



**PATIENT PRESENTING CLINICAL SIGNS**

Snoopy Brzozowski

Ultrasound done 3.23 for weight loss, reduced appetite, 'grass in stomach removed'. Currently seems painful, weight loss, thrombocytopenia, elevated total protein, decreased appetite. Medication: cerenia, entyce, gabapentin, SQF

**SPECIES**

Canine

**RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pekingese Mix

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.4 cm in length.

**AGE**

2012

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**WEIGHT**

13

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 1.7 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 2.0 cm length.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(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**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

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Clinic

**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 with mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

**REFERRING VET**

Stanglein

**Gastrointestinal**

**INVOICE**

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The stomach presented intact subjective mild prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.47 cm.

**DATE**  
08/08/2023

The small intestine presented intact subjective borderline to mild prominent wall layering with prominent mucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction



<b>PATIENT</b>	or foreign material. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.39 cm width. No evidence of loss of intestinal wall layering or intestinal masses.
Snoopy Brzozowski	Normal visible colon wall layers were present with segmental semi formed to soft feces in lumen.
<b>SPECIES</b>	<b><i>Pancreas</i></b>
Canine	The pancreas exhibited subjective mild prominent size with mild capsule asymmetry. Mild non-homogenous hypoechoic parenchyma was present compared to the adjacent omental fat.
<b>BREED</b>	<b><i>Free Abdomen</i></b>
Pekingese Mix	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>SEX</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
MN	<ul style="list-style-type: none"> <li>Intact subjective borderline mild prominent GI wall, empty GI lumen-no evidence of obstructive pattern.</li> </ul>
<b>AGE</b>	<ul style="list-style-type: none"> <li>Segmental semi-formed to soft feces in colon.</li> <li>Possible mild chronic to chronic active pancreatitis.</li> <li>Mild age related renal changes.</li> <li>Gallbladder debris (non-mucocele).</li> </ul>
2012	
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
13	Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. The GI presentation was non-specific yet may indicate underlying chronic gastroenteropathy given patient's recurrent GI signs and weight loss. Dietary indiscretion / food hypersensitivity, inflammatory bowel, low grade to chronic pancreatitis, occult infiltrative neoplasia are all potentials.
<b>INTERPRETED BY</b>	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Empirically, dietary therapy and as needed gastroprotectants +/- assessment of caloric plane if indicated with monitoring of body weight and clinical response would be reasonable. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended. Endoscopic intestinal biopsies may be considered if continued/progressive GI signs and/or weight loss.
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**PATIENT**

Snoopy Brzozowski

**SPECIES**

Canine

**BREED**

Pekingese Mix

**SEX**

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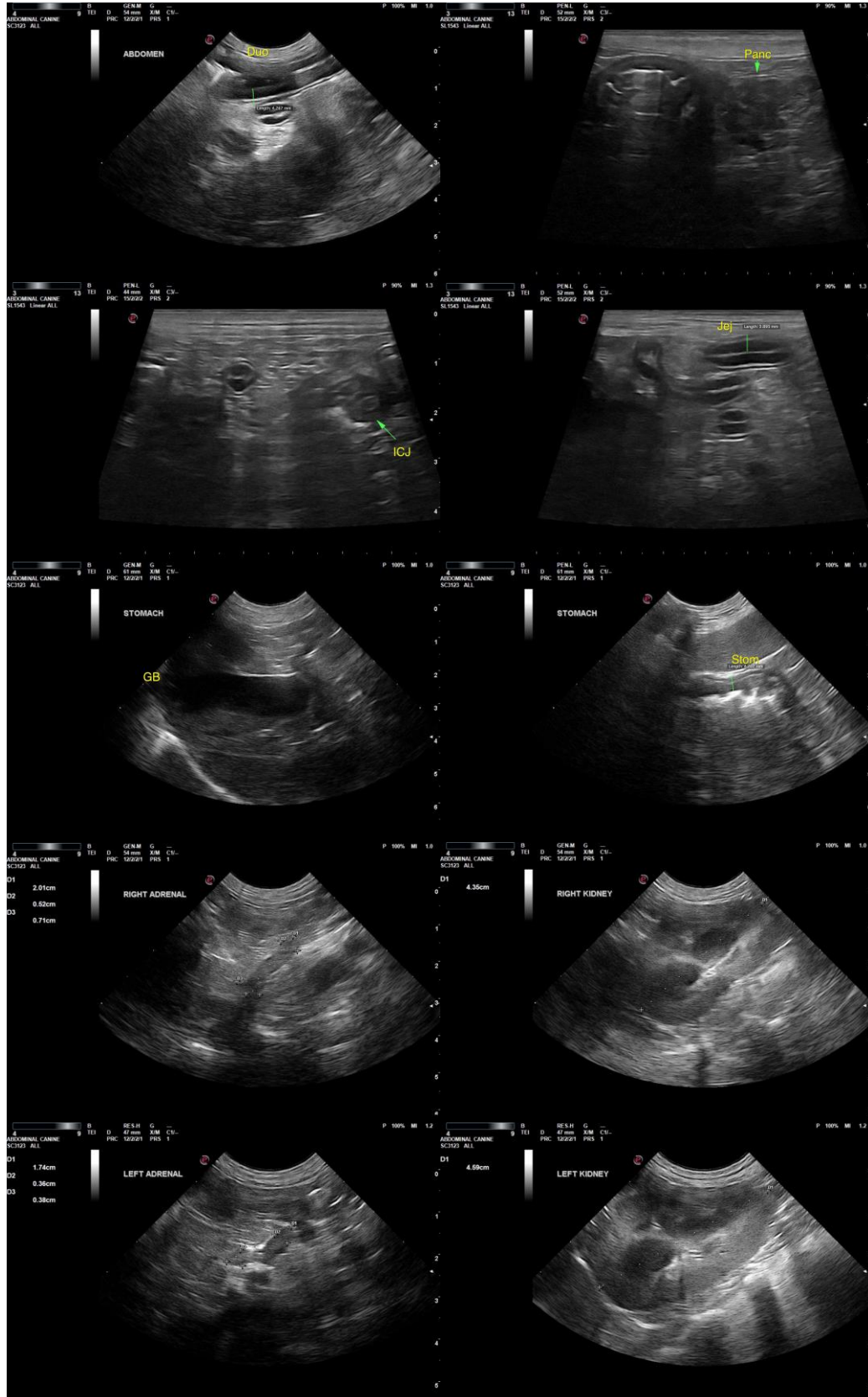
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**PATIENT**

Snoopy Brzozowski

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.

**SPECIES**

Canine

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.

**BREED**

Pekingese Mix

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**SEX**

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**AGE**

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