



PATIENT PRESENTING CLINICAL SIGNS

George Querns weight loss stomatitis intermittent diarrhea

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH Urinary System

BREED 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 minor non-dependent particulate which may suggest cellular / crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Slightly increased cortex echogenicity was observed with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

MN The area of the aortic trifurcation was free of pathology.

WEIGHT Adrenal Glands

8.8lb The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width.

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. The spleen measured 0.82 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Dr. Brandt

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

INVOICE

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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 jejunum wall measured 0.22 cm in width. The duodenum wall measured 0.23 cm in width.

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



PATIENT

Pancreas

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The pancreas was of normal size with areas of mild capsule asymmetry. Mild hypoechoic to heterogeneous parenchyma was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

DSH

Free Abdomen

BREED

DSH

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract
- Possible low grade to mild pancreatitis

AGE

8yr

Secondary

- Minor urinary bladder sediment

WEIGHT

8.8lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall no evidence of overt visceral pathology was present in the abdomen. Dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, inflammatory bowel disease without evidence of mural changes, low grade to mild pancreatitis or other are possible. No evidence of intra-abdominal or GI neoplastic criteria was observed. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming if clinically indicated (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Empirical cobalamin supplementation is recommended if GI panel is not elected.

INTERPRETED BY

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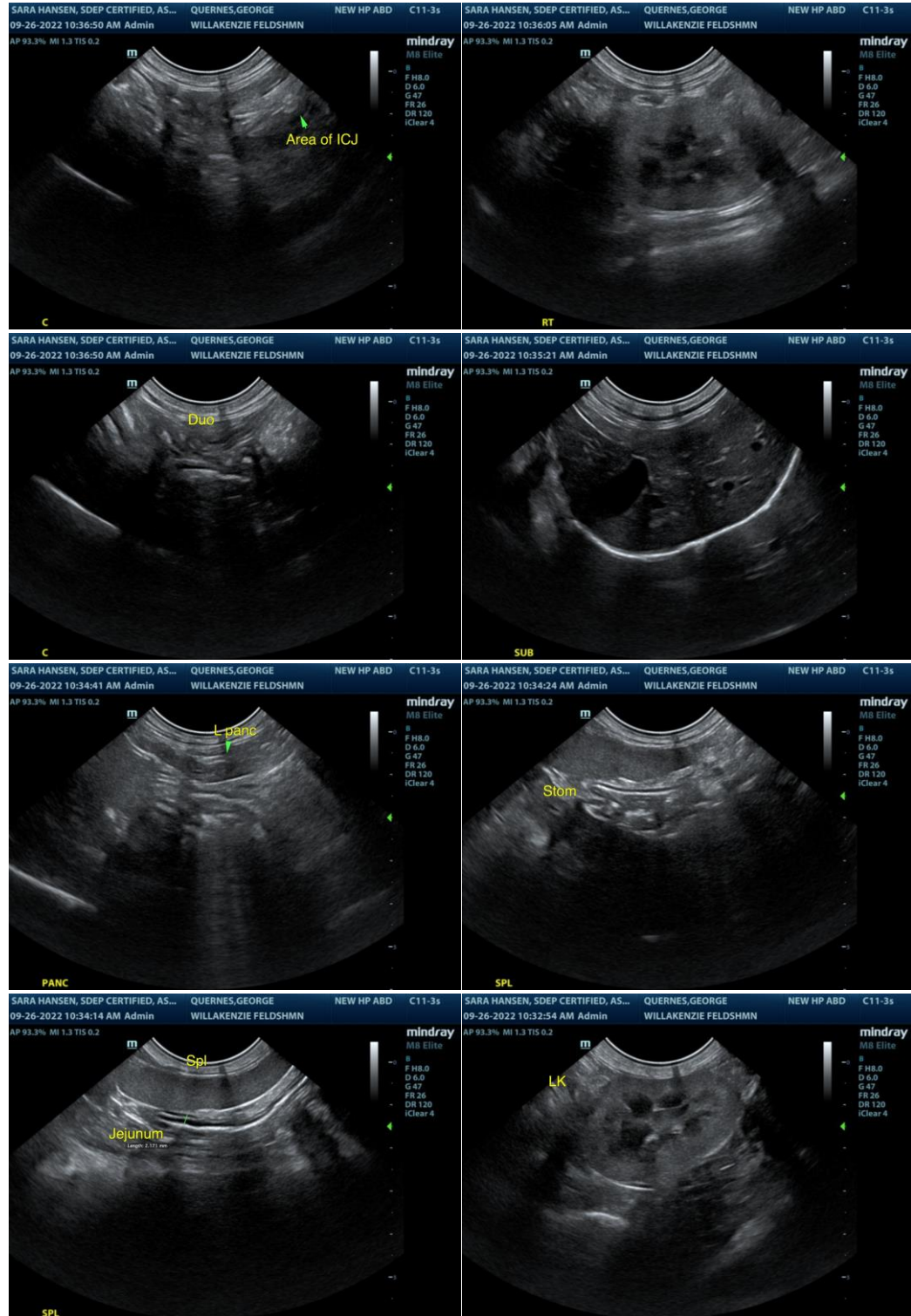
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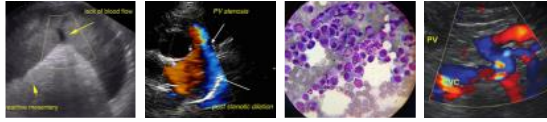
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

George Querns

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.

SPECIES

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

DSH

info@SonoPath.com

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