



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Heidi Frank	diarrhea and some vomiting for 4 days. Is keeping some food down
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings lab work pending
Canine	Current Medications cerenia Radiographic Findings normal lateral and VD with exception of thickened small intestinal mucosa
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Terrier Mix	<b>Urinary System</b>
<b>SEX</b>	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 was noted.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
12 years	
<b>WEIGHT</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 cm in length.
16.2 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.55 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 1.8 cm length x 0.42 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Sara Hansen	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple, nondisruptive, well-demarcated, hyperechoic nodules were present throughout the cranial to caudal parenchyma with an example measuring 0.54 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The nodules were consistent with benign myelolipomas.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Q Street AH	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
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<b>INVOICE</b>	
14863	
<b>DATE</b>	
8/18/23	



**PATIENT**

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.

Heidi Frank

**SPECIES**

***Gastrointestinal***

Canine

The stomach presented overtly normal intact wall layering. The stomach contained a mild amount of nonshadowing ingesta / chyme and mild luminal gas. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. The gastric body wall width measured 0.34 cm.

**BREED**

Terrier Mix

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 0.45 cm width. The jejunum wall measured 0.3 cm width.

**SEX**

FS

The colon exhibited sonographically unremarkable wall layering. The colon appeared to be primarily empty with mild luminal gas.

**AGE**

12 years

***Pancreas***

**WEIGHT**

16.2 lbs.

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.

**INTERPRETED BY**

***Free Abdomen***

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

No overt lymphadenopathy or peritoneal effusion was present.

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

Sara Hansen

- Structurally unremarkable gastrointestinal tract with mild nonshadowing gastric ingesta / chyme
- Normal pancreas
- Mild age-related renal changes
- Benign splenic nodules

**HOSPITAL NAME**

Q Street AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Sonographically, there was no evidence of visceral pathology, specifically no evidence of gastroenterocolic structural pathology or obstructive pattern.

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At times, the gastroenterocolic sonographic presentation may not correlate with recent history of gastrointestinal signs. Considerations may include dietary indiscretion / food intolerance, dysbiosis, inflammatory bowel episode vs. emerging IBD, infectious disease, occult parasitism, occult Addison's Disease, infiltrative neoplasia (considered unlikely), or other. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and screening resting cortisol level, although the bilateral adrenal glands appear to be sonographically normal.

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Heidi Frank

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

FS

**AGE**

12 years

**WEIGHT**

16.2 lbs.

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Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

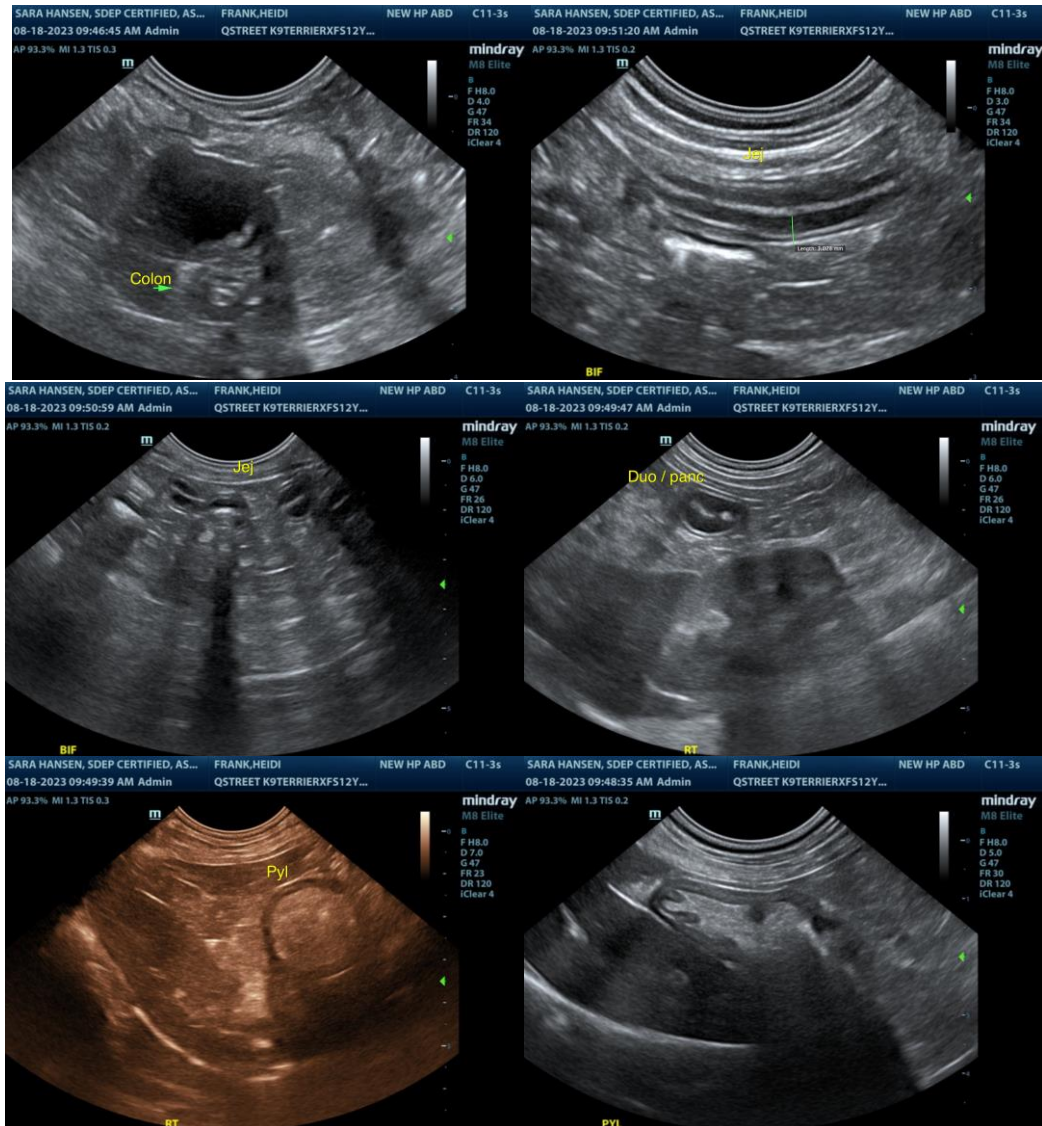
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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial with consideration for possible adverse effects on normal gastrointestinal flora and as needed gastrointestinal support with an assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.





