



**PATIENT**

Snowball Gard

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

MN

**AGE**

9yr

**WEIGHT**

40kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan /Animal  
Emergency Care

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Loeffler/Animal  
Emergency Care

**INVOICE**

14662ag

**DATE**

08/20/2023

**PRESENTING CLINICAL SIGNS**

Presented on 8/18 for breathing rapidly. 4 days ago he didn't eat breakfast (very unusual) and vomited a little liquid. Hasn't been eating well for past week but eating fine on 8/18. No diarrhea or coughing. Was sent home with supportive outpatient care Sat morning but Sat evening no improvement and had episode of "sinking down in hind" and owner thought he was going to pass away

Abnormal PE/Chem/CBC/UA Results: CBC/Chem panel normal Radiographs 8/18 showed gastric contents in fundus but he had eaten, and repeated on 8/19 still full but again, had eaten at home. Diminished intervertebral disk space LS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 8.0 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

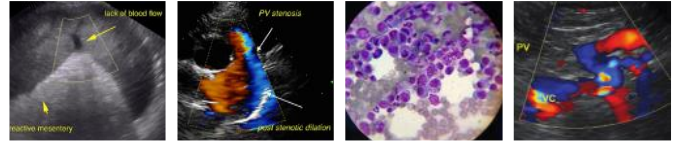
The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland measured 0.53 cm width at the caudal pole.

**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/Gallbladder**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with moderate non-organized hyperechoic sediment. The cystic and common bile ducts were normal.



**PATIENT**

**Gastrointestinal**

Snowball Gard

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained anechoic to echogenic fluid as well as mild hyperechoic non-shadowing non-specific ingesta with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.52 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 0.52 cm width. The jejunum wall measured 0.40 cm width.

**BREED**

Husky Mix

Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.

**Pancreas**

**SEX**

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.

MN

**AGE**

**Free Abdomen**

9yr

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

40kg

- Mild distended stomach with fluid / ingesta - probable metabolic / functional gastric stasis
- Sonographically normal small bowel
- Semi formed / soft fecal matter in proximal colon

**INTERPRETED BY**

**Secondary**

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

- Gallbladder sediment (non-mucocele)

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Callihan /Animal  
Emergency Care

No sonographic evidence of significant visceral pathology i.e. neoplastic criteria, mechanical gastrointestinal obstruction or overt gastrointestinal foreign body. Nonspecific gastritis / possible emerging gastroenteritis is suspected. A screening resting cortisol level is suggested. Gastroprotectant protocol Omeprazole 1 mg/kg PO SID and dietary therapy over next 2-3 weeks with assessment of response may prove beneficial. Recheck sonogram is suggested if progressive gastrointestinal signs.

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

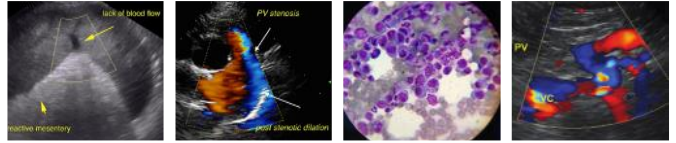
Dr. Loeffler/Animal  
Emergency Care

**INVOICE**

14662ag

**DATE**

08/20/2023



**PATIENT**

Snowball Gard

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

MN

**AGE**

9yr

**WEIGHT**

40kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan /Animal  
Emergency Care

