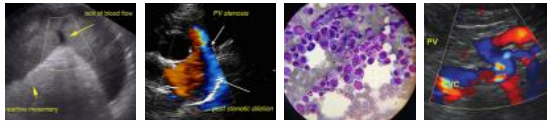




PATIENT	PRESENTING CLINICAL SIGNS
Chocho Zhang	chronic intermittent vomiting and diarrhea >2 months duration pancreatitis Current Medications bland diet and 50mg gabapentin BID
SPECIES	Abnormal PE/Chem/CBC/UA Results: 6/20/22 cPL SNAP - abnormal CBC: HCT 60%, WBC 17.44 k/ul (H), N 14.9k/ul (H), E 0.05k/ul (L), Chem17: BG 112 (normal), ALT 167 (H), GGT 12 (H), Amylase 1674 (H), Lipase 5661 (H) PCV/TS: 60% 7.2g/dL Normal serum 7/12/22 cPL - abnormal 8/30/22 chem/CBC WNL cPL - abnormal
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Yorkie/Poodle Mix	
SEX	Urinary System
MN	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
AGE	
9yr	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint medullary mineral was noted. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.
WEIGHT	
11lb	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The residual prostate was free of pathology.
IMAGING PERFORMED BY	Adrenal Glands
Jenna Walsh CVT	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 1.9 cm length and 0.73 cm width in the caudal pole. The right adrenal gland measured 1.8 cm length and 0.43 cm width in the caudal pole.
HOSPITAL NAME	Spleen
Four Corners Veterinary Clinic	The spleen exhibited normal size and contour with subtle parenchyma heterogeneity and increased echogenicity adjacent to the hilus likely consistent with indistinct myelolipoma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No evidence of splenic neoplastic criteria was noted.
REFERRING VET	Liver
Dr. Williams	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
INVOICE	
11568ag	
DATE	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate congealed uniform hyperechoic debris. The cystic and common bile ducts were normal.
09/08/2022	



PATIENT	Gastrointestinal
Chocho Zhang	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.
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subtle duodenal corrugation was observed. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Canine	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Yorkie/Poodle Mix	Pancreas
SEX	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
MN	
AGE	Free Abdomen
9yr	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
11lb	<ul style="list-style-type: none"> • Sonographically unremarkable GI tract • Heterogeneous pancreas • Low grade hepatopathy-benign • Moderate gallbladder debris (non-mucocele)
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, no evidence of significant abdominal visceral pathology was present in this study as a definitive cause of the patient's clinical signs. At times the presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, with considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease without evidence of mural changes, low grade to chronic pancreatitis or less likely infiltrative neoplasia. Low grade pancreatitis may be suspected if evidence of discomfort on cranial abdominal or subxiphoid palpation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
IMAGING PERFORMED BY	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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Cobalamin supplementation pending GI panel or empirically is suggested.
Jenna Walsh CVT	
HOSPITAL NAME	INVOICE
Four Corners Veterinary Clinic	Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.
REFERRING VET	
Dr. Williams	
INVOICE	
11568ag	
DATE	
09/08/2022	



PATIENT

Chocho Zhang

SPECIES

Canine

BREED

Yorkie/Poodle Mix

SEX

MN

AGE

9yr

WEIGHT

11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Four Corners
Veterinary Clinic