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**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

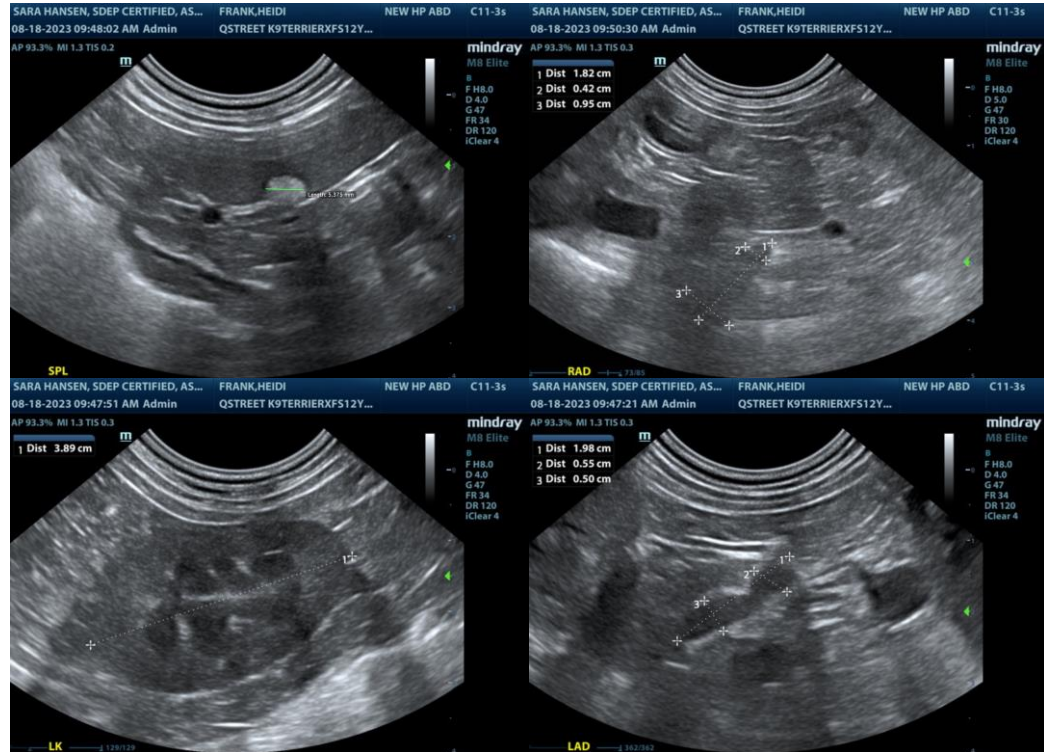
FS

**AGE**

12 years

**WEIGHT**

16.2 lbs.



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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)**  
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