



PATIENT PRESENTING CLINICAL SIGNS

Little Jerry Seinfeld
Hagan

History: - 4 day history of loose stool - 2 days history of vomiting, lethargy Current Medications metronidazole Radiographic Findings lack of serosal detail

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Boston Terrier

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

MN

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 5.1 cm in length. The right kidney measured 5.3 cm in length.

AGE

5yr

WEIGHT

21.6lb

The area of the aortic trifurcation was free of pathology.

The residual prostate was free of pathology measuring 0.78 cm in diameter.

Adrenal Glands

INTERPRETED BY

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 0.64 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.72 cm width at the caudal pole and 1.6 cm length.

IMAGING PERFORMED BY

Jenna Walsh CVT

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.

HOSPITAL NAME

Willakenzie Animal
Clinic

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.

REFERRING VET

Dr. Fischer

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Gastrointestinal

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

DATE

08/22/2022



PATIENT	The small intestine presented intact wall layering with segmental prominent mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.51 cm in width. The jejunum wall measured 0.45 cm in width.
Little Jerry Seinfeld Hagan	
SPECIES	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.23 cm in width.
Canine	
BREED	Pancreas
Boston Terrier	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.
SEX	Free Abdomen
MN	No overt lymphadenopathy or peritoneal effusion was present.
AGE	
5yr	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
21.6lb	<ul style="list-style-type: none">Mild gastric ingesta/chymeMildly prominent small bowel wallsMild colitis pattern
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The appearance of the GI tract is suggestive of underlying inflammatory process. No evidence of GI mechanical obstruction pattern or foreign material was noted. The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, infectious disease, enterotoxin, emerging inflammatory bowel disease w or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia is recommended.
IMAGING PERFORMED BY	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.
Jenna Walsh CVT	
HOSPITAL NAME	No evidence of active pancreatitis was observed.
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HOSPITAL NAME

