



PATIENT

Khonshu Cabrera

SPECIES

Canine

BREED

Labradoodle

SEX

MI

AGE

5 months

WEIGHT

19.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sarah Barthelemy

HOSPITAL NAME

Healthy Paws
Forward Vet Hospital

REFERRING VET

Dr. Hen-Boisen

INVOICE

17120

DATE

8/31/22

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea intermittently since June. Periodic hyporexia. PE unremarkable, no abdo pain. Normal CBC and Chem. Fecal neg, giardia neg. Abnormal PE/Chem/CBC/UA Results: USG 1.014.

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 was noted.

The prostate gland was of expected size and presentation for a young intact male canine.

The area of the aortic trifurcation was free of pathology.

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 5.9 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

The left adrenal gland exhibited subjective mild subnormal size with normal position and shape, measuring 0.22 cm at the cranial pole and 0.25 cm at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole and 0.57 cm width at the cranial 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 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor potentially retained ingesta/chyme and pockets of luminal gas. The pylorus wall measured 0.54 cm.



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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 0.50 cm. The jejunum wall measured 0.30 cm.

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Normal visible colon wall layers were present with semi-formed to soft fecal matter, consistent with patient history.

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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 were evident.

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

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- Overtly normal gastrointestinal tract with mild gastric ingesta/chyme
- Intermittent benign mesenteric and medial iliac lymph nodes- hyperplasia, minor lymphadenitis potentially owing to inflammatory bowel or immunologic immaturity
- Sonographically unremarkable colon, containing semi-formed/soft fecal matter
- Subjective mild subnormal left adrenal gland- nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant gastroenterocolic pathology. At times the gastrointestinal presentation may not correlate with recurrent or present gastrointestinal signs. In patients with recurrent to intermittent gastrointestinal signs, considerations may include dietary intolerance/food hypersensitivity, occult parasitism, dysbiosis, structurally insignificant inflammatory bowel disease or other gastroenterocolonopathy. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to assess for or rule out occult Addison's disease.

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Empirically, a hydrolyzed diet trial with potential long term dietary therapy, empirical deworming (i.e., Panacur at 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks even with negative fecal and giardia testing, high colon count probiotic (such as Provable) and as needed gastrointestinal support with assessment of clinical response would be reasonable.

