

**PATIENT**

Buddy Cooper

**SPECIES**

Canine

**BREED**

Cocker Mix

**SEX**

MN

**AGE**

6yr

**WEIGHT**

15lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**

Family Pet Practice

**INVOICE**

11416ag

**DATE**

08/19/2022

**PRESENTING CLINICAL SIGNS**

JC Notes: Per O P had diarrhea monday, vomited bile tuesday. Reduced appetite Monday, Tuesday this week, eat better wednesday and yesterday but not all of food. Per O behavior is back to normal. O reports over the past couple of years P has gradually become a more picky eater. O does give steak and other table food, reviewed risk for pancreatitis, GI upset. AFH notes: Per owner patient hasn't eaten well since Monday. Vomiting once a day, mainly bile with grass. Patient has possibly not had a bowel movement for past 3 days. Patient getting steak from male owner. Not lethargic, still wanting to be active per owner. No other concerns.

Abnormal PE/Chem/CBC/UA Results: Please see attached labs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 4.1 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was normal measuring 1.0 cm in diameter.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width 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.

**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.36 cm in width.

**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. The duodenum wall measured 0.42 cm in width. The jejunum wall measured 0.33 cm in width.

**BREED**

Cocker Mix

Normal visible colon wall layers were present with apparent soft to semi formed feces in lumen. The descending colon wall measured 0.2 cm in width.

**Pancreas**

The pancreas was normal in size and contour with subtly heterogeneous to hypoechoic parenchyma compared to adjacent omentum.

**SEX**

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

6yr

**ULTRASONOGRAPHIC FINDINGS****WEIGHT**

15lb

- Overtly normal GI tract with minor retained gastric chyme
- Minor heterogeneous pancreas
- Mild to possibly resolving colitis pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

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

Overall, no evidence of significant abdominal visceral pathology was present in this study as a definitive cause of the patient's clinical signs. Considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease, low grade pancreatitis, resolving acute gastroenterocolic episode or other.

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A spec cPL or GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 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.