REFERRING VET

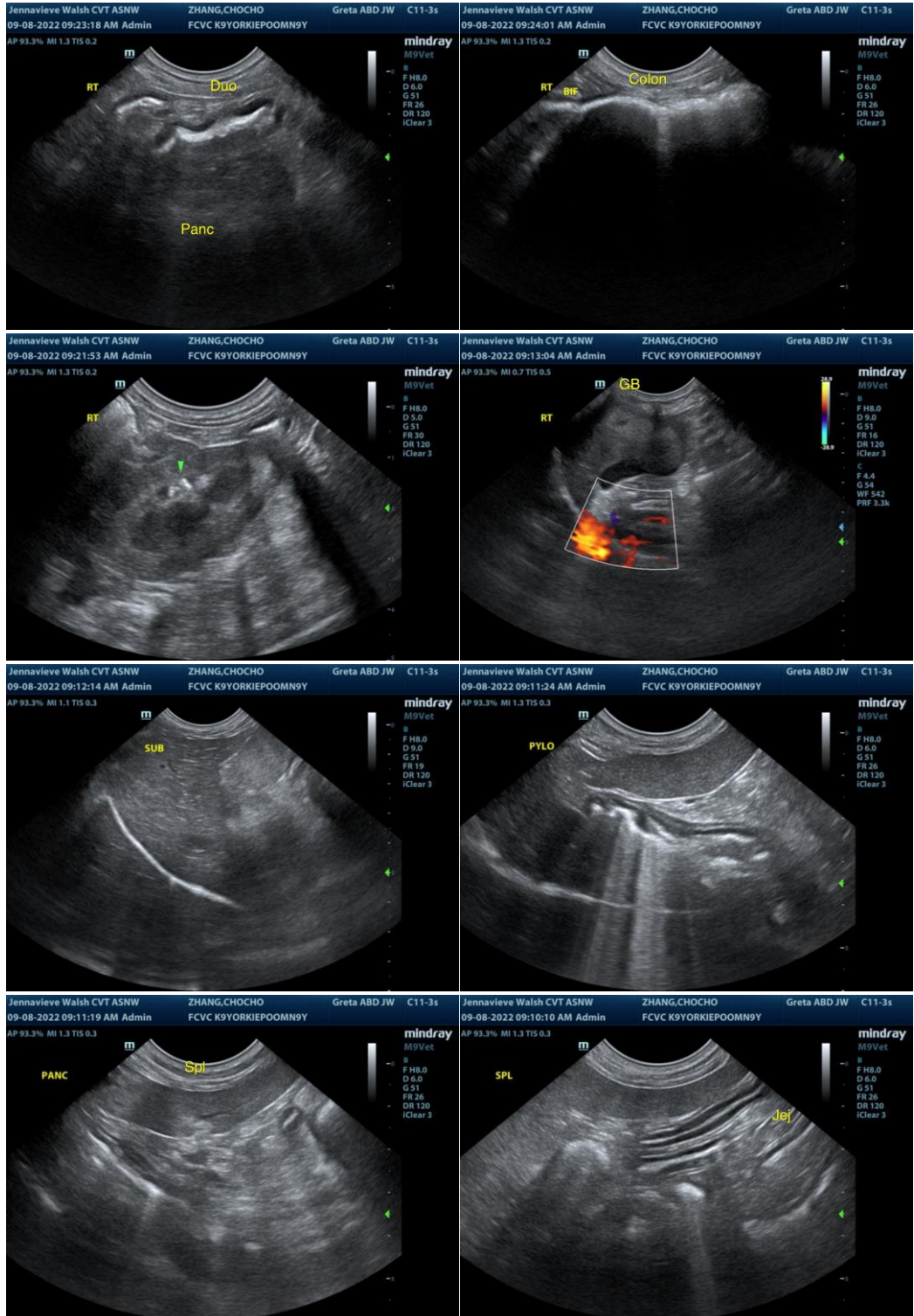
Dr. Williams

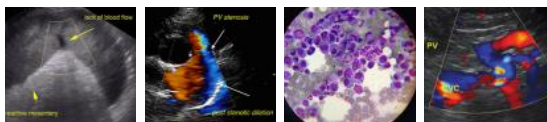
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DATE

09/08/2022





PATIENT

Chocho Zhang

SPECIES

Canine

BREED

Yorkie/Poodle Mix

SEX

MN

AGE

9yr

WEIGHT

11lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Four Corners
Veterinary Clinic

REFERRING VET

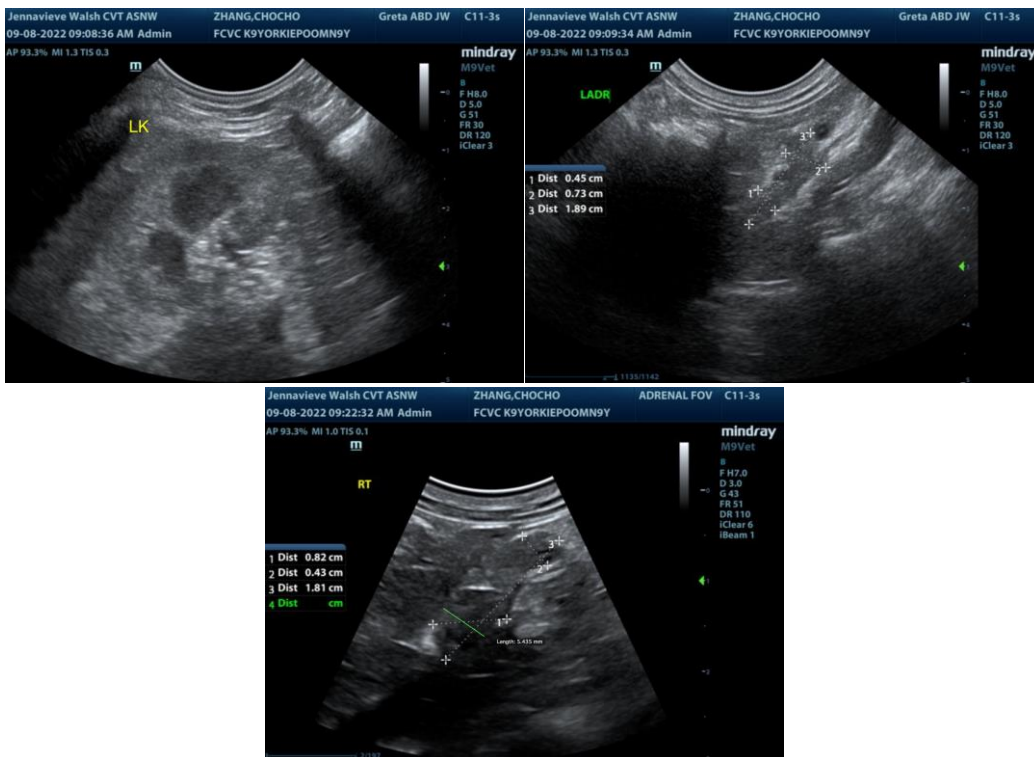
Dr. Williams

INVOICE

11568ag

DATE

09/08/2022



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