



PATIENT	PRESENTING CLINICAL SIGNS
Finger Watson	evaluate weight loss, gastric outflow
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALB 6.8 ALP 276 everything else WNL
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Cavalier Mix	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 was noted.
SEX	The area of the aortic trifurcation was free of pathology.
Spayed Female	
AGE	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 4.1 cm in length. The right kidney measured 3.9 cm in length.
13 years	
WEIGHT	
17.2 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.6 cm length x 0.49 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Jenna Walsh	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.
HOSPITAL NAME	Liver/ Gallbladder
Sutherlin VH	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.
REFERRING VET	
Dr. Mary Herrera	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
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PATIENT	<i>Gastrointestinal</i>
Finger Watson	The stomach exhibited intact yet subjective prominent wall layering in the gastric body, fundus, and pylorus with mild ventral pyloric mural thickening. The gastric body wall width measured 0.4 cm. The ventral pylorus wall width measured 0.72 cm. Moderate retained echogenic ingesta exhibiting subtle progressive to dirty distal acoustic shadowing was present.
SPECIES	
Canine	
BREED	
Cavalier Mix	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty without evidence of small intestinal mechanical / metabolic ileus. The duodenum wall width measured 0.34 cm. The jejunum wall width measured 0.33 cm.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
Spayed Female	
AGE	<i>Pancreas</i>
13 years	The left pancreatic limb was normal in size and contour with subtle hypoechoic to heterogeneous parenchyma compared to adjacent omentum. The right pancreatic limb exhibited isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum.
WEIGHT	<i>Free Abdomen</i>
17.2 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Mild ventral pyloric mural thickening with retained gastric ingesta • Sonographically unremarkable small bowel • Mild hepatic parenchymal remodeling - subjectively benign • Subtle hypoechoic to heterogeneous pancreas - nonspecific, age-related pancreatic changes, minor parenchymal remodeling owing to previous inflammation, or low-grade chronic to chronic active inflammation possible
Jenna Walsh	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Sutherlin VH	The sonographic appearance of the stomach may suggest mild potentially chronic inflammation, infectious gastropathy (helicobacter), while the possibility of early infiltrative mural disease specifically in the area of the pylorus cannot be definitively excluded. If the patient is exhibiting vomiting / anorexia, upper gastrointestinal endoscopy would be ideal for further assessment and potential biopsies. Some or all of the following protocol may be considered empirically. Correlation with the appearance of the pancreas with a Spec cPL may be considered.
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DATE	A clinical trial of Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Pepcid (0.5-1 mg/kg s.i.d.) and Sucralfate (0.5-2 g/dog PO) or Omeprazole (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a novel-protein or hydrolyzed diet with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then
9/1/21	



PATIENT

Finger Watson

SPECIES

Canine

BREED

Cavalier Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

17.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Sutherlin VH

REFERRING VET

Dr. Mary Herrera

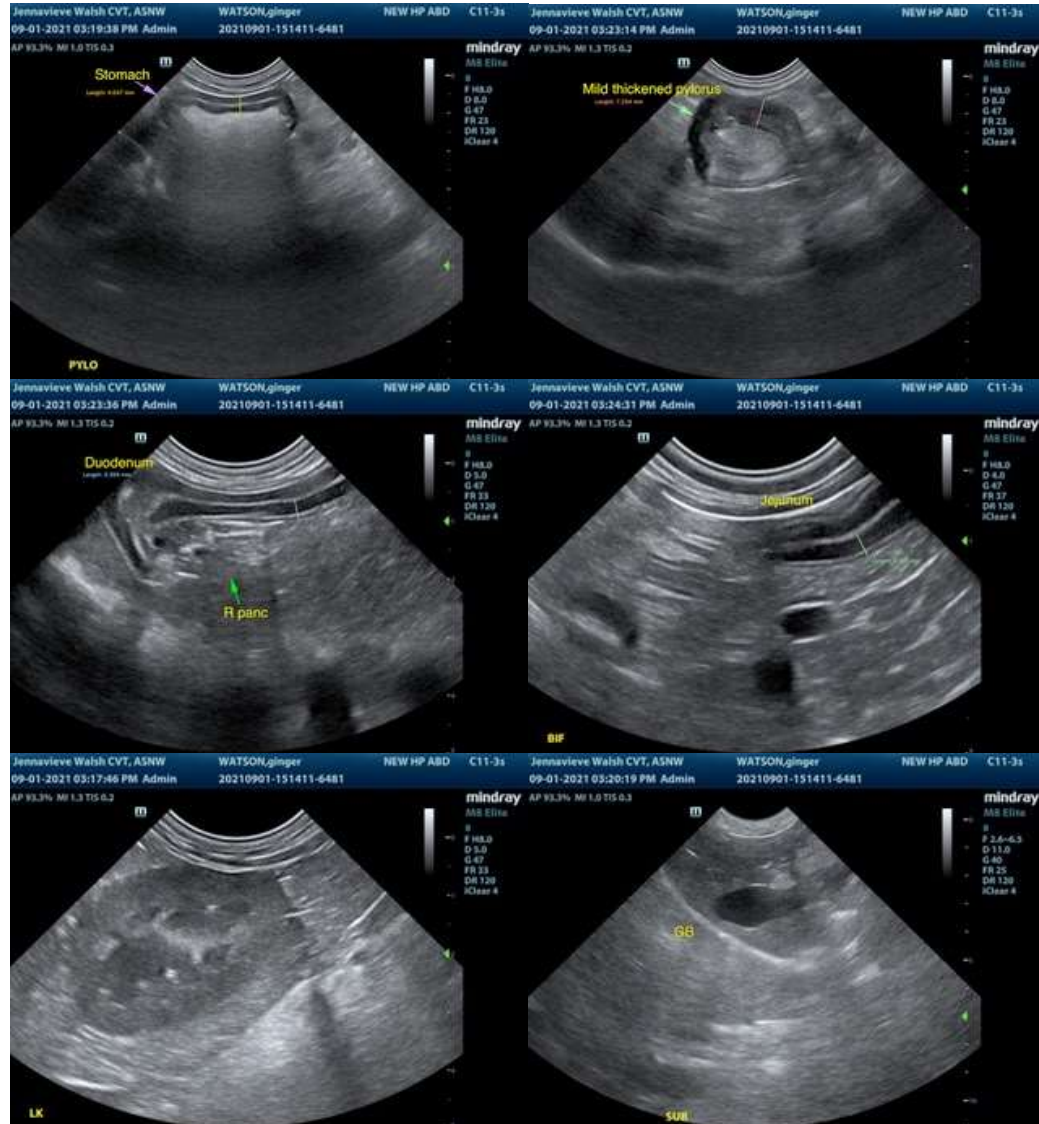
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increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.





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BREED

Cavalier Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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)
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