



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Maggie Kirker	P presented 8/13/23 for no appetite, lethargy, vomiting and diarrhea. history of sensitive stomach since adopted, doesn't always eat and will vomit randomly. UTD on vax and preventative, Rads- Some ingesta, and small area suspicious for foreign body, no obstructive pattern.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: CBC/Chem17/Lytes wnl
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Mini Australian Shepherd	<b>Urinary System</b>
<b>SEX</b>	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.
Spayed Female	
<b>AGE</b>	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 5.0 cm. The right kidney measured 5.6 cm.
18 Months	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
13.9 kg	The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.49 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 0.39 cm at the cranial pole and 0.37 cm at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Carolina Vet Mobile	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Animal Emergency Clinic of the High Country	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild gas. No evidence of retained ingesta, fluid, or foreign material.
<b>REFERRING VET</b>	
Dr. Sparks	The small intestine presented generalized intact wall layering and overtly normal wall layer ratio to the level of the ileum. The ileum exhibited intact prominent wall layering measuring 0.47 cm in width.
<b>INVOICE</b>	
44626	Normal visible colon wall layers were present with soft fecal matter in the subjective descending colon with nonformed fecal matter in the proximal colon and area of the cecum.
<b>DATE</b>	
8/13/23	



**PATIENT** *Pancreas*

Maggie Kirker

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

Mini Australian Shepherd

Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 1.8 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**SEX**

Spayed Female

No evidence of peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

18 Months

- Gastroenteritis pattern with moderate ileitis and possible typhlitis
- Focal / intermittent sonographically benign / reactive mesenteric lymph nodes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

13.9 kg

No evidence of gastrointestinal obstruction or overt foreign material although a small amount of nonobstructive or passing foreign material at the level of the ileocolic junction cannot be definitively excluded. No overt indication for immediate surgical intervention. Dietary indiscretion / food intolerance, dysbiosis, emerging inflammatory bowel, infectious disease, occult parasitism, occult Addison's Disease possible. Hospitalization with as needed supportive care for gastroenteritis / possible typhlitis which may include IV fluids, gastroprotectants, deworming Panacur 50 mg/kg PO SID for 5 days with repeat protocol in 3 weeks even if negative fecal testing (once patient can take oral medications), high colony count probiotic Provable or similar, diet trial with possibly long term dietary therapy +/- antibiotic trial if clinically indicated with clinical monitoring should prove beneficial. Recheck sonogram is recommended if persistent / progressive gastrointestinal signs despite empirical therapy. Screening resting cortisol level is suggested.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Carolina Vet Mobile

