



**PATIENT PRESENTING CLINICAL SIGNS**

Maverick Claus

Diarrhea

Albumin 3.5, Na/K ratio 30, Precision PSL 76, CBC-Stress Leukogram

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mix

The urinary bladder, trigone, and cystourethral junction 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 was noted.

**SEX**

The area of the aortic trifurcation was free of pathology.

MN

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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 5.5 cm in length. The right kidney measured 5.0 cm in length.

**WEIGHT**

40

**Adrenal Glands**

The left adrenal gland was normal to possibly mildly subnormal in size owing to recent Prednisone therapy, yet without overt pathology. The right adrenal gland was not definitively visualized suspected to be secondary to suppression secondary to Prednisone therapy. The left adrenal gland measured 0.34 cm width at the caudal pole and 0.30 cm width at the cranial pole.

**INTERPRETED BY**

R. McKenzie Daniel,  
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**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
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**HOSPITAL NAME**

New Britain VC

**Liver/ Gallbladder**

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.

**REFERRING VET**

Dr. Bandekar

**Gastrointestinal**

**INVOICE**

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting mild nearfield hyperechogenicity with strong distal acoustic shadowing extending into the level of the pyloric outflow.

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**PATIENT**

Maverick Claus

Concurrent similar appearing shadowing ingesta was present in the upper to mid duodenum. The small intestine presented sonographically unremarkable wall layering with a maintained 1:3 muscularis/mucosa ratio to the level of the colon.

**SPECIES**

Canine

Normal visible colon wall layers were present with subjective formed fecal matter in lumen.

***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**BREED**

Mix

***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable gastrointestinal tract / colon with strongly shadowing gastric and upper duodenal ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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No overt evidence of structural gastroenterocolic pathology i.e., masses, intussusception, etc., as an obvious contributing factor to the patient's chronic diarrhea. Potentially, current or previous Prednisone use could be masking gastroenterocolic mural changes. Dietary intolerance / food allergy, dysbiosis, occult parasitism, inflammatory bowel disease which may present as sonographically normal, or other gastroenteropathy are all potentials. No evidence of sonographically active pancreatitis.

**INTERPRETED BY**

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to rule out parasitic ova / Giardia is suggested if not recently done.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

The presence of gastric and upper duodenal ingesta is nonspecific and may indicate recent meal ingestion. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of gastric hypomotility or delayed gastric emptying could be considered. Technically, the possibility of Intermixed gastric foreign material in the stomach cannot be excluded. Monitoring for gastric emptying with documented NPO over the next 12-24 hours may be considered if clinically indicated. Empirically, novel protein or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic, empirical deworming even if fecal testing is negative (Panacur 50 mg/kg SID x 5 consecutive days with potential repeat protocol in 3 weeks), and assessment of clinical response is suggested.

