



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sparky Kowalchuk	very lethargic, anorexic, elevated pancreatic enzymes, started with diarrhea-seems to have resolved now
<b>SPECIES</b>	Albumin 23, ALP 382, Total bilirubin 9.8, BUN 11.4, Creatinine 140, Calcium 2.1, Phosphorus 0.75, Sodium/Potassium ratio 40, Amylase 12,119, precision psl 7853, WBC 14.2, Hematocrit 34
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Bichon X	<i>Urinary System</i>
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.
<b>SEX</b>	
MN	The area of the residual prostate appeared normal and free of pathology.
	No evidence of pathology in the area of the aortic trifurcation.
<b>AGE</b>	
13 Years	Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Focal area of medullary mineral were present in both kidneys. Mild pyelectasia was present in the left kidney. The left kidney measured 3.1 cm in length. The right kidney measured 3.4 cm in length.
<b>WEIGHT</b>	<i>Adrenal Glands</i>
25 lbs	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.48 cm width in the cranial pole and 0.53 cm width in the caudal pole. The right adrenal gland measured 0.55 cm width in the caudal pole.
<b>INTERPRETED BY</b>	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP	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.
<b>IMAGING PERFORMED BY</b>	<i>Liver</i>
Kelly Reshny, RVT	The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>HOSPITAL NAME</b>	
The Maples AH	
<b>REFERRING VET</b>	
Kazienko	The gallbladder was non distended in size with mild nondependent subjectively mobile gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of post-hepatic obstruction.
<b>INVOICE</b>	<i>Gastrointestinal</i>
47466	
<b>DATE</b>	
9-20-21	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.45 cm width. Mild gastric distension with primarily anechoic fluid was present.



<b>PATIENT</b>	The intestinal walls demonstrated intact, yet mildly prominent ileum walls noted approaching the ileocolic junction which was without overt pathology. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.33 cm width. The ileum wall measured 0.40 cm width.
Sparky Kowalchuk	
<b>SPECIES</b>	
Canine	The proximal colon exhibited intact yet prominent wall layering as well as subjective mildly prominent to thickened cecum. No evidence of retained cecal fluid. The proximal colon wall measured 0.34 cm width. The colon contained generalized semi-formed soft to non-formed feces.
<b>BREED</b>	
Bichon X	<b><i>Pancreas</i></b> The right pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>SEX</b>	
MN	<b><i>Free Abdomen</i></b> Regional reactive peripancreatic, peri-intestinal, pericolonic mesentery with small pockets of scant peritoneal free fluid noted adjacent to intestinal loops and in the caudal abdomen around the bladder. No overt lymphadenopathy was present.
<b>AGE</b>	
13 Years	
<b>WEIGHT</b>	
25 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> <li>• Bilateral chronic renal changes with minor medullary mineral and minor left kidney pyelectasia.</li> <li>• Vacuolar hepatopathy pattern.</li> <li>• Mild gallbladder debris (nonmucocele).</li> <li>• Generalized gastroenterocolitis pattern with mild to moderate ileitis and potential typhlitis - potentially resolving, probable acute inflammatory bowel episode versus IBD or less likely emerging or occult gastroenterocolic and cecal neoplasia.</li> <li>• Persistent subjectively mild to moderate right limb pancreatitis.</li> <li>• Peripancreatic, peri-intestinal, pericolonic reactive mesentery with scant peritoneal free fluid.</li> </ul>
<b>IMAGING PERFORMED BY</b>	
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
The Maples AH	The pyelectasia in the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.
<b>REFERRING VET</b>	Hospitalization with continued aggressive therapy for gastroenterocolitis / typhlitis and pancreatitis recommended.
Kazienko	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
<b>INVOICE</b>	Pending clinical response to therapy, recheck sonogram may be considered in 5 to 7 days if clinical signs consistent with pancreatitis and/or recurrent gastrointestinal signs are noted to assess for progressive inflammatory gastroenterocolic and pancreatic changes.
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Sparky Kowalchuk

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Canine

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Bichon X

**SEX**

MN

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**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

