

PATIENT

Conan CCSO

SPECIES

Canine

BREED

Belgian Malinois

SEX

Intact Male

AGE

3 Years

WEIGHT

76.8 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Sierra Veterinary
Hospital of Carson City

REFERRING VET

Not Provided

INVOICE

73351

DATE

3/3/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea w/ multiple episodes of explosive diarrhea even in the cop car. Intermittent vomiting. Most recent explosive diarrhea and vomiting occurred during the last snowstorm. Eats leaves, sticks when outside. Kept in a crate in the house. Working police dog. High activity level, anxious. Main concern is the diarrhea and randomly seems to happen per owner

MEDS- Kaolin Pectin but dog refused to take it. Diet- 4cups daily of Kuneticblend.
Dexdormitor/Butorphanol IM for AUS sedation 0.5ml ea

Abnormal PE/Chem/CBC/UA Results: ***LABS attached***** - Positive for roundworms and hookworms- treated and resubmitted a fecal sample again today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large and hyperechoic, measuring 3.47 cm x 4.62 cm.

The left kidney has a normal shape and size (7.34 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.55 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.65 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.44 cm at the cranial pole and 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.65 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. There is no evidence of a significant diffuse lymphadenopathy. Occasional prominent lymph nodes are visualized. The iliac lymph nodes measure 0.43 cm on the right side and 0.85 cm on the left side. A prominent jejunal lymph node measures 1.01 cm in diameter. Another measures 0.54 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy in an intact male dog.
- Occasional prominent mesenteric lymph nodes – findings are most consistent with mildly reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions are visualized associated with the GI tract to explain the large bowel diarrhea reported. Unfortunately, there are many causes for large bowel diarrhea, which cannot be definitively diagnosed by ultrasound alone. Consider the following:

- If not already done, recommend empirical deworming
- Recommend biochemical evaluation, looking for any systemic causes of diarrhea.



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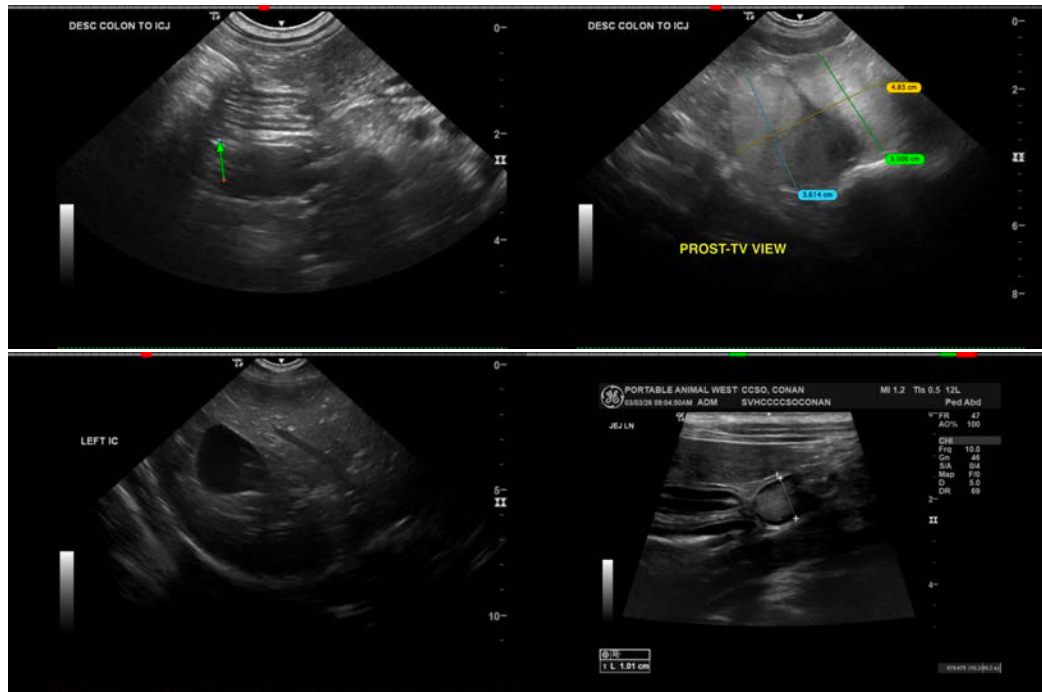
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- Consider a baseline cortisol to screen for atypical Addison's.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. This will screen for exocrine pancreatic insufficiency and some indicators of dysbiosis, concurrent small intestinal disease, etc.
- Consider dietary therapy. Options could include a prescription ultra low-fat diet +/- a combination hydrolyzed protein prescription diet (Royal Canin has one of these).
- Some patients with large bowel diarrhea will respond well to fiber supplementation. This can make some dogs with diarrhea worse.
- Consider chronic probiotic therapy.