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**IMAGING**

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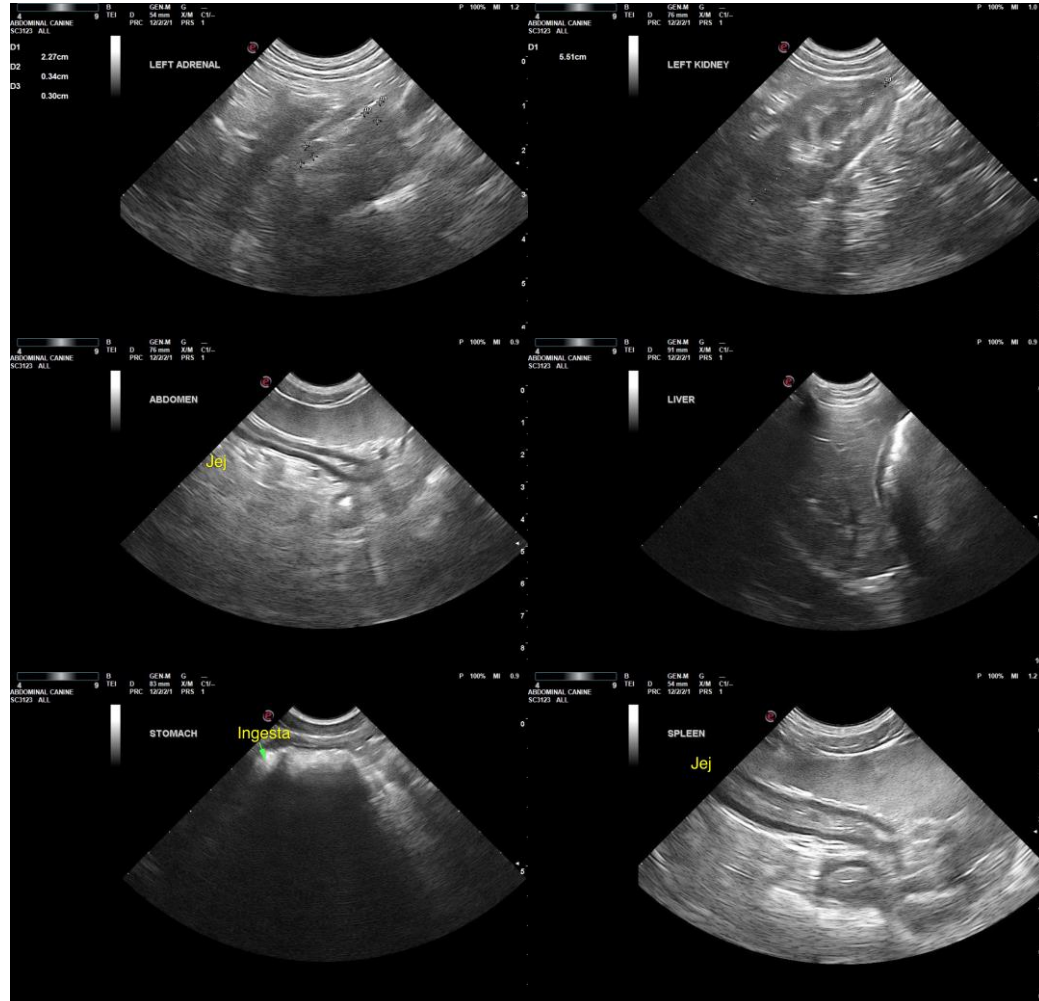
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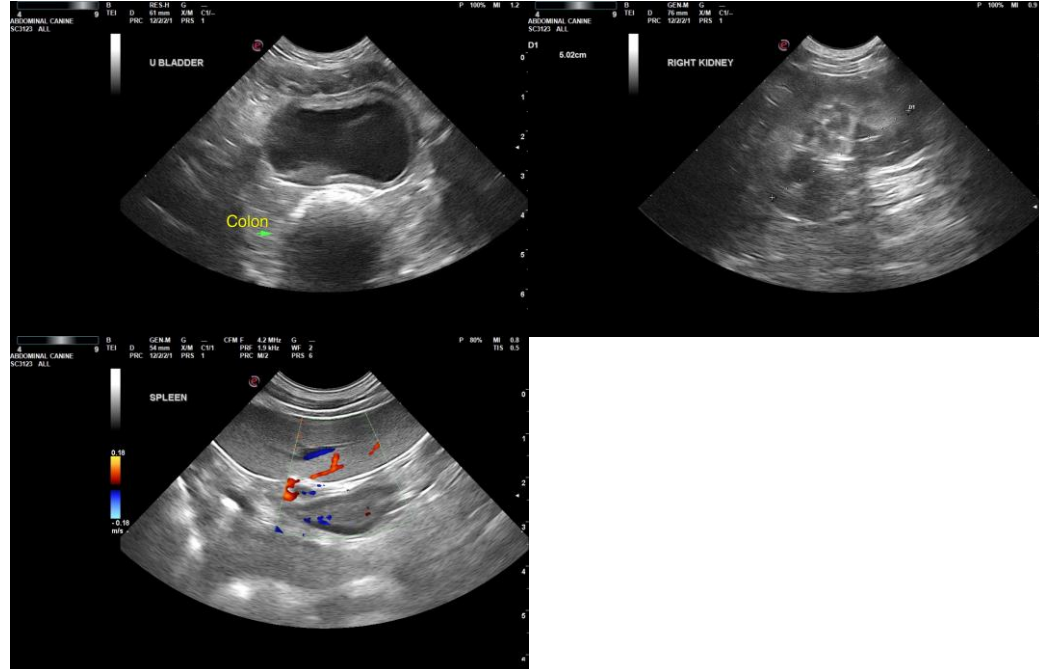
Mix

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**WEIGHT**

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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.

**INTERPRETED BY**

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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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