



PATIENT	PRESENTING CLINICAL SIGNS
Tinkerbelle Schwarzin	Patient not wanting to eat, having to be force fed. Having bowel movements, occasional vomiting after eating. Vomiting mostly bile.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Recent CBC unremarkable. Chem – ALP 18, otherwise unremarkable. Recent PCV 51%
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Boxer	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
Spayed Female	The area of the aortic trifurcation was free of pathology.
AGE	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 6.4 cm. The right kidney measured 6.9 cm.
8 Years	
WEIGHT	Adrenal Glands
Unknown	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.55 cm at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.38 cm at the caudal pole.
INTERPRETED BY	Spleen
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.
IMAGING PERFORMED BY	Liver
Heidi Putnam	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.
HOSPITAL NAME	Gastrointestinal
Linn Vet Hospital	The stomach exhibited regional thickened to distorted walls with loss of distinct wall layering and associated retained mixed echogenic ingesta and fluid as well as luminal gas. Gastric body wall within the area of gastric mural hypertrophy measured up to 2.0 cm in width.
REFERRING VET	The visualized 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. Jejunum wall measured 0.34 cm.
Dr. Braat	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	
24846	
DATE	
8/20/21	



PATIENT *Pancreas*

Tinkerbelle Schwarzin

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

SPECIES

Canine

Free Abdomen

Generalized reactive peripancreatic, perigastric and mid to cranial abdominal mesentery. Minor peritoneal free fluid was present.

BREED

Boxer

At least one mildly prominent yet homogeneous cranial omental lymph node noted caudal to the mid to left liver margins measuring 1.1 cm diameter.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

8 Years

- Thickened to distorted regional stomach walls with loss of discernable wall layering and associated stasis.
- Associated regional perigastric to cranial abdominal peritonitis and focal lymphadenopathy
- Possible concurrent mild active to chronic active pancreatitis

WEIGHT

Unknown

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The appearance of the stomach is most consistent with neoplasia such as adenocarcinoma, leiomyoma/leiomyosarcoma, lymphoma, or other. Potential for severe non-specific gastritis is considered a less likely differential diagnosis. The focal lymphadenopathy may indicate associated reactive lymphadenitis with primary concern for metastatic lymphadenopathy. Additionally, the possibility of regional perigastric omental seeding cannot be definitively excluded. Gastric biopsies would be indicated for definitive diagnosis and potential for oncology consult. Empirically, gastroprotectants/antiemetic medications and slurried novel protein or hydrolyzed diet may be considered. 3-view chest radiographs recommended.

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Linn Vet Hospital

REFERRING VET

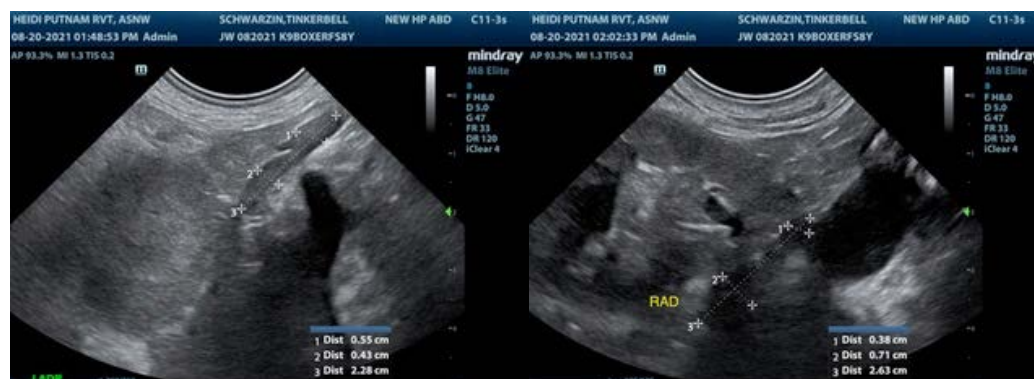
Dr. Braat

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PATIENT

Tinkerbelle Schwarzin

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

8 Years

WEIGHT

Unknown

INTERPRETED BY

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

IMAGING PERFORMED BY

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PATIENT

Tinkerbelle Schwarzin

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.

SPECIES

Canine

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.

BREED

Boxer

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Spayed Female

AGE

8 Years

WEIGHT

Unknown

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Heidi Putnam

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