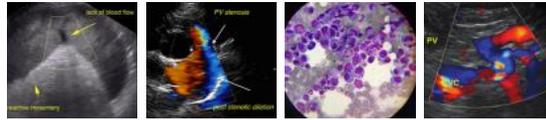


PATIENT	PRESENTING CLINICAL SIGNS
Toledo Carmichael	Vomiting despite dietary trial-r/o hypomotility, mega esophagus, MG, dietary indes, anatomic defect, allergies, open
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
Havanese	
SEX	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 3.7 cm in length. The right kidney measured 4.1 cm in length.
MI	
AGE	The area of the aortic trifurcation was free of pathology.
7mo	The prostate was of expected presentation for a young intact male canine.
WEIGHT	Adrenal Glands
12.3lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 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 0.41 cm width at the caudal pole and 1.7 cm length.
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
Sara Hansen	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
Pawsitive Wellness Veterinary Care	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.36 cm in width.
REFERRING VET	
Dr. Hardy	
INVOICE	
11477ag	
DATE	
08/29/2022	



PATIENT

Toledo Carmichael

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 0.30 cm in width. The jejunum wall measured 0.30 cm in width. No evidence of small intestinal mural pathology.

SPECIES

Canine

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

BREED

Havanese

Pancreas

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

MI

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

7mo

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal abdomen

WEIGHT

12.3lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant abdominal visceral pathology (specifically gastrointestinal) was present in this study as a definitive cause of the patient's clinical signs. No evidence of gastric distention with retained ingesta, fluid or foreign material or pyloric outflow obstruction was noted. No small intestinal mural pathology was noted.

INTERPRETED BY

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

Empirically, a limited antigen or hydrolyzed diet slurry feeding BID-TID over the next 2-4 days increasing to bland canned diet BID along with gastric protectants and avoidance of dry food over the next 3 weeks with clinical reassessment would be reasonable. If no evidence of pathology on three view radiographs and continued vomiting, upper GI endoscopy may be indicated.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pawsitive Wellness
Veterinary Care

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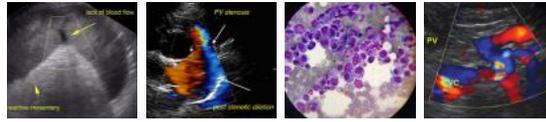
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PATIENT

Toledo Carmichael

SPECIES

Canine

BREED

Havanese

SEX

MI

AGE

7mo

WEIGHT

12.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pawsitive Wellness
Veterinary Care

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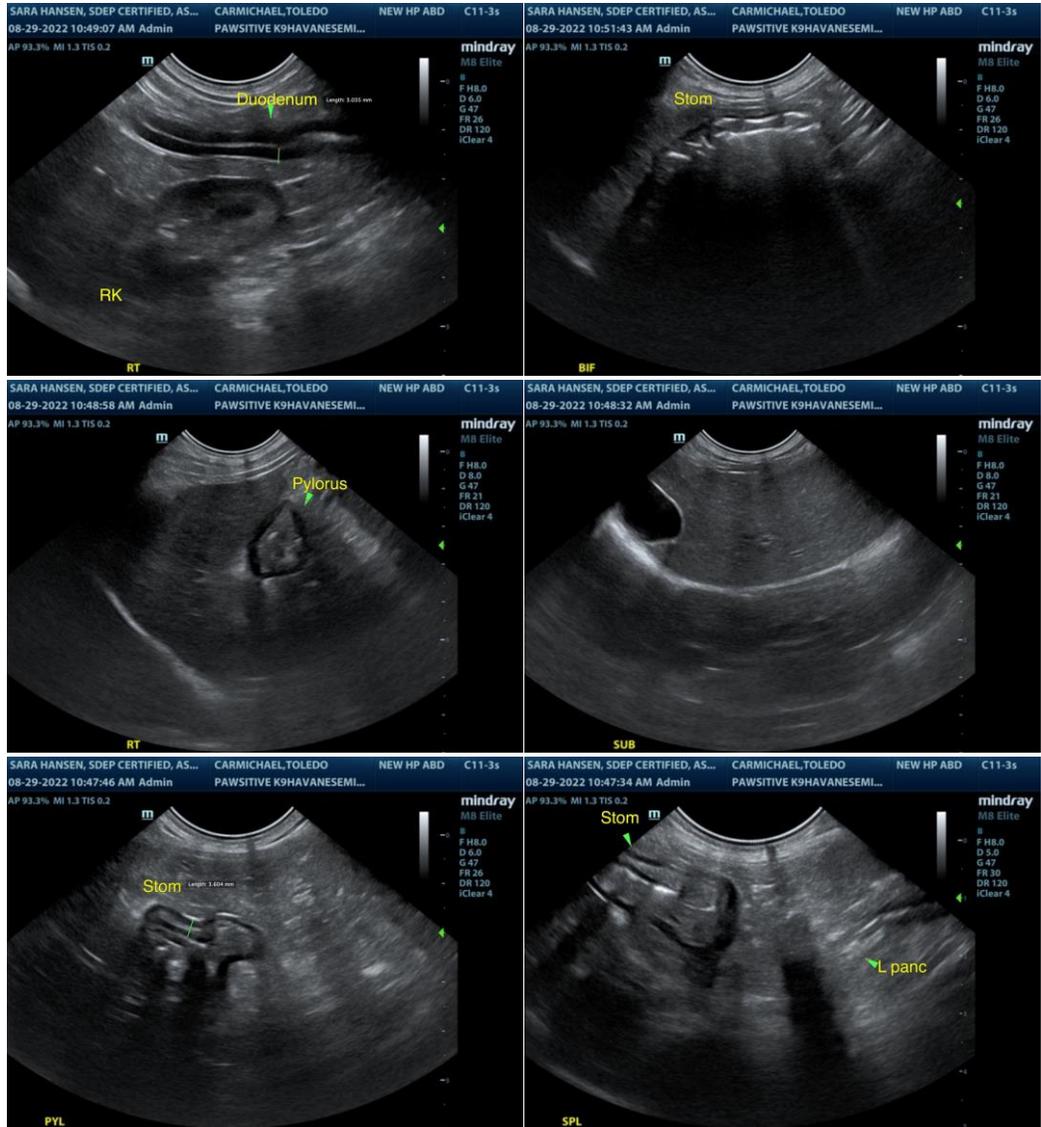
Dr. Hardy