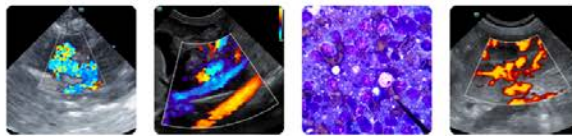
It sounds as if this is a high stress individual, and possible stress colitis on top of chronic intestinal disease could be a factor. If the above steps are not helpful, further evaluation with a colonoscopy and possibly upper GI endoscopy should be considered. Additionally, possible stress management strategies (lifestyle, medication, etc.) may be helpful.



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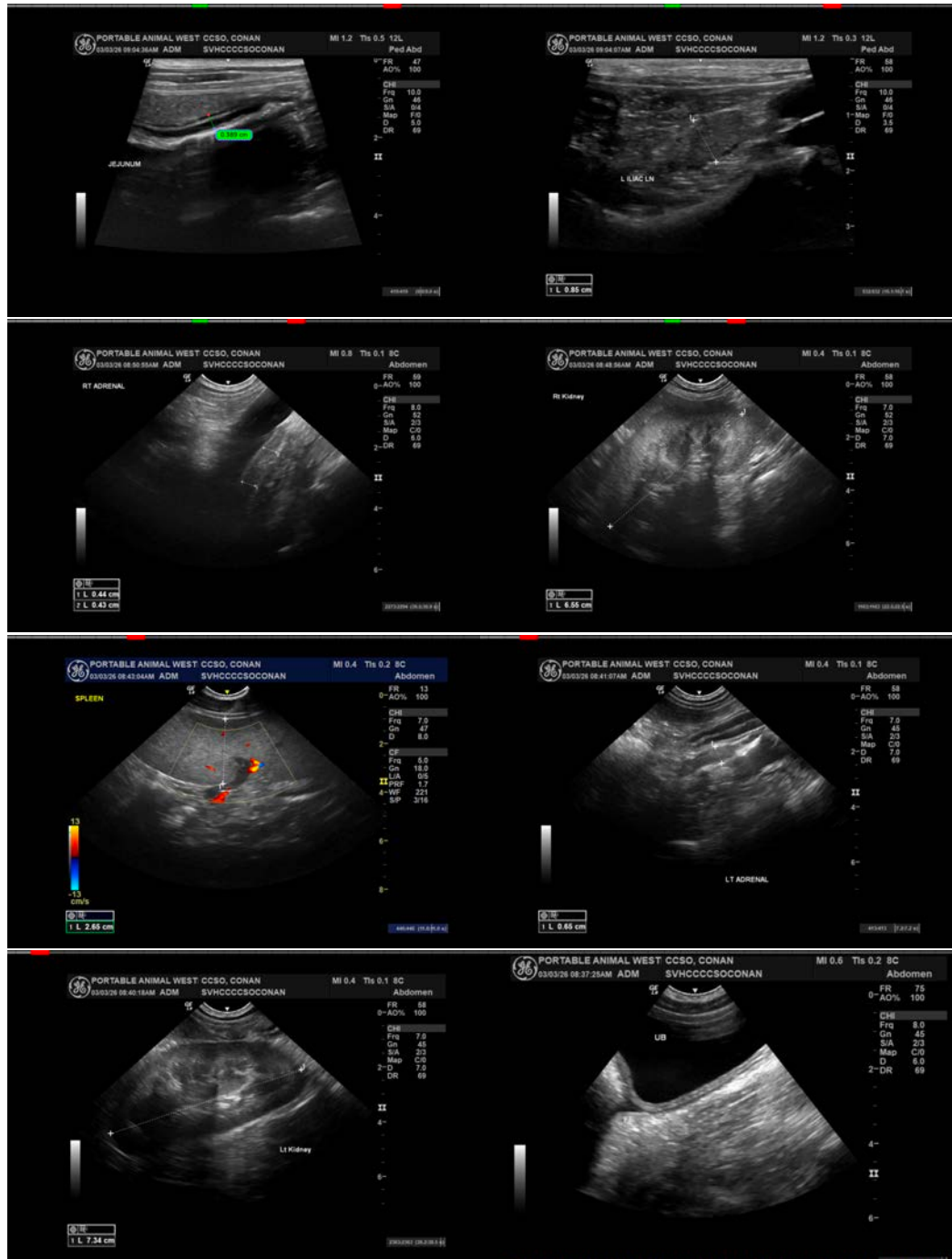
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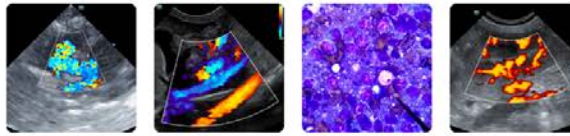
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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