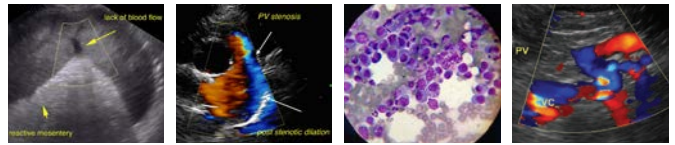


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Nibbles Zimmerli	P presents for work up of chronic weight loss despite good appetite. Chem 27/CBC/PSL/UA/T4 were performed at previous vet, with only minor abnormalities. 3 view chest/abdominal rads had no significant findings. BCS 2.5/9
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: Mild hyperkalemia (5.6 mEq/L), low NA/K ratio (26), mildly high Precision PSL (250 U/L), USG 1.028, mild thrombocytosis ( $587 \times 10^3/uL$ ), mild increase in SDMA (14.2 ug/dL), Creatinine 1.2 mg/dL, BUN 22 mg/dL. NSF on rest Fecal OP negative
<b>BREED</b>	
Miniature Pinscher X	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
Spayed Female	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 were noted.
<b>AGE</b>	No evidence of pathology in the area of the uterine remnant or bilateral ovaries.
16	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
11.6 Pounds	Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm. The right kidney measured 3.9 cm.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The adrenal glands were not definitively visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Saum Hadi	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Nimbus Pet Hospital	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 gallbladder sediment. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Saum Hadi	
<b>INVOICE</b>	
44963	
<b>DATE</b>	
8/26/23	



**PATIENT**

***Gastrointestinal***

Nibbles Zimmerli

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction.

**SPECIES**

Canine

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Mild segmental hyperechoic intestinal mucosal speckling noted. Segmental similar appearing non-shadowing intestinal ingesta/chyme. No obstructive pattern. No evidence of overt or significant peritoneal effusion, lymphadenopathy or masses.

**BREED**

Miniature Pinscher X

Normal visible colon wall layers were present with subjective semi formed feces in lumen.

**SEX**

***Pancreas***

Spayed Female

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.

**AGE**

16

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

11.6 Pounds

- Mild non-shadowing gastric ingesta/chyme
- Intact small bowel wall exhibiting non-specific segmental hyperechoic mucosal speckling
- Semiformed fecal matter in colon
- Sonographically unremarkable pancreas
- Moderate gallbladder sediment – not consistent with mucocele criteria.
- Bilateral chronic renal changes

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of gastrointestinal ingesta is suspected to indicate recent meal ingestion if documented NPO. Potentially some degree of gastrointestinal non-obstructive hypomotility or inefficient peristalsis could be considered. The non-specific intestinal mucosal speckling, although not definitive, may suggest underlying enteropathy or non-specific enteritis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assessment for competitive eating environments or caloric plane, if clinically indicated, may be considered. No evidence of intraabdominal neoplastic criteria.

