



**PATIENT**

Makwa Kelly

**SPECIES**

Canine

**BREED**

English Sheepdog

**SEX**

Male

**AGE**

3 ½ years

**WEIGHT**

27 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ward

**HOSPITAL NAME**

Kenora VC

**REFERRING VET**

Dr. Ward

**INVOICE**

42817

**DATE**

12/1/22

**PRESENTING CLINICAL SIGNS**

History: CHRONIC DIARRHEA duration >2 years. Recently took on case from a retired DVM. On Purina EN exclusively. As per owners, diet helps but when obtaining history, diarrhea is chronic. Healthy stool only every 2 weeks. No vomiting. Voracious appetite. BCS 4/9. Fecal panel reveals high levels of C perfringens CPA alpha toxin -- treated with Metronidazole 15mg/kg x 7 days. Suspect SECONDARY issue given history of previous doses of metronidazole and continued diarrhea. Rule out - IBD, PLE -- would this patient benefit from steroid trial? B12 injections?

Abnormal PE/Chem/CBC/UA Results: BW Nov 18 2022: Mild non regen anemia Mild hypoalbuminemia Mildly low cholesterol Resting cortisol WNL Fecal panel reveals high levels of C perfringens CPA alpha toxin -- treated with Metronidazole 15mg/kg x 7 days. Suspect SECONDARY issue given history of previous doses of metronidazole and continued diarrhea. B12/Cobalamin panel PENDING

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The kidneys revealed pyelectasia that measured up to 2.0 cm in the left kidney. The left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

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

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

Post prandial GI presentation.

**AGE**

3 ½ years

Bilateral renal pyelectasia, likely a form of congenital dysplasia.

**WEIGHT**

27 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The patient appears to be post prandial. There was no obvious evidence of pathology. Full urinalysis is indicated if not already performed. Given the anemia and low albumin and low resting cortisol full ACTH stimulation is warranted to rule out underlying Addison's, which may be contributing to the GI signs.

