



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Winston Schelfhout	Chronic diarrhea, not responsive to medical management.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Canine is thin on exam, BCS 2/9. Abdomen palpates normal with some gas/ fluid.
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Boxer mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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	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 6.3 cm in length. The right kidney measured 6.3 cm in length.
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
9mo	No evidence of pathology in the area of the residual prostate.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
27.2	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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>	<b>Liver</b>
A. Murphy CVT	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Wauwatosa vet	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.
<b>REFERRING VET</b>	The small intestine presented intact wall layering exhibiting segmental propensity for prominent mucosa. The lumen of the small intestine contained segmental echogenic non-shadowing ingesta/chyme with mild distention and no signs of ileus, obstruction or foreign material.
Dr. Kicker	Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.
<b>INVOICE</b>	
11759ag	
<b>DATE</b>	
09/30/2022	



**PATIENT**

Winston Schelfhout

**Pancreas**

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.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy was present.

**BREED**

Boxer mix

Mild volume anechoic peritoneal free fluid was present.

Subtle generalized hyperechoic mesentery was present.

**SEX**

MN

- Intact segmentally prominent small bowel walls with segmental mild intestinal dilation and non-shadowing ingesta/chyme
- Unremarkable colon with semi formed/soft feces
- Mild volume anechoic peritoneal free fluid-suspect physiologic free fluid assuming normal ALB

**AGE**

9mo

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for inefficient peristalsis assuming documented NPO. Maldigestion disorder/IBD, occult parasitism, occult Addison's disease or other enteropathy is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as a fresh fecal analysis to rule out parasitic ova/giardia.

**WEIGHT**

27.2

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (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 (Provable or Visbiome) and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

**INTERPRETED BY**

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

A resting cortisol level is warranted to assess for occult Addison's disease.

**IMAGING PERFORMED BY**

A. Murphy CVT

**HOSPITAL NAME**

Wauwatosa vet

**REFERRING VET**

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**PATIENT**  
Winston Schelfhout

**SPECIES**  
Canine

**BREED**  
Boxer mix

**SEX**  
MN

**AGE**  
9mo

**WEIGHT**  
27.2

**INTERPRETED BY**  
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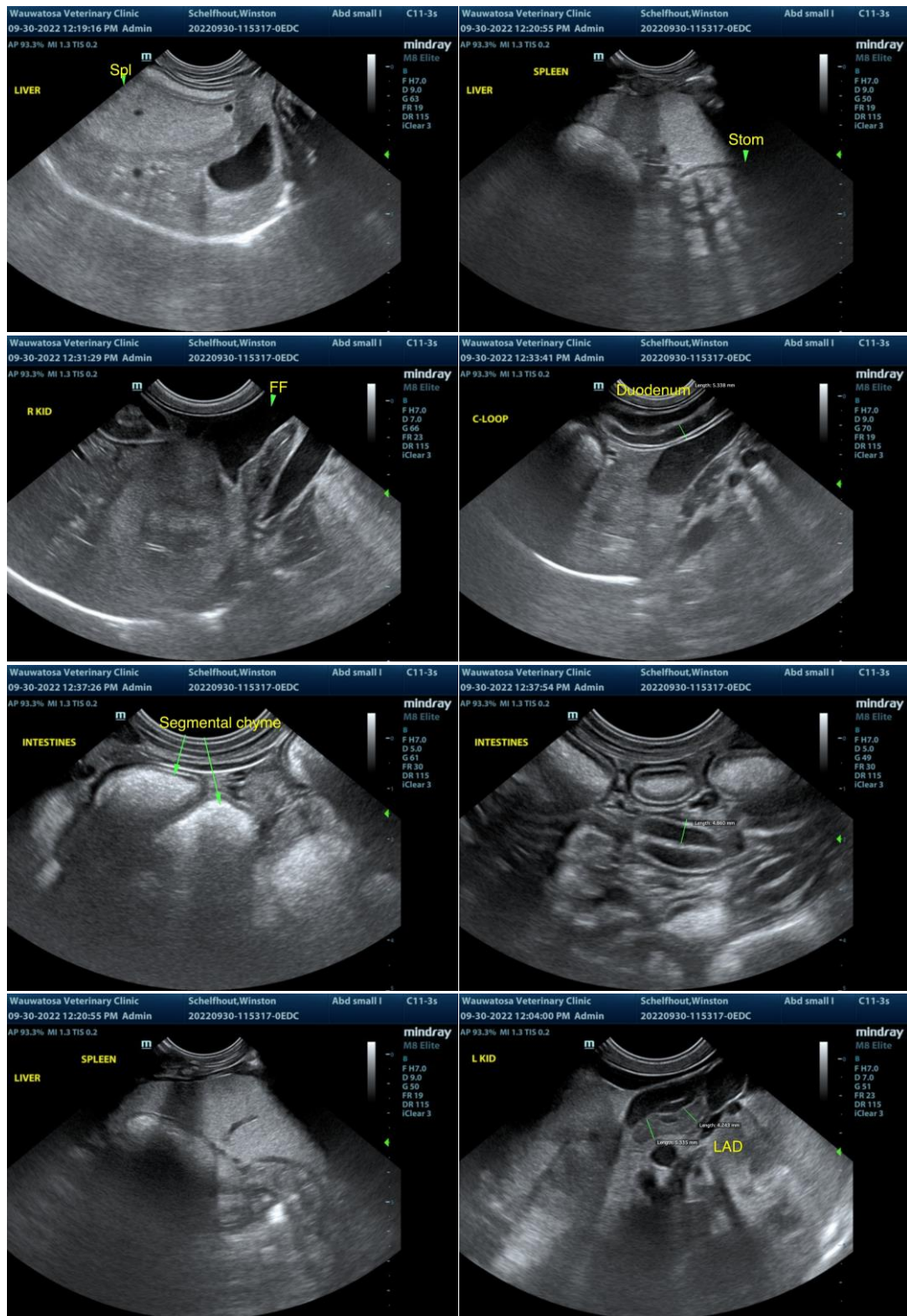
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A. Murphy CVT

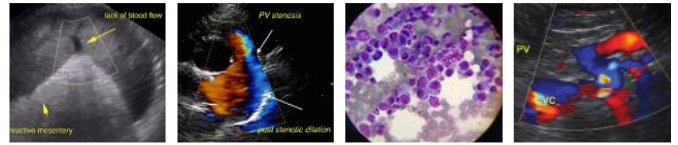
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**SPECIES**

Canine

**BREED**

Boxer mix

**SEX**

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**AGE**

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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 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)

info@SonoPath.com