



**PATIENT PRESENTING CLINICAL SIGNS**

Harley Burt

**SPECIES**

Canine

**BREED**

Chih/Corgi X

**SEX**

Neutered Male

S: Harley presented for evaluation after vomiting through Cerenia. He presented to BBVSH this morning for acute onset vomiting, lethargy and inappetence. He had a similar incident 8/4 which showed unremarkable rads and responded well to Cerenia. This morning Harley had radiographs, received Cerenia, and subcutaneous fluids. Vomiting through cerenia and continued inappetence R/O Gastroenteritis vs IBD vs foreign body vs endocrine vs other Pantoprazole 0.5mg/kg IV Q24 Patient had cerenia 1mg/kg 8/13 @ 11:30am  
Abnormal PE/Chem/CBC/UA Results: Abdominal palpation - slightly tense on cranial abdominal palpation but not overtly painful and no abnormalities palpated. Otherwise PE was unremarkable. Lab 17, lactate and baseline cortisol : Unremarkable Radiograph interpretation from this morning (just came in): 3 images of the abdomen are available for interpretation and are compared with that done on August 4, 2021. The detail in the abdomen is normal. The liver and spleen are normal. The stomach and small bowel are normal. The colon contains fluid and gas. There is scant radiopaque debris in the colon which is likely incidental. The kidneys and bladder are normal. The caudal thorax and TL spine are normal. The pelvis and hips are normal. Supportive care with IVF and GI meds overnight, fasted and was fed after ultrasound, no problems through afternoon and we will likely discharge this evening.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

1 Year

**WEIGHT**

7 kg

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.94 cm.

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 kidneys measured 4.6 cm each.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.43 cm at the caudal pole.

**Spleen**

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.

**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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Ryan

**INVOICE**

24702

**DATE**

8/14/21



**PATIENT**

**Gastrointestinal**

Harley Burt

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Gastric body wall measured 0.40 cm. Pylorus wall measured 0.42 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. Duodenum wall measured 0.38 cm. Jejunum wall measured 0.30 cm.

**BREED**

Chih/Corgi X

Normal visible colon wall layers were present with subjective mild semiformal to soft feces present. Descending colon wall measured 0.22 cm.

**SEX**

Neutered Male

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.

**AGE**

1 Year

Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 0.31 cm. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No effusion.

**WEIGHT**

7 kg

**ULTRASONOGRAPHIC FINDINGS**

- Gastritis/gastroenteritis with minor gastric stasis – potentially resolving
- Intermittent minor reactive mesenteric lymph nodes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No signs of gastrointestinal mechanical obstruction, foreign material or pancreatitis. Potential for low-grade to resolving pancreatitis (which may present sonographically normal) is possible given the tense cranial abdomen palpation, but no signs of significant or active pancreatitis. Possible dietary indiscretion or other causes of acute gastrointestinal insult may be possible. As-needed supportive care for gastritis/gastroenteritis indicated. Potential for underlying inflammatory bowel may be considered if persistent or recurring gastrointestinal signs.

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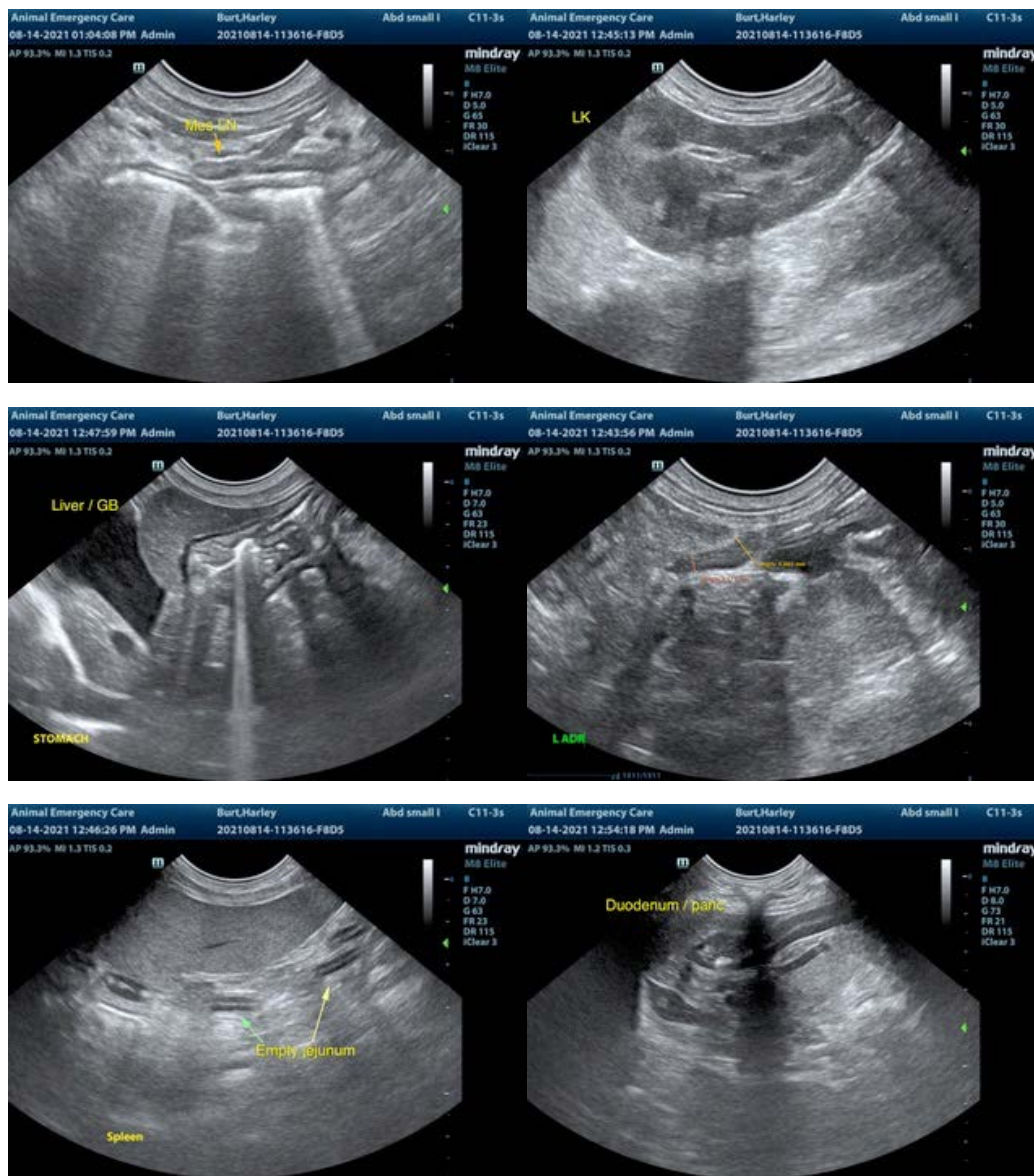
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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