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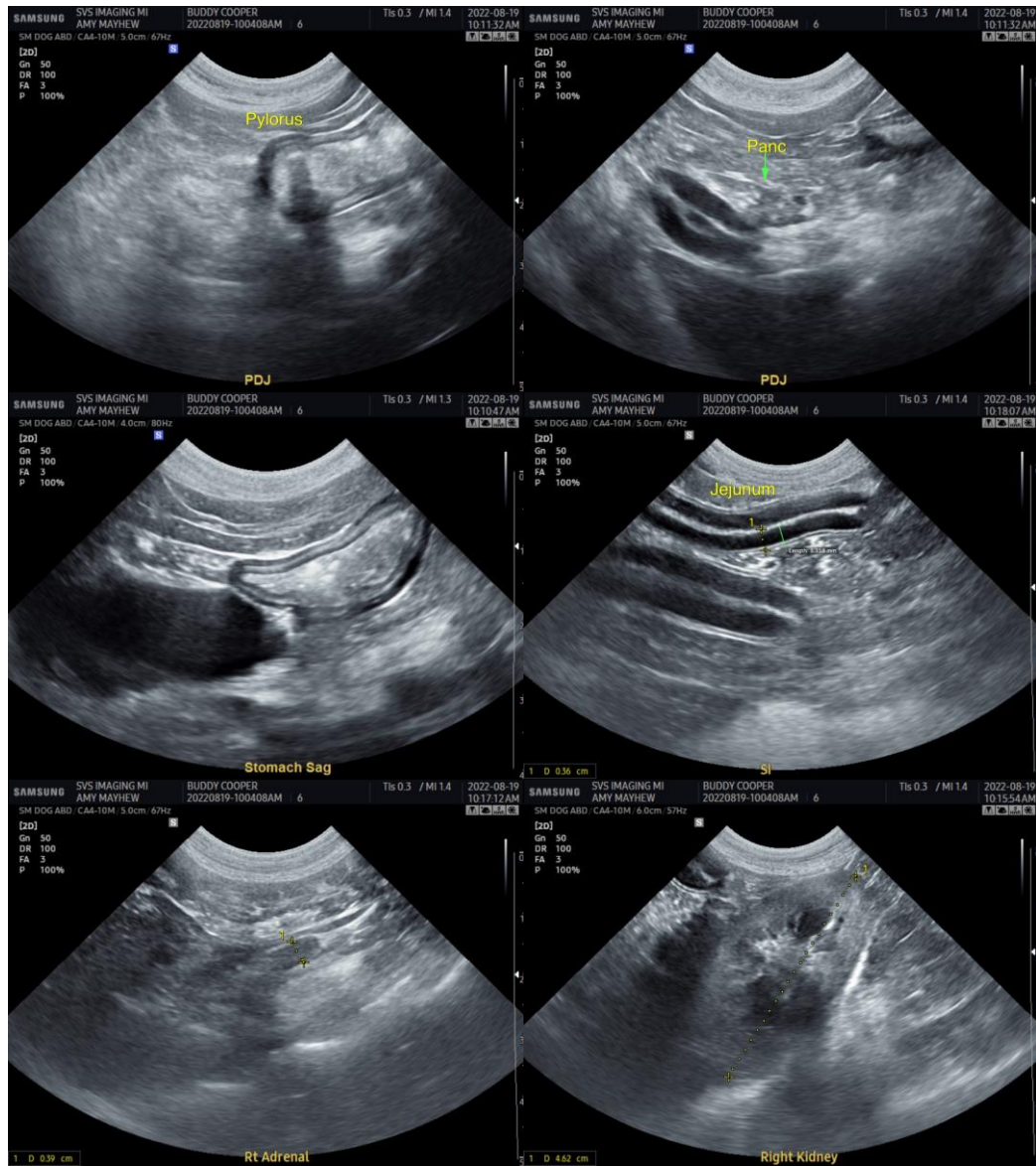
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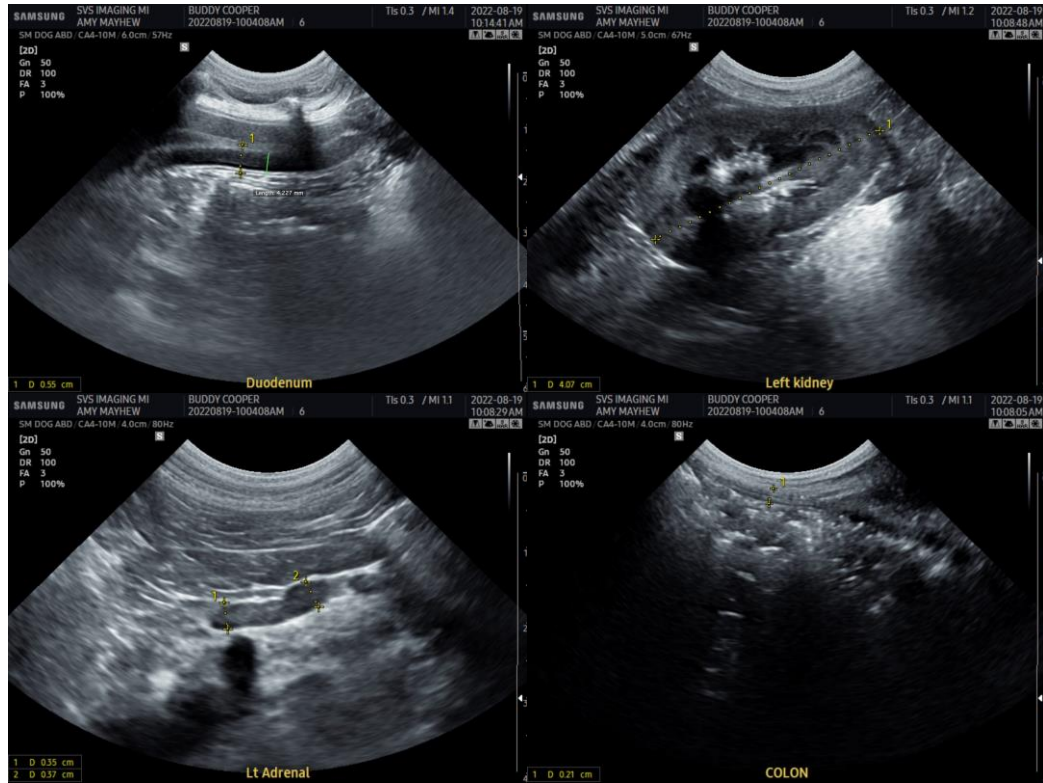
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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