



PATIENT PRESENTING CLINICAL SIGNS

Pilot Wilde

History: P has previous scan submitted 1/17/2022. P has hx of intermittent diarrhea. Episodes are getting more frequent despite no change in diet (P is on RCV GI low fat).

SPECIES

Abnormal PE/Chem/CBC/UA Results: bloodwork 11/19/2022: Alkp 1260 Alt 139 bloodwork 1/14/2023: Alkp 1647, Alt 101 All else WNL GI panel (cob/folate/PLI/TLI) run previously - WNL

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Labrador Retriever

Urinary System

SEX

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

Neutered male

AGE

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 6.75 cm. The left kidney measured 6.73 cm.

11 years

WEIGHT

Adrenal Glands

65.8 lbs

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.2 cm in length and 0.39 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 1.6 cm in length, 0.56 cm at the cranial pole and 0.39 cm at the caudal pole.

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Loomis

Spleen

HOSPITAL NAME

Brookwood AC

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

REFERRING VET

Dr. Loomis

Liver

INVOICE

42997

The liver is subjectively normal in size with normal contours and structure. The parenchyma is slightly heterogenous with a coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Canine

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Labrador Retriever

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness.

SEX

Neutered male

Sections of colon are visualized with soft fecal material consistent with reported diarrhea. There is no observed focal or generalized colon wall thickening or loss of layering.

AGE

11 years

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

WEIGHT

65.8 lbs

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

HOSPITAL NAME

Brookwood AC

1. Diarrhea in colon, normal colonic wall
2. Normal GI tract, normal pancreas
3. Coarse liver parenchyma

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colon is ultrasonographically normal with no signs of mural disease. Colonic wall is of normal thickness with no cause of described clinical signs. Baseline cortisol +/- ACTH stimulation test, fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered. Colonoscopy may reveal pathology not visible on ultrasound.

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Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function, especially if any weight loss is noted or for baseline cytological assessment. Ultimately liver biopsy is often required for more

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definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gall bladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

SPECIES

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BREED

Labrador Retriever

SEX

Neutered male

AGE

11 years

WEIGHT

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HOSPITAL NAME

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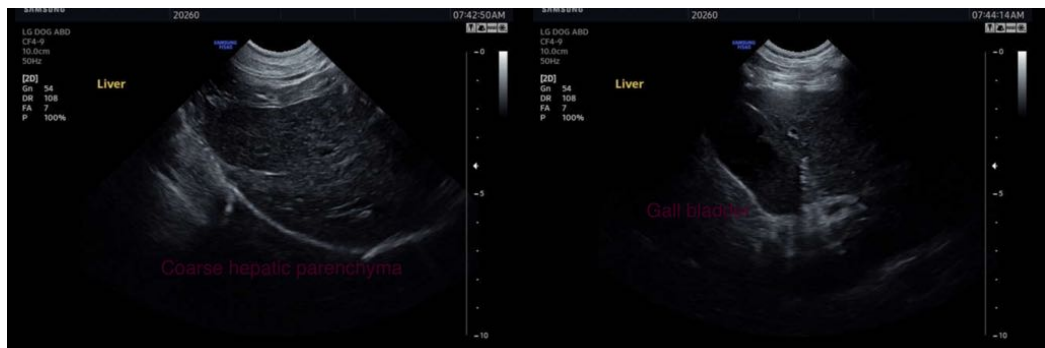
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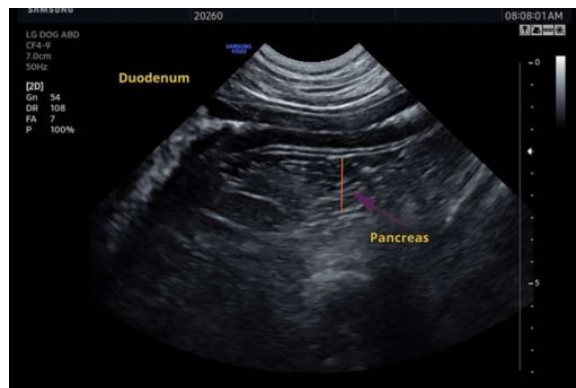
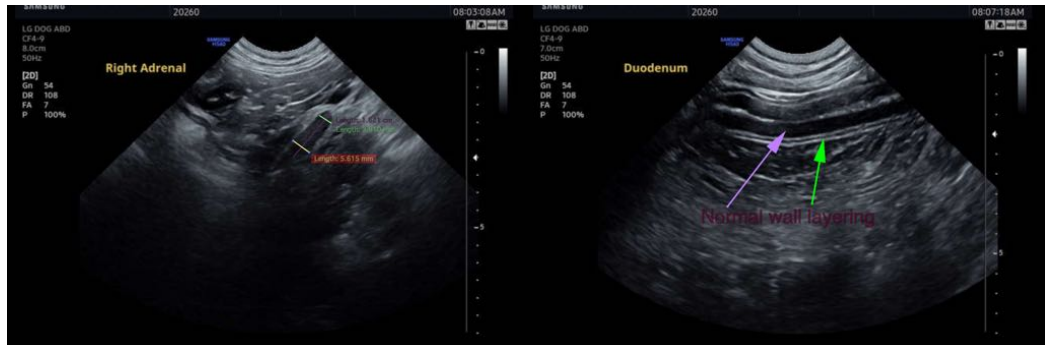
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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