

**PATIENT PRESENTING CLINICAL SIGNS**

**Phin Kerr** History: Highly anxious and very lean at time of scan. History of vomiting, occurs daily and usually in the morning before breakfast. Has tried a variety of foods and also switching to smaller and more frequent meals with minimal improvement. No meds.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: NAF

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shep x Husky Mix

**Urinary System**

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.

**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 6.2 cm in length. The right kidney measured 6.8 cm in length.

**AGE**

2yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

29.6kg

No evidence of pathology in the area of the residual prostate.

**Adrenal Glands**

Both adrenal glands were indistinctly visualized owing to patient confirmation and body condition. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland measured 0.45 cm width at the caudal pole.

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**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.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hespeler Animal  
Hospital

**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. Bhinder

**Gastrointestinal**

**INVOICE**

11308ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic ingesta with subtle progressive distal acoustic shadowing. The gastric body wall measured 0.43 cm in width. The pylorus wall measured 0.37 cm in width.

**DATE**

08/08/2022

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental mild ingesta/chyme with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.30 cm in width.



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

Phin Kerr **Pancreas**

**SPECIES**

Canine

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.

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Shep x Husky Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Sonographically unremarkable GI tract with mild gastric and segmental small intestine ingesta/chyme

**MN**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

No evidence of abdominal visceral specifically GI pathology as an obvious cause of the patient's vomiting was observed on this study.

2yr

Given reported pattern of vomiting potential bilious vomiting owing to empty stomach, dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other may be possible. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted.

**WEIGHT**

29.6kg

A late evening meal if not already instituted could be considered. A hydrolyzed diet trial and gastric protectant protocol as well as empirical deworming i.e. Panacur 50 mg/kg PO SID x 5 consecutive days and assessment of clinical response may prove beneficial.

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**REFERRING VET**

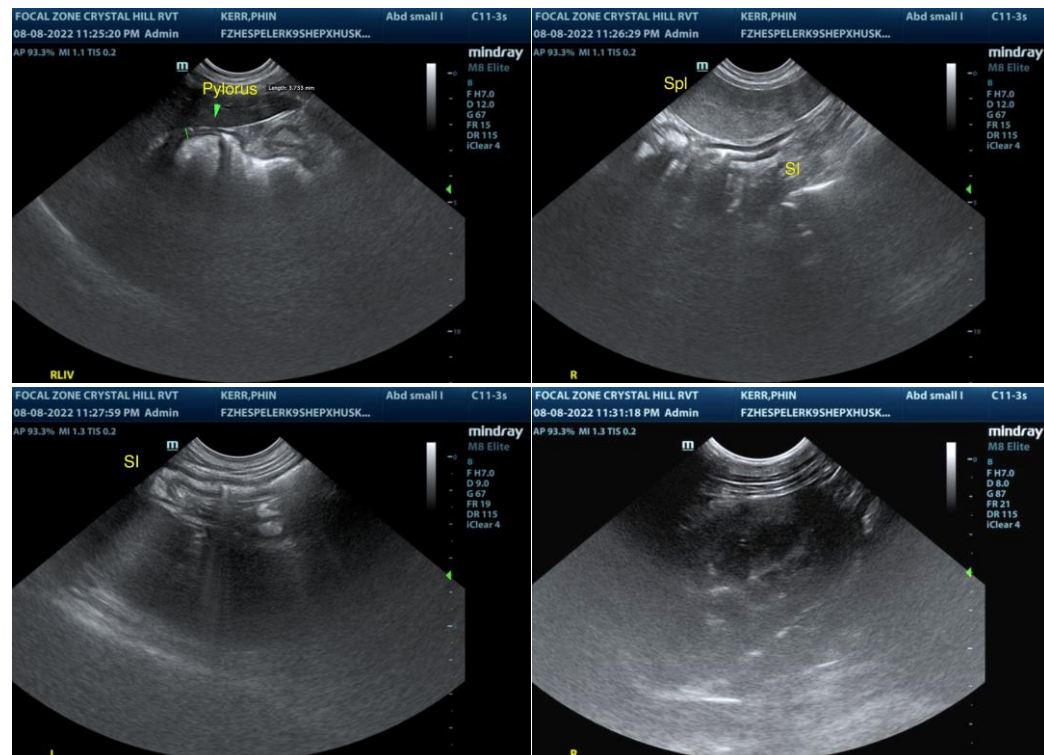
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**PATIENT**

Phin Kerr

**SPECIES**

Canine

**BREED**

Shep x Husky Mix

**SEX**

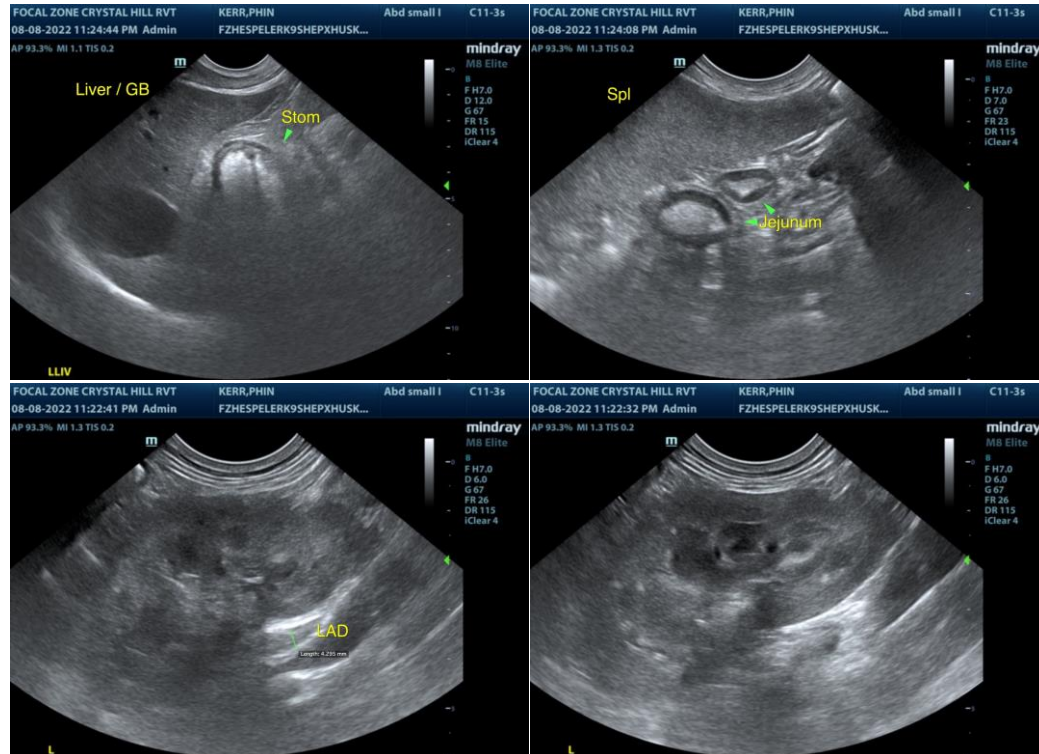
MN

**AGE**

2yr

**WEIGHT**

29.6kg



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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