



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Harley Shanabarger	Started V+ around 8am this morning, happened about 6 times V+ is some bile and a little food and "slime" E/D- did eat a little around 6am, ate less than normal This morning P went outside, came back in, had a few bites of food and then went and laid down which is unusual, typically very energetic in the morning No new food/treats, nothing P got into that O is aware of BAR; friendly; p/m mm; CRT 1-2s; no mur/arrh; no abn lung sounds; skin turg WNL; T-100.1F; eyes, ears, LNs WNL; no abd dist; pain on abd palp; no abns on abd palp but he was tense; pulled blood; adm butorphanol IM; abd US; adm Cerenia SQ
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Pug	Abnormal PE/Chem/CBC/UA Results: CBC: Lym 5.25 RBC 5.01 HGB 11.1 HCT 35.32 Chem: ALP 154 CA 12.1 Phos 9.5 Cre <0.2 Glu 146 TP 5.0 Glob 1.0
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MI	<b>Urinary System</b>
<b>AGE</b>	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 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.
11wks	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 3.9 cm in length. The right kidney measured 4.3 cm in length.
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
6.8lb	The area of the prostate was free of pathology.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
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 0.40 cm width at the caudal pole and 0.28 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width at the caudal pole and 0.40 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Casas-Dolz	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>HOSPITAL NAME</b>	<b>Liver</b>
State Avenue Veterinary Clinic	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>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Casas-Dolz	
<b>INVOICE</b>	
11550ag	
<b>DATE</b>	
09/07/2022	



<b>PATIENT</b>	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.
Harley Shanabarger	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor areas of retained fluid and segmental non-shadowing chyme, with no signs of ileus, obstruction or foreign material.
Canine	
<b>BREED</b>	Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.
Pug	
<b>SEX</b>	<b><i>Pancreas</i></b>
MI	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.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
11wks	Focal to intermittent scant pockets of peritoneal fluid present.
<b>WEIGHT</b>	Intermittent mildly prominent to enlarged mesenteric node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.0 cm x 0.56 cm.
6.8lb	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Primary</b>
	<ul style="list-style-type: none"> <li>• Mild likely acute gastroenteritis pattern</li> <li>• Sonographically unremarkable pancreas</li> <li>• Intermittent mild benign/reactive mesenteric lymphadenopathy</li> <li>• Scant peri-intestinal free fluid</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Casas-Dolz	No evidence of obstructive GI criteria was observed in this study. Suspect acute inflammatory bowel episode in conjunction with mild benign/reactive mesenteric lymphadenopathy. No indication for immediate surgical intervention. Supportive care for acute inflammatory bowel episode should prove beneficial. A spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended +/- resting cortisol level to rule out occult Addison's disease could be considered if persistent/recurring GI signs are noted despite supportive care.
<b>HOSPITAL NAME</b>	Dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes, infectious enteritis or other are all potentials.
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**PATIENT**