**HOSPITAL NAME**

Animal Emergency Clinic of the High Country

**REFERRING VET**

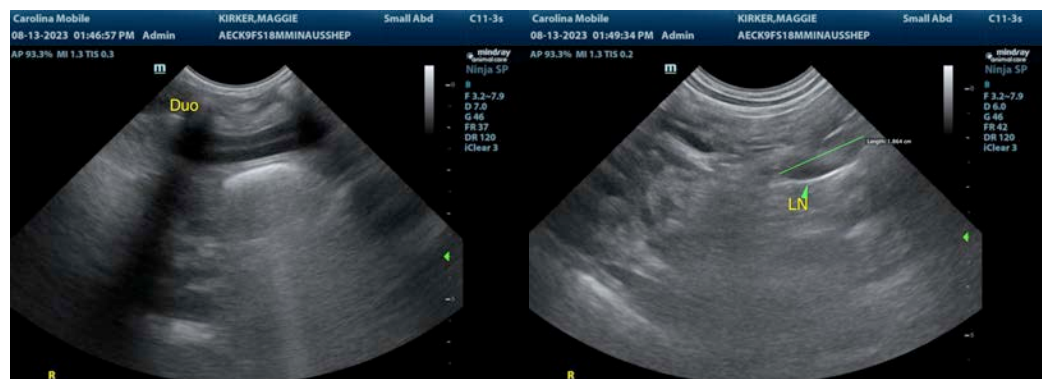
Dr. Sparks

**INVOICE**

44626

**DATE**

8/13/23





**PATIENT**

Maggie Kirker

**SPECIES**

Canine

**BREED**

Mini Australian Shepherd

**SEX**

Spayed Female

**AGE**

18 Months

**WEIGHT**

13.9 kg

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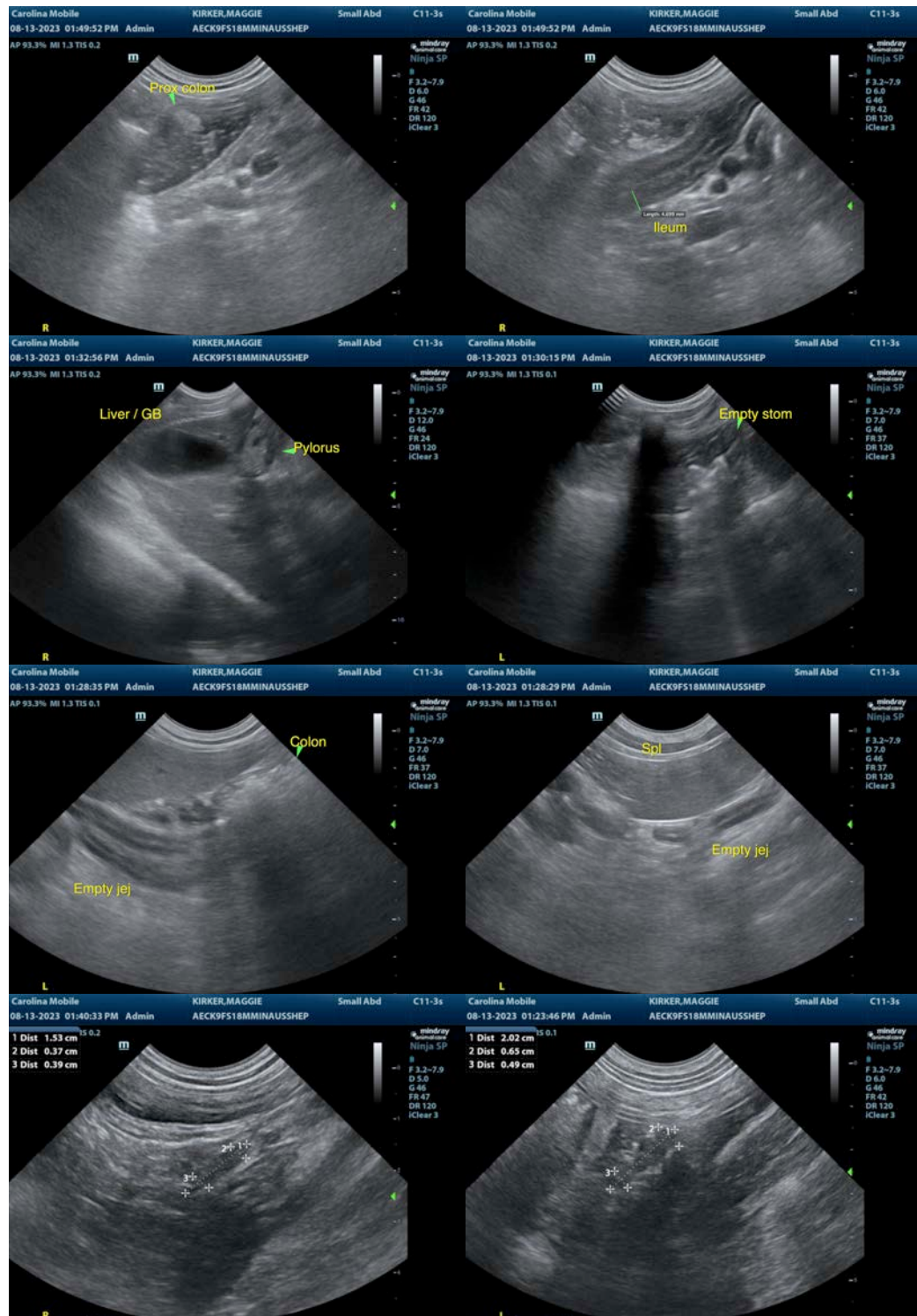
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**INVOICE**

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**DATE**

8/13/23





**PATIENT**

Maggie Kirker

**SPECIES**

Canine

**BREED**

Mini Australian  
Shepherd

**SEX**

Spayed Female

**AGE**

18 Months

**WEIGHT**

13.9 kg

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**DATE**

8/13/23

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)**

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