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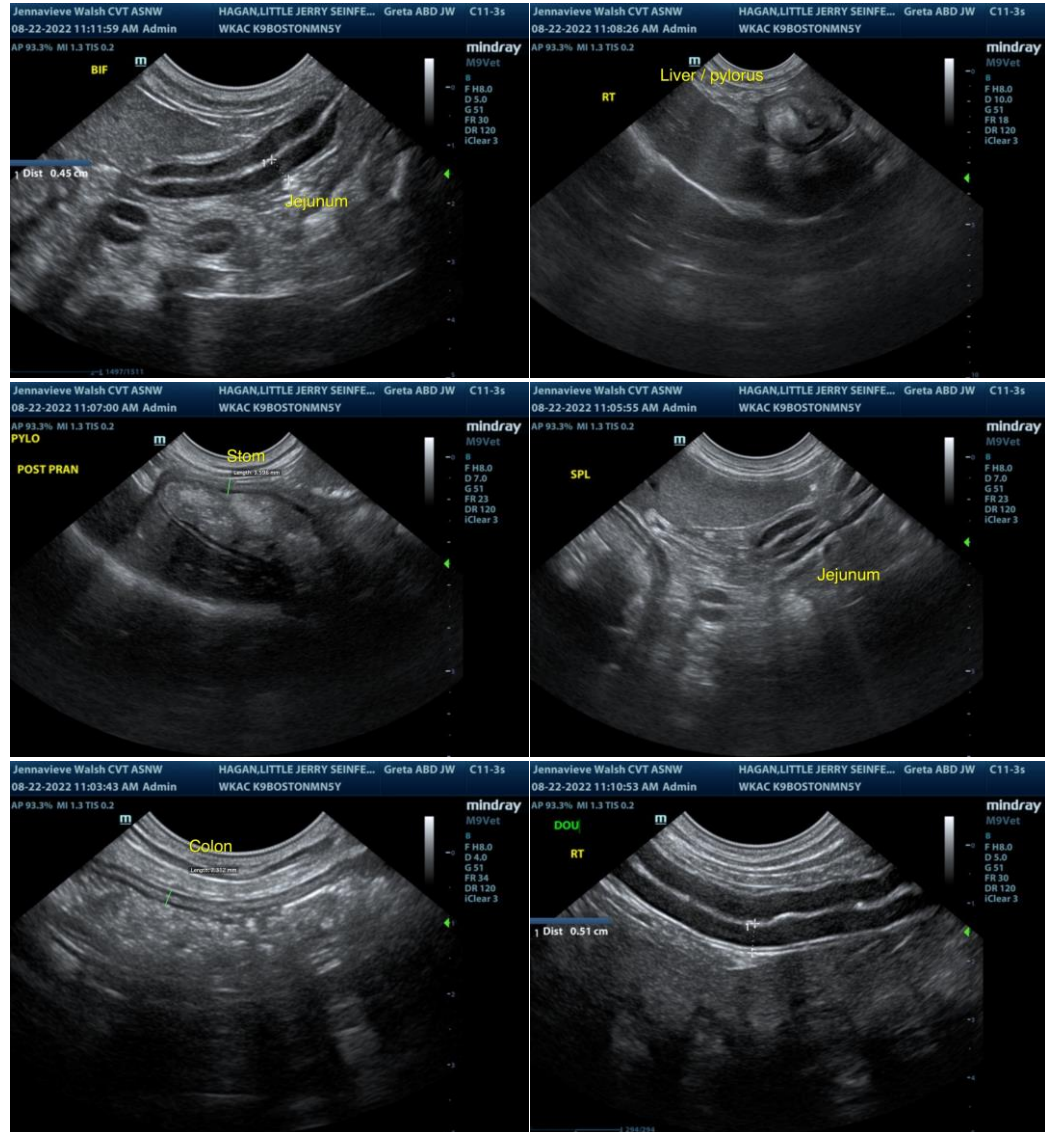
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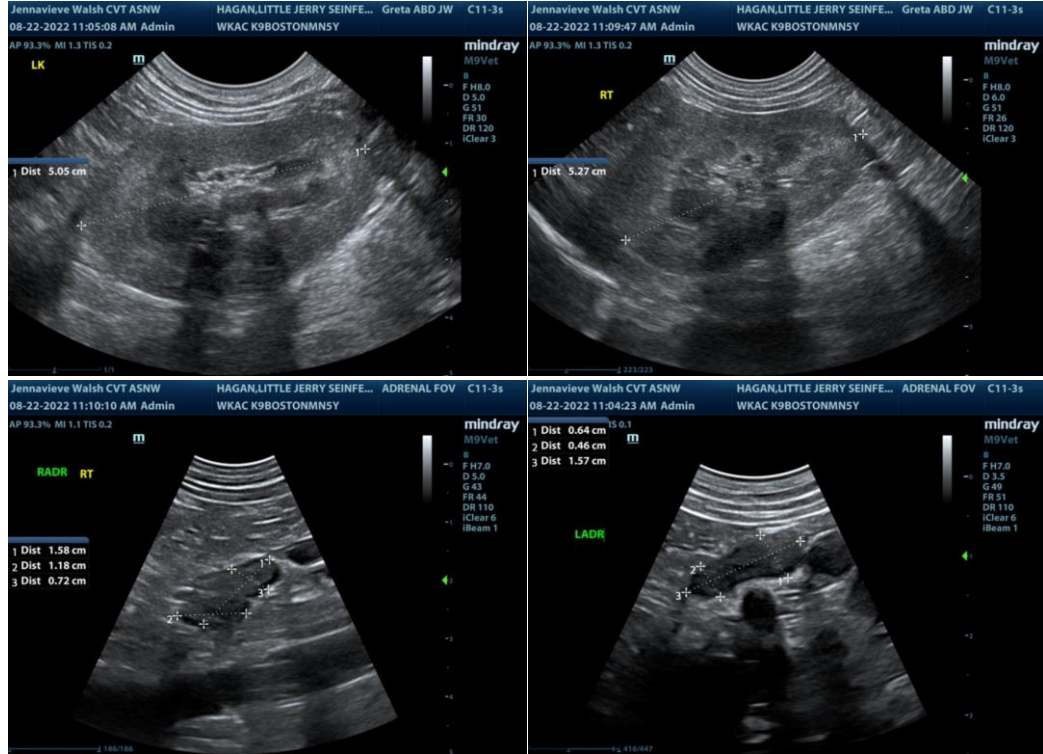
Dr. Fischer

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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