mild prominent wall layering. Mild echogenic to progressively shadowing gastric ingesta was present. Gastric body wall measured 0.42 cm.

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. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.30 cm.

Normal visible colon wall layers were present with subjective semiformal to soft feces.

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 was evident.



PATIENT *Free Abdomen*

Joey Herman No overt lymphadenopathy or peritoneal effusion was present.

SPECIES

Canine

- Possible mild gastritis with mild echogenic to progressively shadowing gastric ingesta
- Sonographically unremarkable small bowel and colon with subjective semiformed/soft feces

BREED

Beagle

SEX

Neutered Male

AGE

1 Year

WEIGHT

7.1 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of echogenic to mild progressively shadowing gastric ingesta is non-specific and may correlate with recent meal ingestion. However, if documented NPO, some degree of gastric hypomotility may be considered while the possibility of mild non-obstructive hair, fabric or similar material within the gastric lumen cannot be definitively excluded. Radiographic or sonographic monitoring for evidence of normal gastric emptying would be ideal. Dietary indiscretion/food intolerance, occult parasitism or underlying inflammatory gastroenterocolic process without evidence of mural changes may be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted. 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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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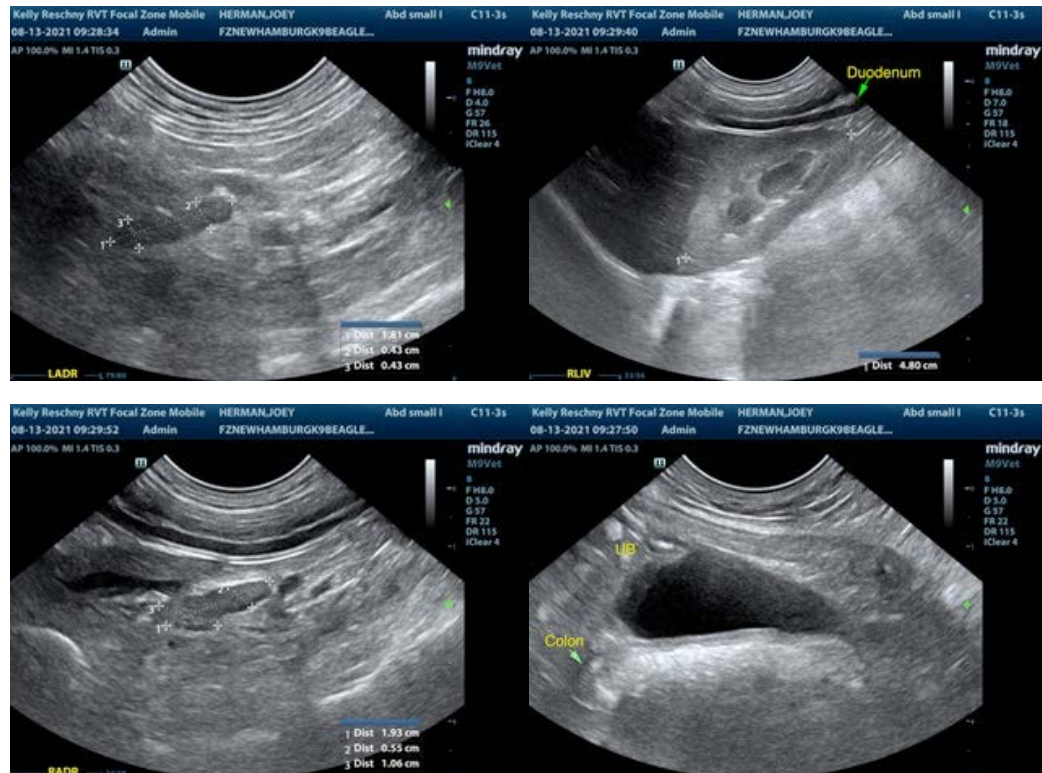
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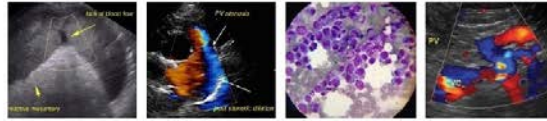
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PATIENT

Joey Herman

SPECIES

Canine

BREED

Beagle

SEX

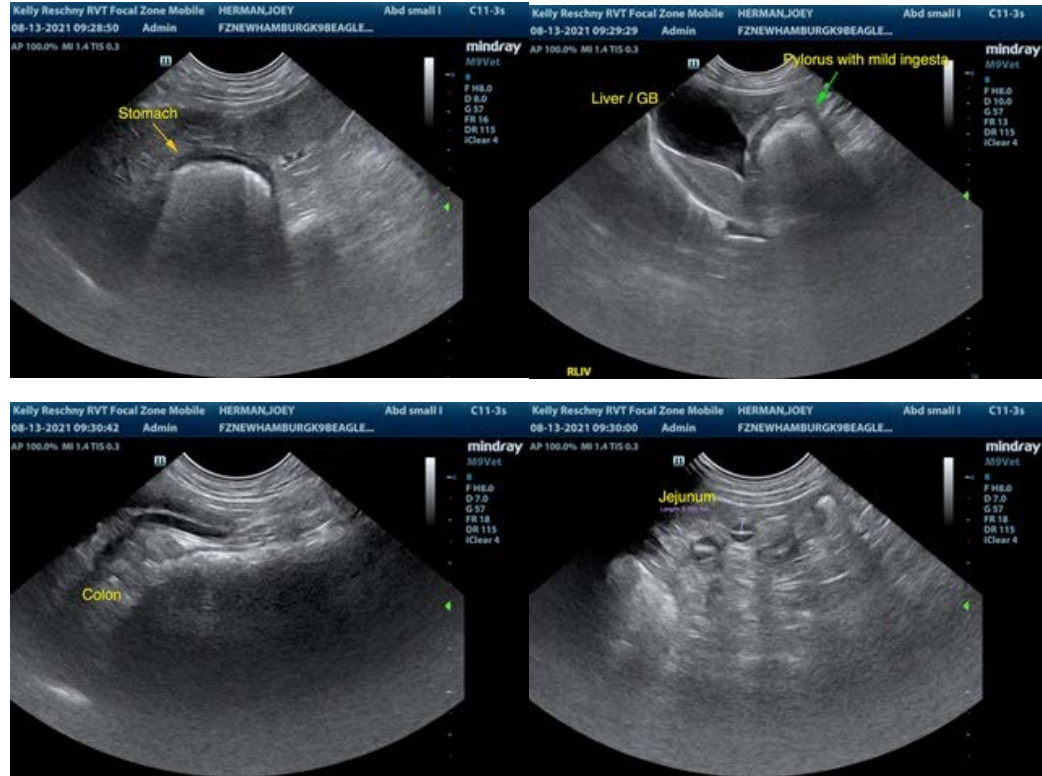
Neutered Male

AGE

1 Year

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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