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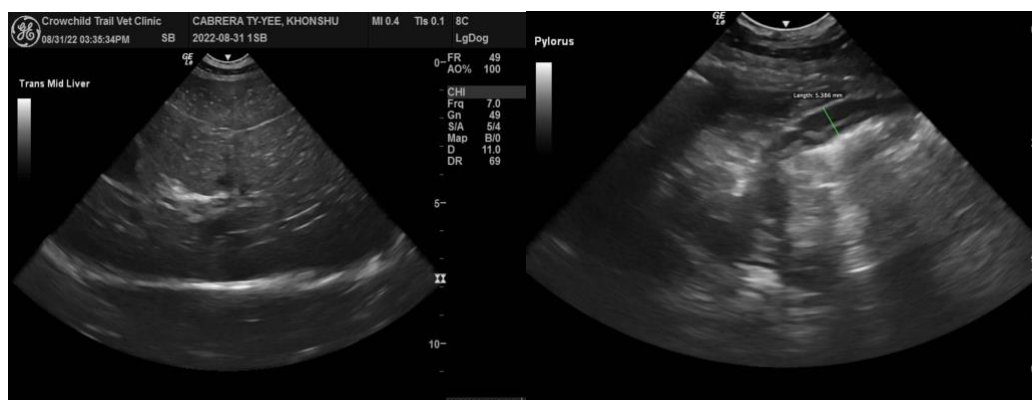
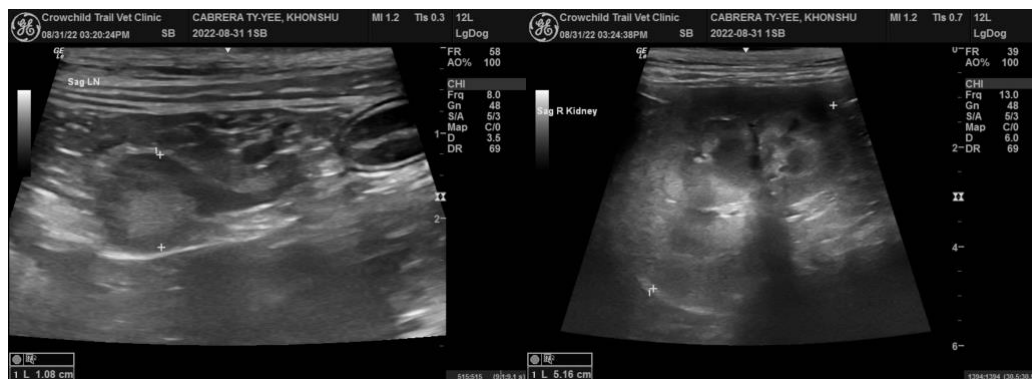
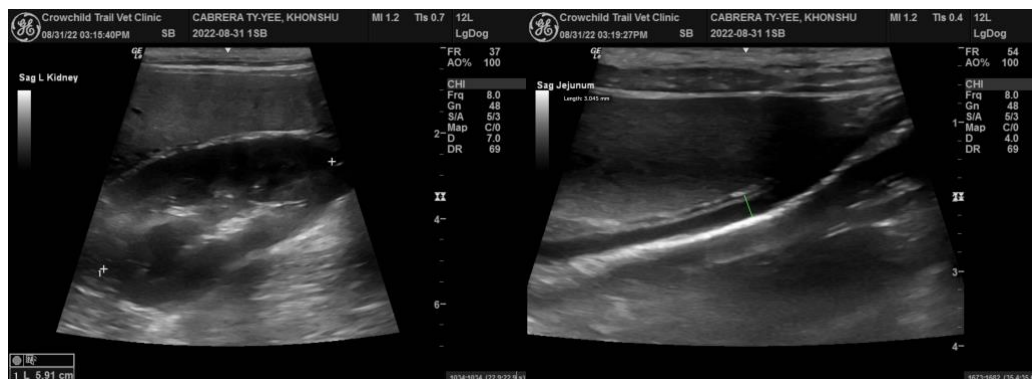
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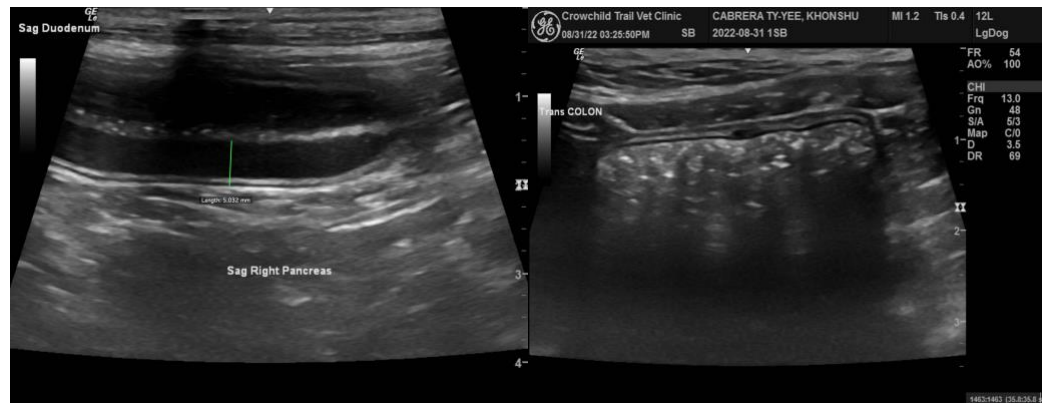
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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