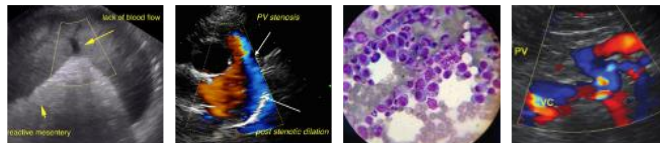




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jameson Flanagan	History: Chronic weight loss past 3 months and enteritis. Mild leukopenia and neutropenia. Chest rads WNL. P has color dilution alopecia. On chronic fluoxetine, Cytopoint and intermittent Apoquel.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: 6/30/23 Chest rads: WNL 6/13/23 CBC: WBC: 3.7L, neut: 1739L Chem: creat: 0.7 T4: 1.4 UA: SG: 1.041, quiet sediment Fecal keyscreen PCR Undetected
Canine	
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Dachshund	The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
<b>SEX</b>	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
Neutered Male	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
<b>AGE</b>	Normal renal size (left kidney 4.40 cm) (right kidney 4.50 cm), with some loss of cortico-medullary differentiation, with normal echogenic appearance, pelvis, and capsule. No infarcts, mineralization or renoliths evident.
8 years	
<b>WEIGHT</b>	<b>Reproductive System</b>
10.6 lbs	Small hypoechoic prostate.
	<b>Adrenal Glands</b>
	Normal shape, echogenic appearance, size (left 1.54 cm in width x 0.66 cm) (right 1.40 cm in width x 0.31 cm), position, and appearance of the visible peri-renal vasculature.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Megan Cassels-Conway	Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Megan Cassels-Conway	Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
<b>HOSPITAL NAME</b>	<b>Gallbladder</b>
Central Broward AH	The gallbladder is full, containing normal anechoic bile. Focal hyperechogenic polyp in the neck of the bladder. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile ducts.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Megan Cassels-Conway	Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and no distension of the lumen. Prominent hypoechoic appearance of the submucosal layer, of the duodenum and small intestine, with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen. Fecal material within the colon.
<b>INVOICE</b>	<b>Pancreas</b>
13551	Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
<b>DATE</b>	
6.30.23	



**PATIENT**

Jameson Flanagan *Free Abdomen*  
Normal mesenteric lymph nodes.

No ascites evident.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**BREED**

- Enteropathy (?)

Dachshund

**Secondary Findings**

**SEX**

- Gallbladder polyp
- Age-related renal changes

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

8 years

With the history and ultrasonographic appearance of the small intestine, possible etiologies would be infiltrative bowel disease and dietary hypersensitivity.

**WEIGHT**

10.6 lbs

The gallbladder polyp is most likely an incidental finding, as there is no evidence of causing an obstruction. However, monitoring would be recommended.

Further assessment that could be considered would be cobalamin assay and endoscopy of the upper GI tract with biopsies.

**INTERPRETED BY**

Megan Cassels-Conway

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding a hypoallergenic/novel protein diet, cobalamin supplementation, and possibly prednisolone therapy.

