

PATIENT PRESENTING CLINICAL SIGNS

Luna Calle History: Hx of loose stool + increased frequency of using the bathroom, more than 5 times a day , very flatulent, for the past 5 months. good appetite, losing weight, lethargic, GI track diet from hills. Tx by rDVM no improvement.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: very thickened small intestine on abdominal palpitation, BCS 4/9. BW: 11/29/2021 Superchem: Amylase: 271 (L) 290-1,125 PrecisionPSL: 16 (L) 24-140 CBC: Unremarkable. GI panel: Cobalamin :300 251-908 Folate: >24 7.7-24.4 TLI: <1.0 (L) 5-35 Pacreatic Lipase Immuno <30 c 0-200

BREED

Poodle X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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

2 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

WEIGHT

11 pounds

No overt pathology in the area of the uterus or bilateral ovaries.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.33 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.24 cm width at the caudal pole and 0.30 cm width at the cranial pole.

IMAGING PERFORMED BY

Jose

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

HOSPITAL NAME

Elmhurst Animal
Emergency Hospital

REFERRING VET

Dr. Thomas

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

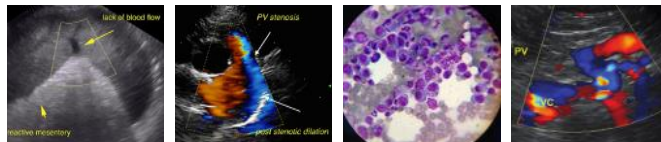
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Gastrointestinal

DATE

03/01/2022

The stomach presented intact and sonographically unremarkable wall layering with a normal wall layer ratio. The stomach was moderately distended with ingesta. The gastric body wall measured 0.22 cm.



PATIENT

Luna Calle

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with generalized small intestinal non shadowing ingesta/chyme with variable small intestinal distention. The duodenum wall measured 0.20 cm. The jejunum wall measured 0.18 cm

SPECIES

Canine

Normal visible colon wall layers were present with apparent semi formed to non-formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Poodle X

Free Abdomen

Intermittent to multi focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.7 cm x 0.5 cm. Scant minor peritoneal free fluid was observed with generalized primarily peri intestinal reactive mesentery.

SEX

Female

AGE

2 years

ULTRASONOGRAPHIC FINDINGS

- Intact gastrointestinal wall layering exhibiting moderate gastric and small intestinal ingesta/chyme, possible inefficient peristalsis pattern.
- Non formed feces in colon.
- Scant to minor peritoneal free fluid.
- Subjectively benign/reactive mesenteric lymphadenopathy.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The decreased TLI level is consistent with exocrine pancreatic insufficiency. Potential for concurrent nonspecific enteropathy given the normal yet low end cobalamin level cannot be excluded. Pancreatic enzyme supplementation would be appropriate with assessment of clinical response and monitoring of cobalamin levels. If persistent low end cobalamin level is documented (i.e. <400) empirical cobalamin supplementation could be considered.

IMAGING PERFORMED BY

Jose

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

REFERRING VET

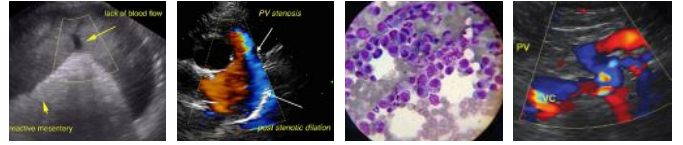
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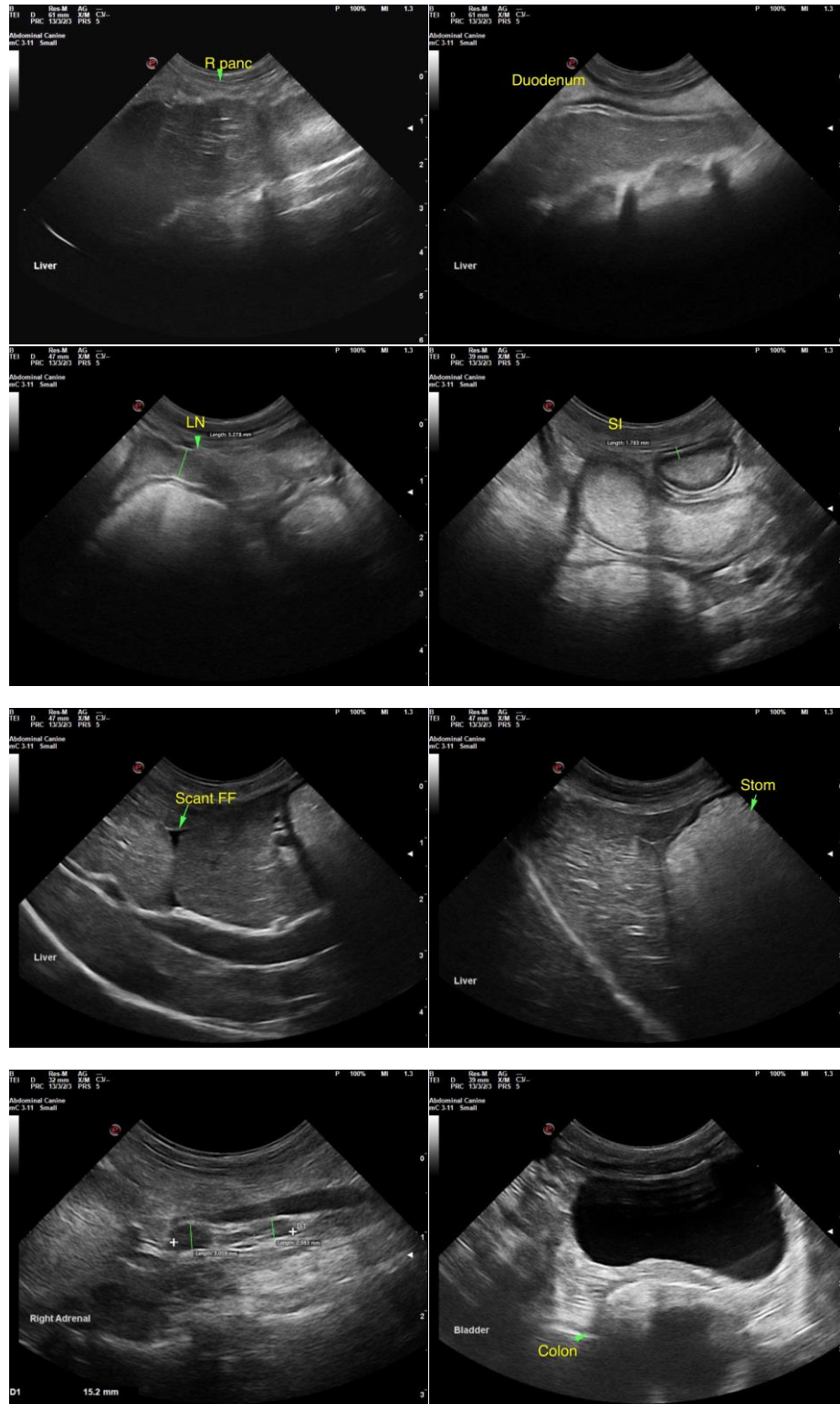
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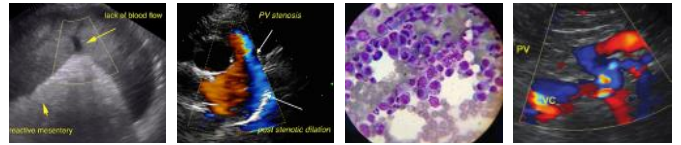
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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