The Maples AH

**REFERRING VET**

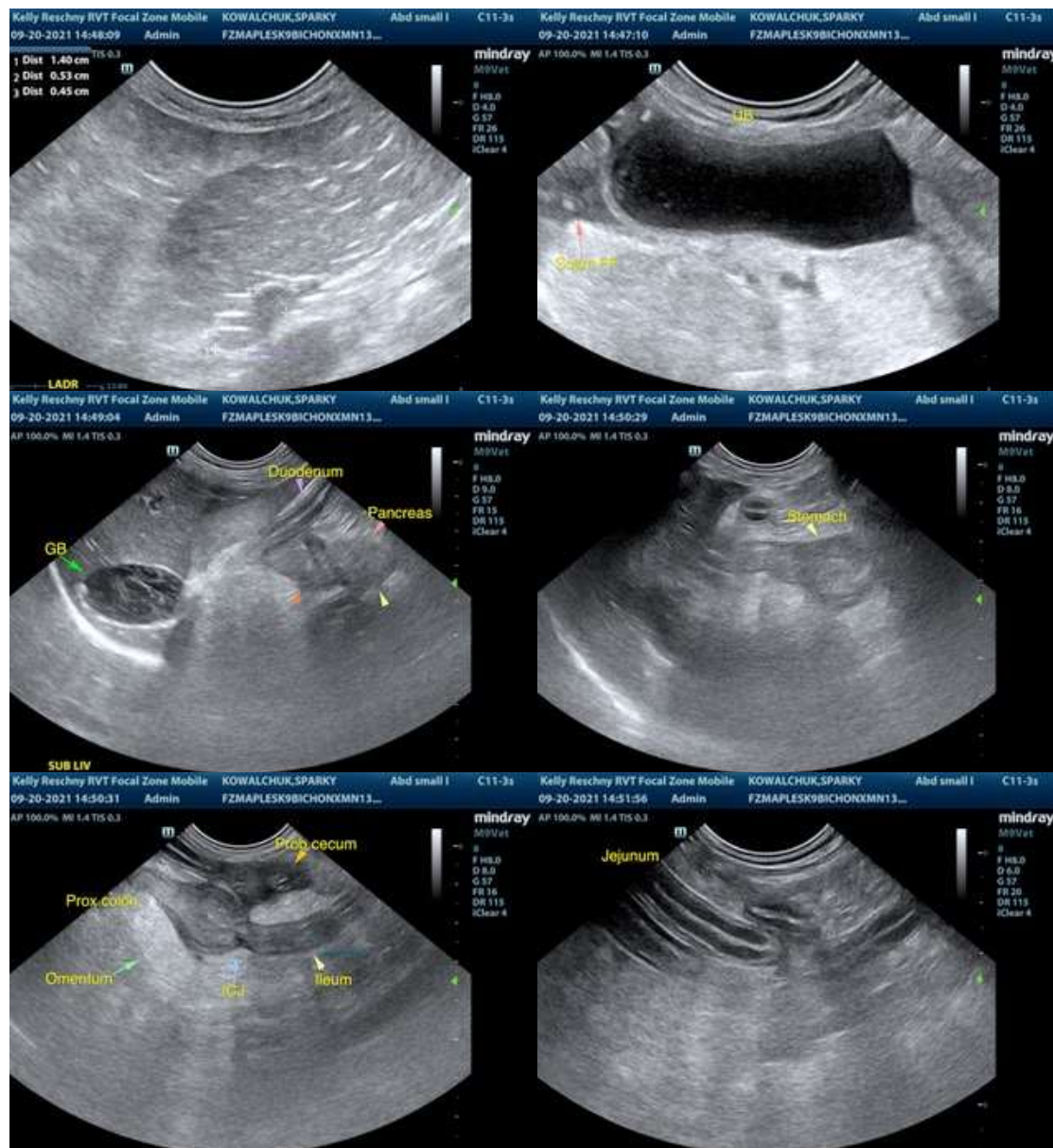
Kazienko

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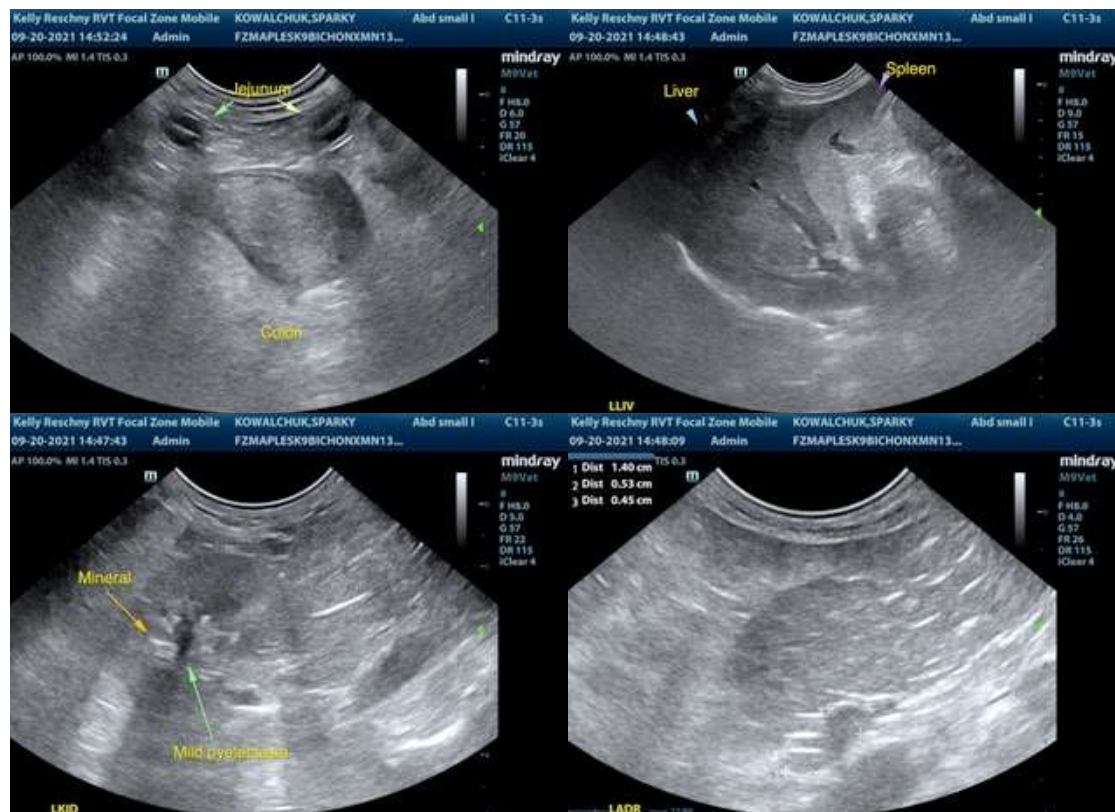
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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