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

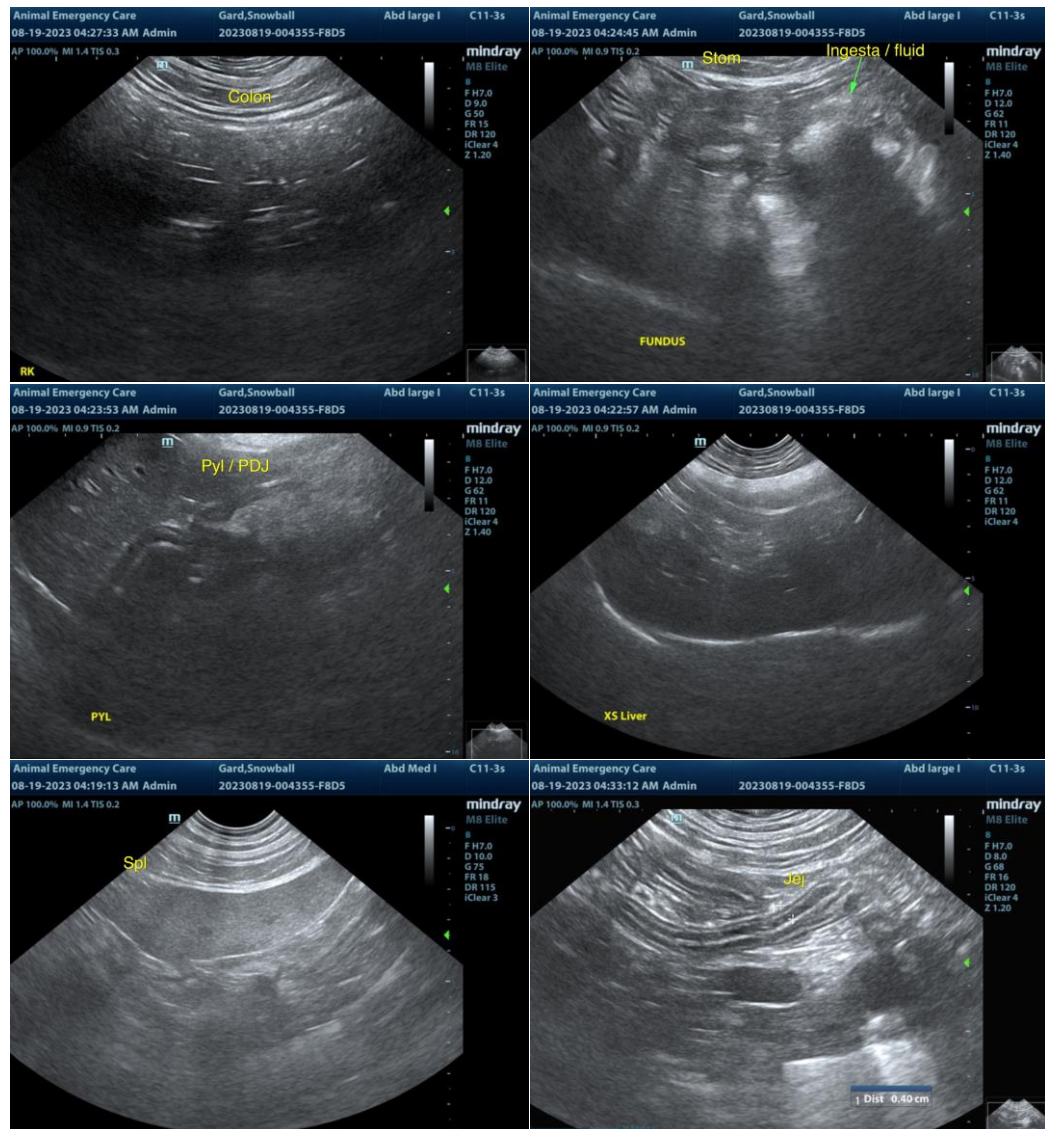
Dr. Loeffler/Animal  
Emergency Care

**INVOICE**

14662ag

**DATE**

08/20/2023





**PATIENT**

Snowball Gard

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

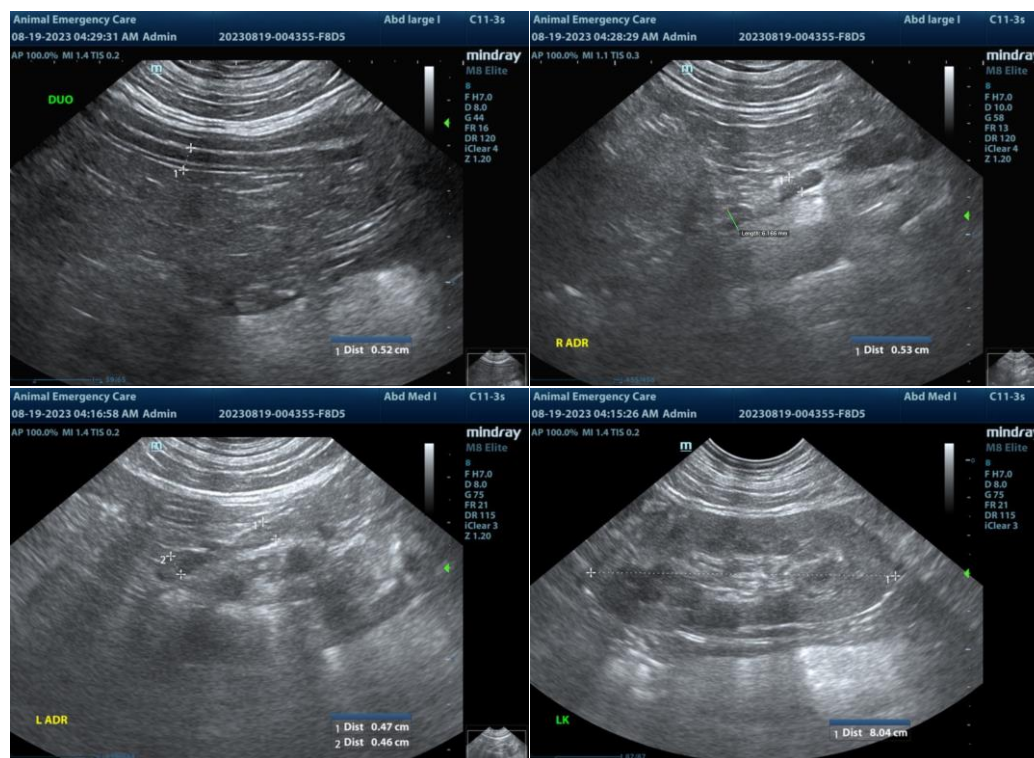
MN

**AGE**

9yr

**WEIGHT**

40kg



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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Dr. Callihan /Animal  
Emergency Care

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Loeffler/Animal  
Emergency Care

**INVOICE**

14662ag

**DATE**

08/20/2023