**IMAGING PERFORMED BY**

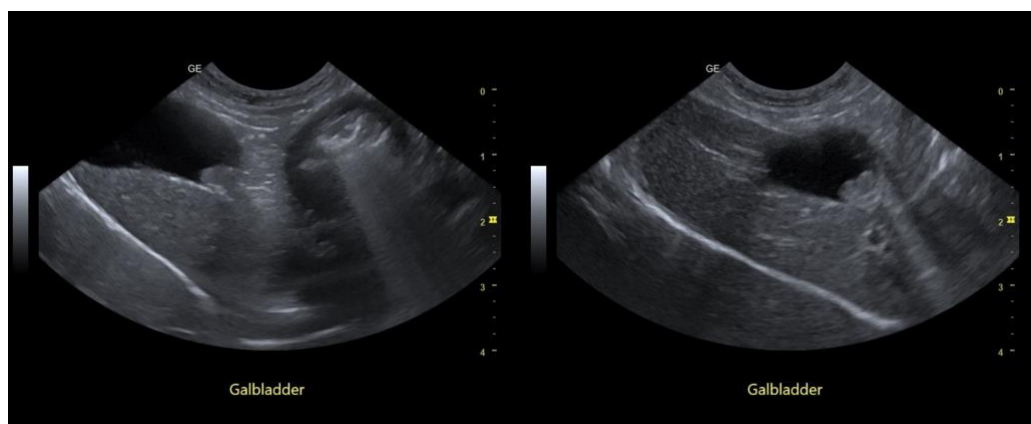
Megan Cassels-Conway

**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Megan Cassels-Conway

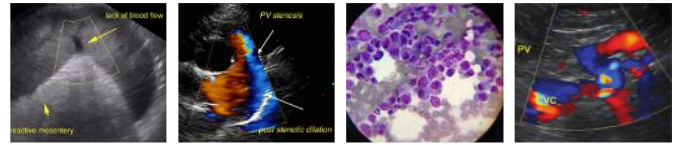


**INVOICE**

13551

**DATE**

6.30.23



**PATIENT**

Jameson Flanagan

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

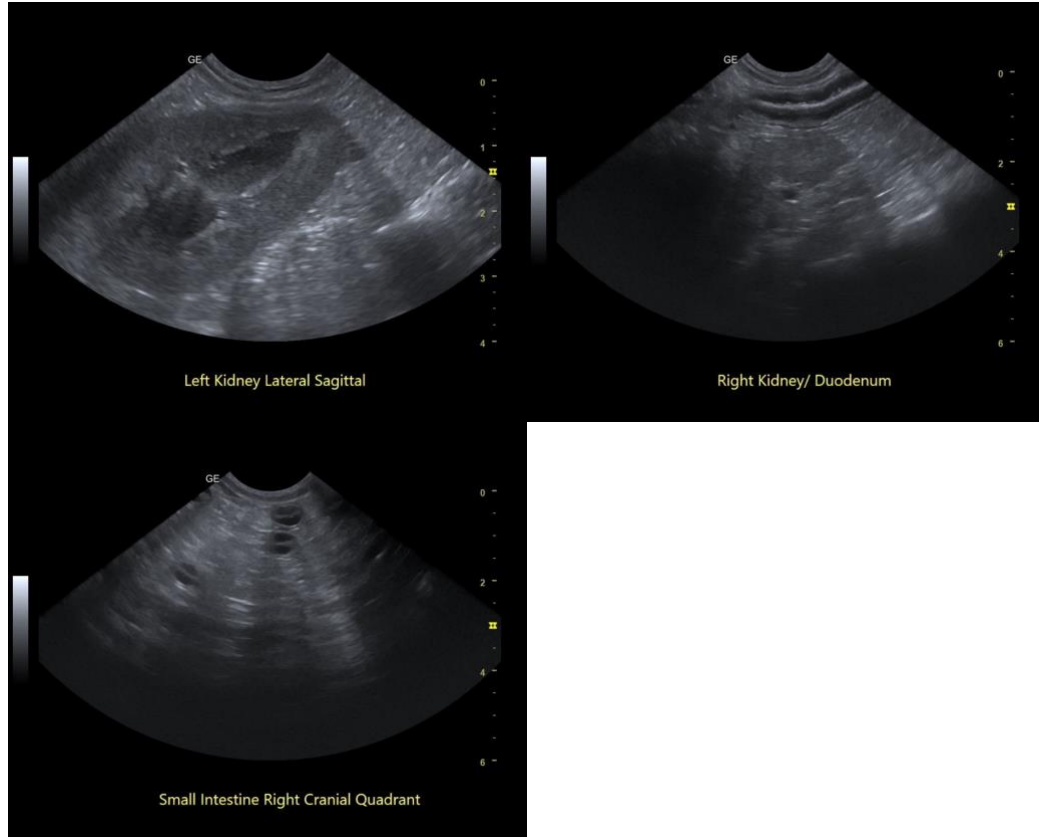
Neutered Male

**AGE**

8 years

**WEIGHT**

10.6 lbs



**INTERPRETED BY**

Megan Cassels-Conway

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

**IMAGING PERFORMED BY**

Megan Cassels-Conway

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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**  
[info@sonopath.com](mailto:info@sonopath.com)

**HOSPITAL NAME**

Central Broward AH

**REFERRING VET**

Megan Cassels-Conway

**INVOICE**

13551

**DATE**

6.30.23