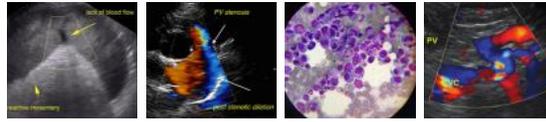
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PATIENT

Toledo Carmichael

SPECIES

Canine

BREED

Havanese

SEX

MI

AGE

7mo

WEIGHT

12.3lb

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pawsitive Wellness
Veterinary Care

REFERRING VET

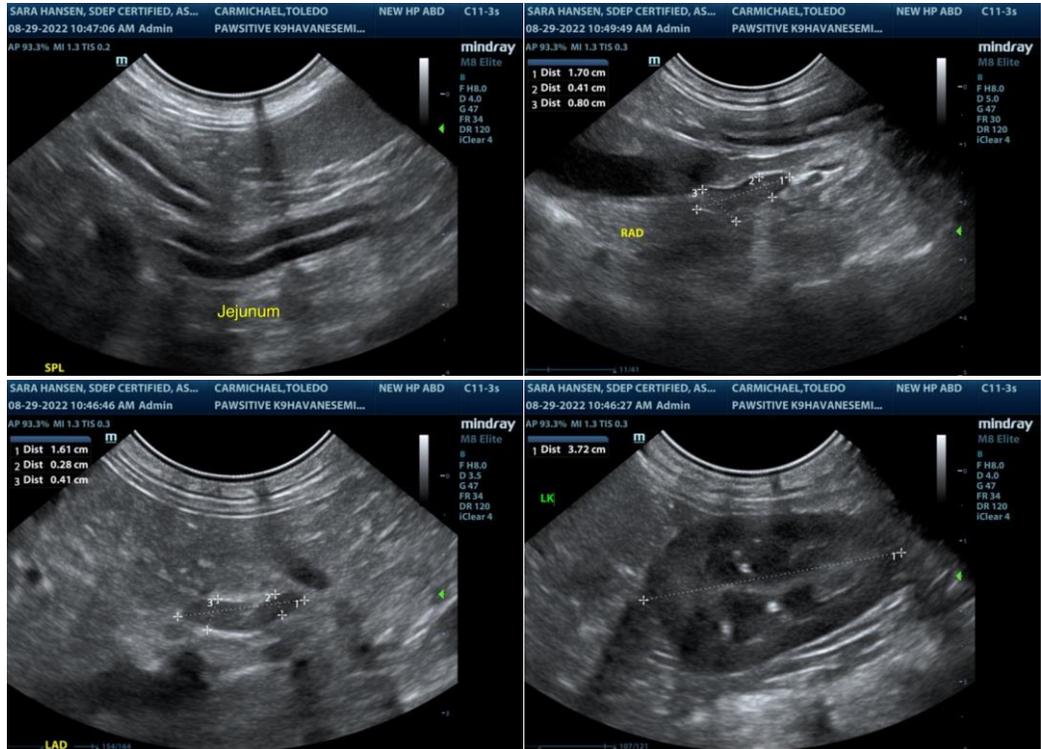
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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