**IMAGING PERFORMED BY**

Dr. Saum Hadi

**HOSPITAL NAME**

Nimbus Pet Hospital

**REFERRING VET**

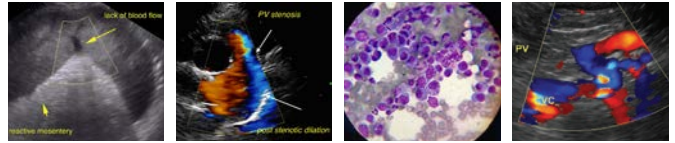
Dr. Saum Hadi

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**DATE**

8/26/23



**PATIENT**

Nibbles Zimmerli

**SPECIES**

Canine

**BREED**

Miniature Pinscher X

**SEX**

Spayed Female

**AGE**

16

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Saum Hadi

**HOSPITAL NAME**

Nimbus Pet Hospital

**REFERRING VET**

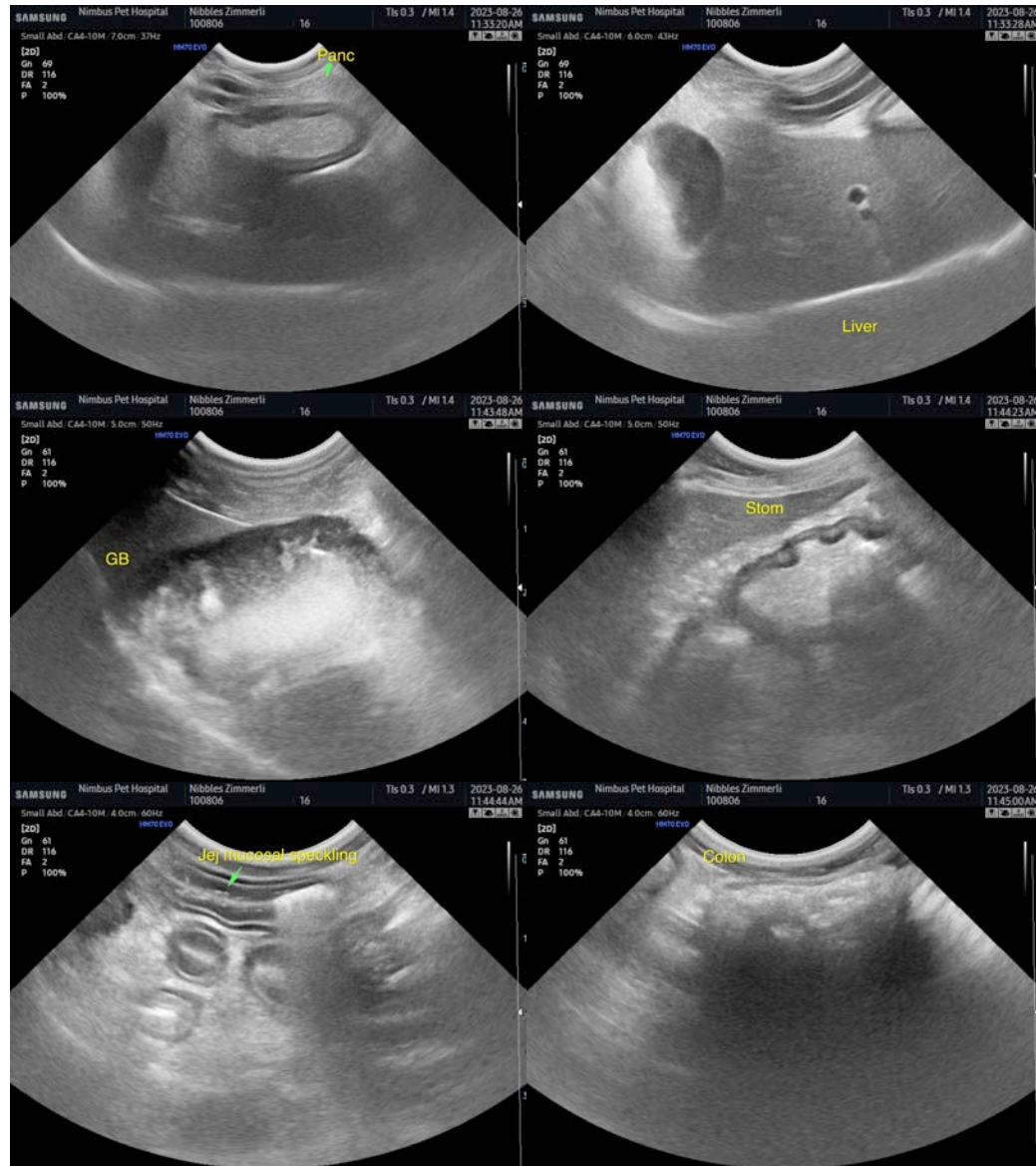
Dr. Saum Hadi

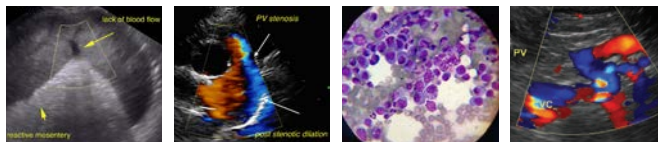
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**DATE**

8/26/23





**PATIENT**

Nibbles Zimmerli

**SPECIES**

Canine

**BREED**

Miniature Pinscher X

**SEX**

Spayed Female

**AGE**

16

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
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**IMAGING PERFORMED BY**

Dr. Saum Hadi

**HOSPITAL NAME**

Nimbus Pet Hospital

**REFERRING VET**

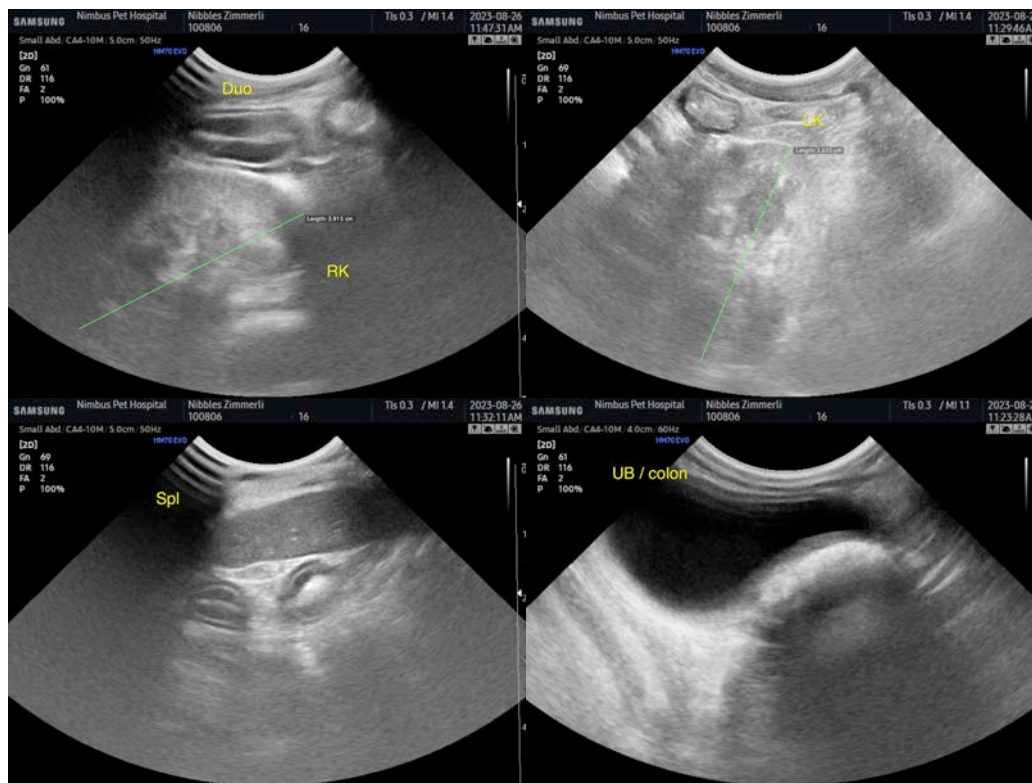
Dr. Saum Hadi

**INVOICE**

44963

**DATE**

8/26/23



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