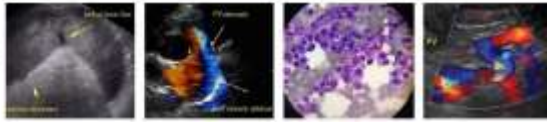




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Finn Van Nuland	–History of vomiting. Suspect foreign body. Currently on Sulcrate and Cerenia.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b><i>Urinary System</i></b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral 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.
Yorkie x	
<b>SEX</b>	No evidence of pathology was noted in the area of the residual prostate.
Neutered Male	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	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 4.1 cm in length. The right kidney measured 4.0 cm in length.
2 years	
<b>WEIGHT</b>	<b><i>Adrenal Glands</i></b>
10.3 kg	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. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b><i>Spleen</i></b>
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>	<b><i>Liver/ Gallbladder</i></b>
Crystal Hill	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><i>Gastrointestinal</i></b>
Nelson AH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall measured 0.30 cm width.
<b>REFERRING VET</b>	
Dr. Frederick	
<b>INVOICE</b>	
12185	
<b>DATE</b>	
9/7/21	



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental chyme was present. No evidence of gastrointestinal foreign material, obstructive pattern, or other mural pathology. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.32 cm width.
Finn Van Nuland	
<b>SPECIES</b>	Normal visible colon wall layers were present with subjective semi-formed to soft feces present in the descending colon.
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
Yorkie x	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 were evident.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Neutered Male	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
2 years	<b><i>Primary Findings</i></b>
<b>WEIGHT</b>	<ul style="list-style-type: none"><li>Overtly normal gastrointestinal tract with minor retained gastric and segmental small intestinal ingesta / chyme - no evidence of mechanical obstruction or foreign material</li><li>Subjective semi-formed to soft feces in descending colon</li></ul>
10.3 kg	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	Overall, sonographically unremarkable abdomen without evidence of significant visceral or specifically gastroenterocolic pathology. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with the most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Dietary Intolerance / food hypersensitivity, occult parasitism, or underlying inflammatory gastric or gastrointestinal process without evidence of mural changes are possible. Monitoring for emerging semi-formed to soft feces or possible diarrhea is suggested. Empirically, as-needed gastrointestinal support, a bland limited antigen or hydrolyzed diet trial, as well as broad-spectrum deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days even if fecal testing is negative, may be considered with an assessment of clinical response.
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
Nelson AH	
<b>REFERRING VET</b>	
Dr. Frederick	

**INVOICE**

12185

**DATE**

9/7/21



**PATIENT**

Finn Van Nuland

**SPECIES**

Canine

**BREED**

Yorkie x

**SEX**

Neutered Male

**AGE**

2 years

**WEIGHT**

10.3 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Nelson AH

**REFERRING VET**

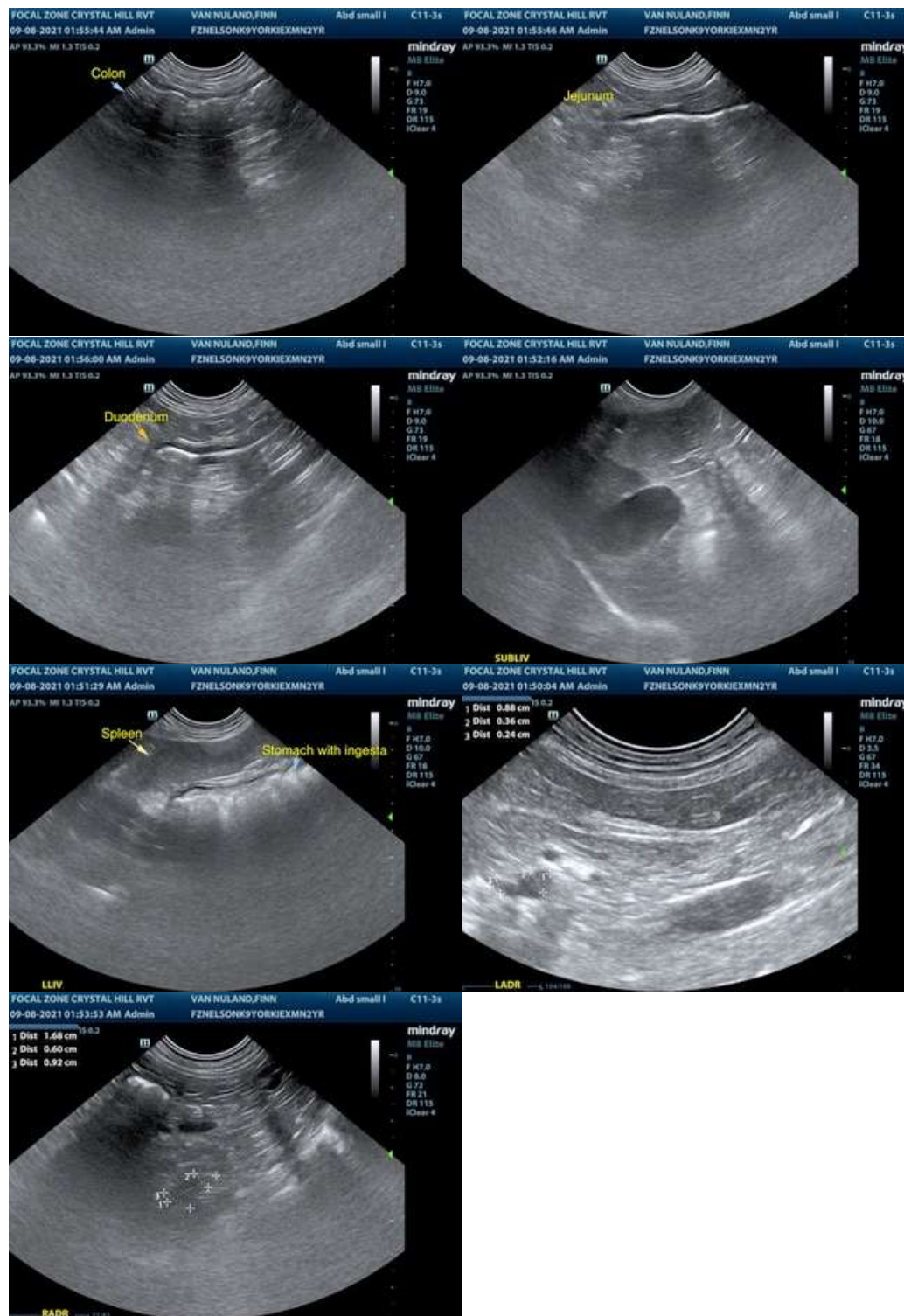
Dr. Frederick

**INVOICE**

12185

**DATE**

9/7/21





**PATIENT**

Finn Van Nuland

**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.

**SPECIES**

Canine

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

**BREED**

Yorkie x

**SEX**

Neutered Male

**AGE**

2 years

**WEIGHT**

10.3 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Nelson AH

**REFERRING VET**

Dr. Frederick

**INVOICE**

12185

**DATE**

9/7/21