**INTERPRETED BY**

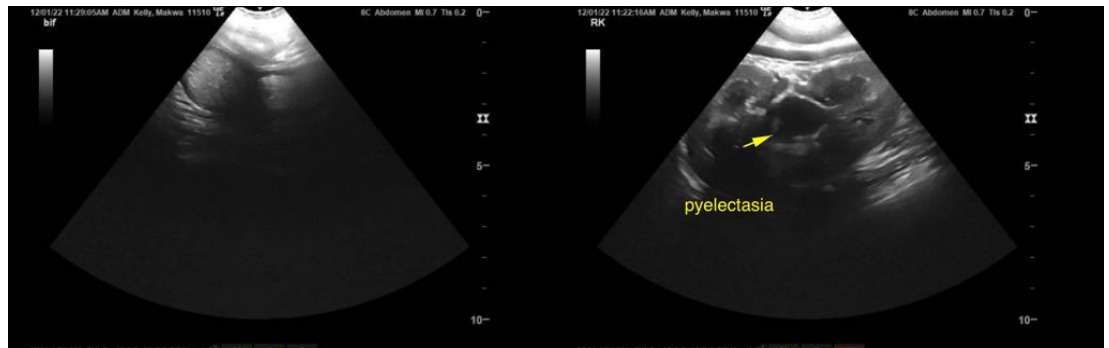
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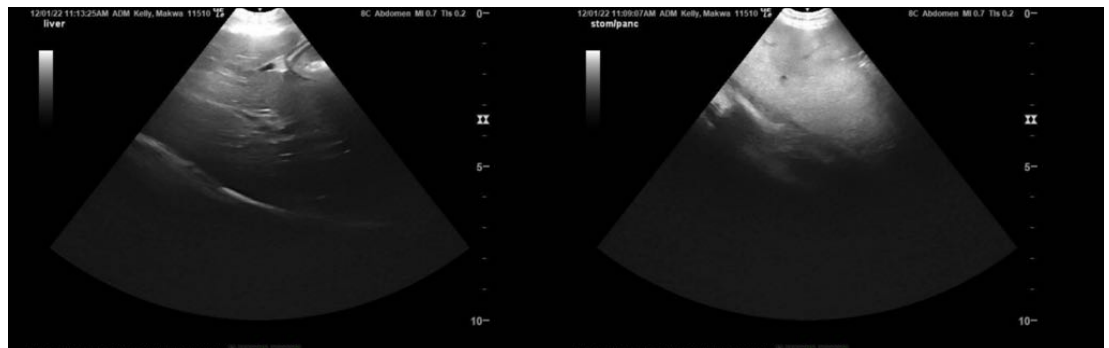
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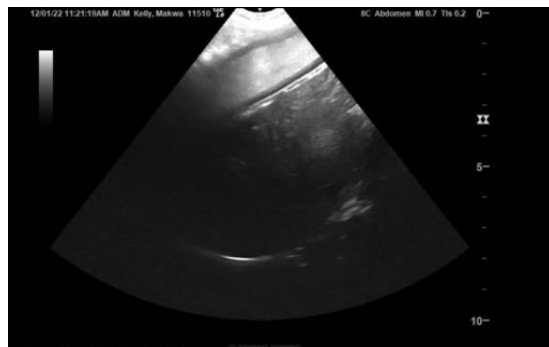
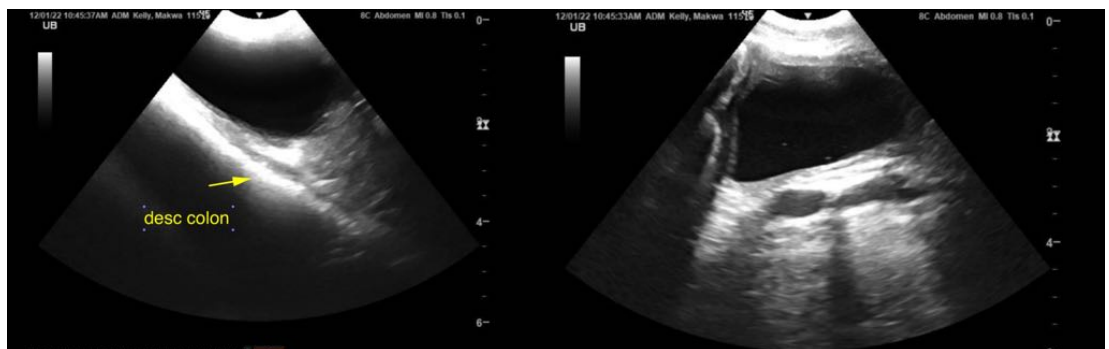
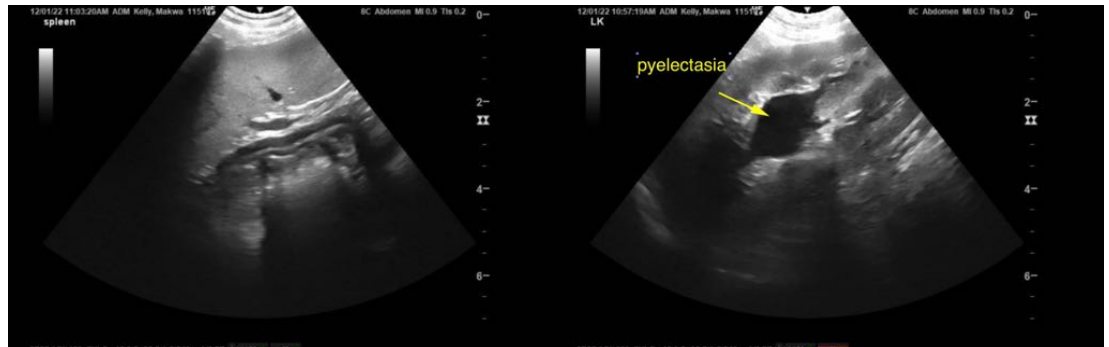
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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