Harley Shanabarger

**SPECIES**

Canine

**BREED**

Pug

**SEX**

MI

**AGE**

11wks

**WEIGHT**

6.8lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Casas-Dolz

**HOSPITAL NAME**

State Avenue  
Veterinary Clinic

**REFERRING VET**

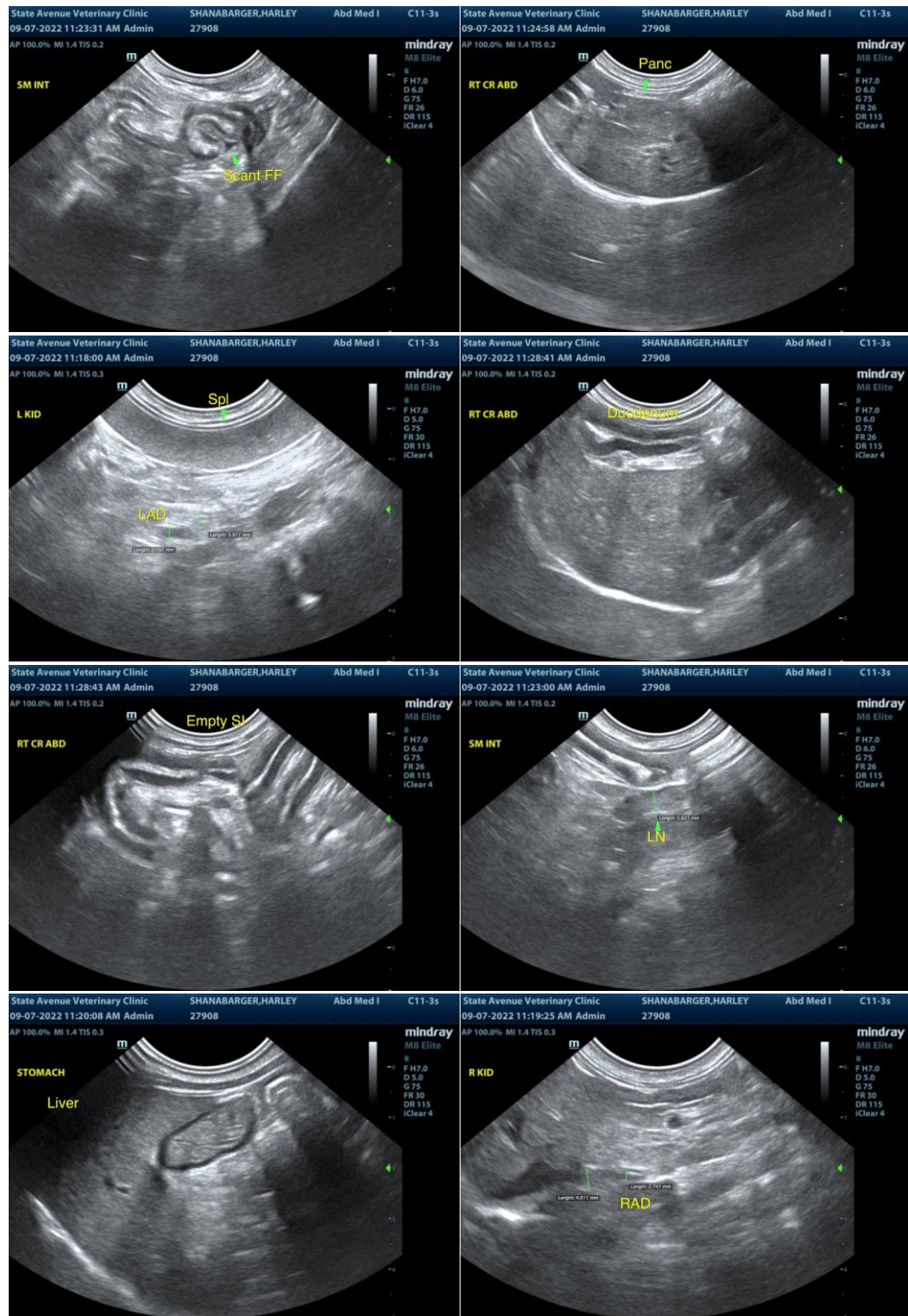
Dr. Casas-Dolz

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**PATIENT**

Harley Shanabarger

**SPECIES**

Canine

**BREED**

Pug

**SEX**

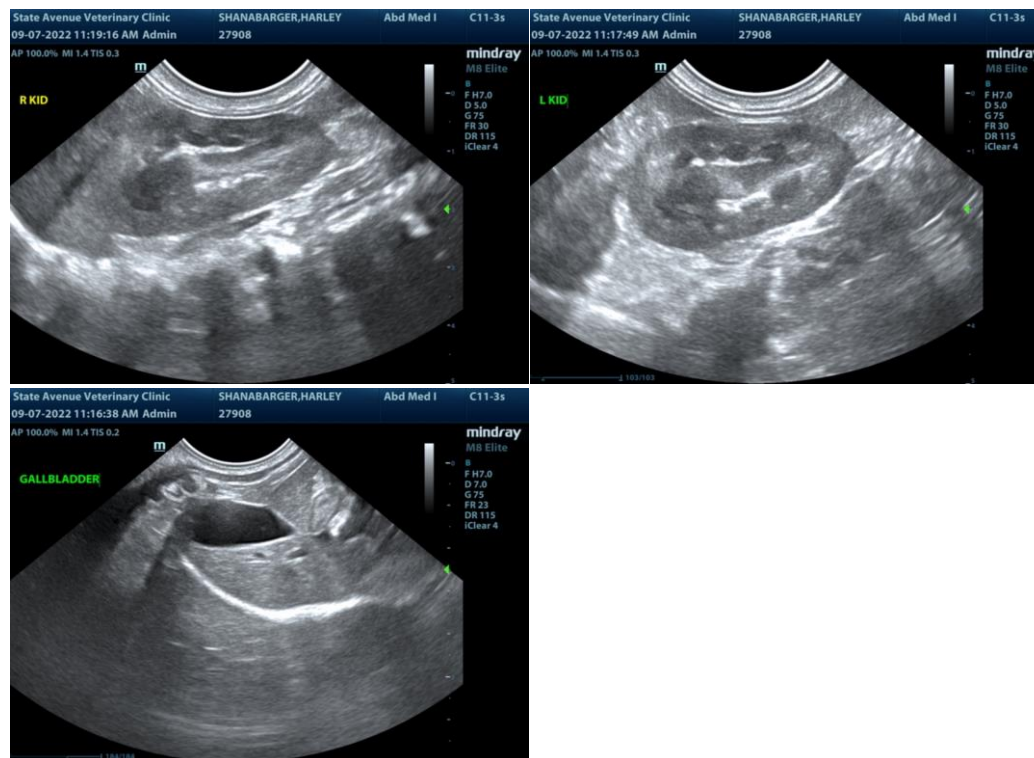
MI

**AGE**

11wks

**WEIGHT**

6.8lb



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)

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**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Casas-Dolz

**HOSPITAL NAME**

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