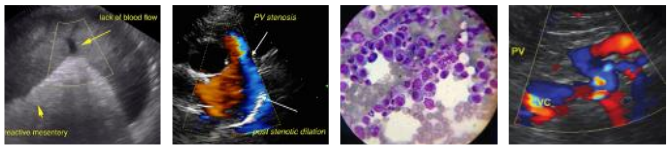
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Maverick McGuire

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

MN

**AGE**

6

**WEIGHT**

93

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brian Klug

**HOSPITAL NAME**

Sondel Family Veterinary Clinic

**REFERRING VET**

Dr. Frankenthal

**INVOICE**

12592ag

**DATE**

01/02/2023

## PRESENTING CLINICAL SIGNS

SUBJECTIVE: has intermittently loose stool - formed but soft. he defecates in the house at least every 2-3 nights where he'll wake up in the middle of the night and he'll go into the basement and defecate pudding consistency stool. o feels like he has increased urgency and increased frequency as well has a lot of flatulance sometimes stool during the day is normal consistency, sometimes it's soft but formed current food: - Hill's Science Diet - Salmon & Oat (was on regular chicken formula) - 2 cups BID OBJECTIVE: BCS: 8/9 T: not taken P: 100 bpm R: panting brpm GENERAL: bright, alert, responsive, active, friendly CV: normal rhythm, no murmur, strong synchronous pulses RESP: normal bronchovesicular sounds throughout all lung fields, eupneic EENT: no ocular or nasal discharge, eyes clear, no cough on palpation of trachea ORAL: mucous membranes pink and moist, CRT <2s, mild to moderate periodontal disease LN: no peripheral lymphadenopathy INTEGUMENT: full, healthy hair coat, no areas of seborrhea, pruritus, alopecia, or erythema MS: no pain on palpation of long bones or joints, normal ambulation, normal musculature, obese UG: no evidence of urinary incontinence, normal conformation NEURO: normal mentation and ambulation, menace and palpebral reflexes normal ABD: non-painful abdomen, no organomegaly or masses appreciated RECTAL: no masses appreciated, normal rectal ASSESSMENT: 1) Chronic intermittent loose stool 2) Obese PLAN: 1) GI panel and baseline cortisol to Texas A&M - results pending 2) Recommended cutting back food to 1.5 cups BID 3) Pending GI panel results, may change his diet *SINCE ABOVE SOAP, started B12 injections and recommended o start RC HP food. o hasn't started food yet due to travel/hectic holidays but will soon

Abnormal PE/Chem/CBC/UA Results: low cobalamin, remaining GI panel wnl CBC/Chem/T4 and baseline cortisol all wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 6.2 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

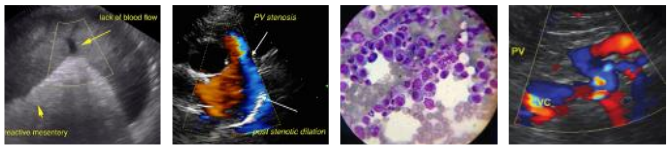
The area of the residual prostate appeared normal and free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole and 0.50 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 0.72 cm width at the caudal pole and 0.80 cm width at the cranial pole.

### *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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *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 with mild non-organized echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.40 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.37 cm width. The ileocolic wall measured 0.32 cm width.

Normal visible colon wall layers were present with apparent semi formed to possible soft feces 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 was evident.

### *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract/colon with subjective semi formed to possible soft fecal matter

### Secondary findings

- Otherwise sonographically normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported chronic gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease or less likely infiltrative neoplasia are possible. In this case given the subnormal cobalamin levels, distal small intestinal disease/non-specific ileitis is likely. Empirically, initiated cobalamin supplementation, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Reassessment of cobalamin levels following supplementation is suggested.

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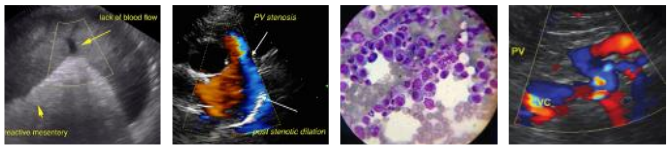

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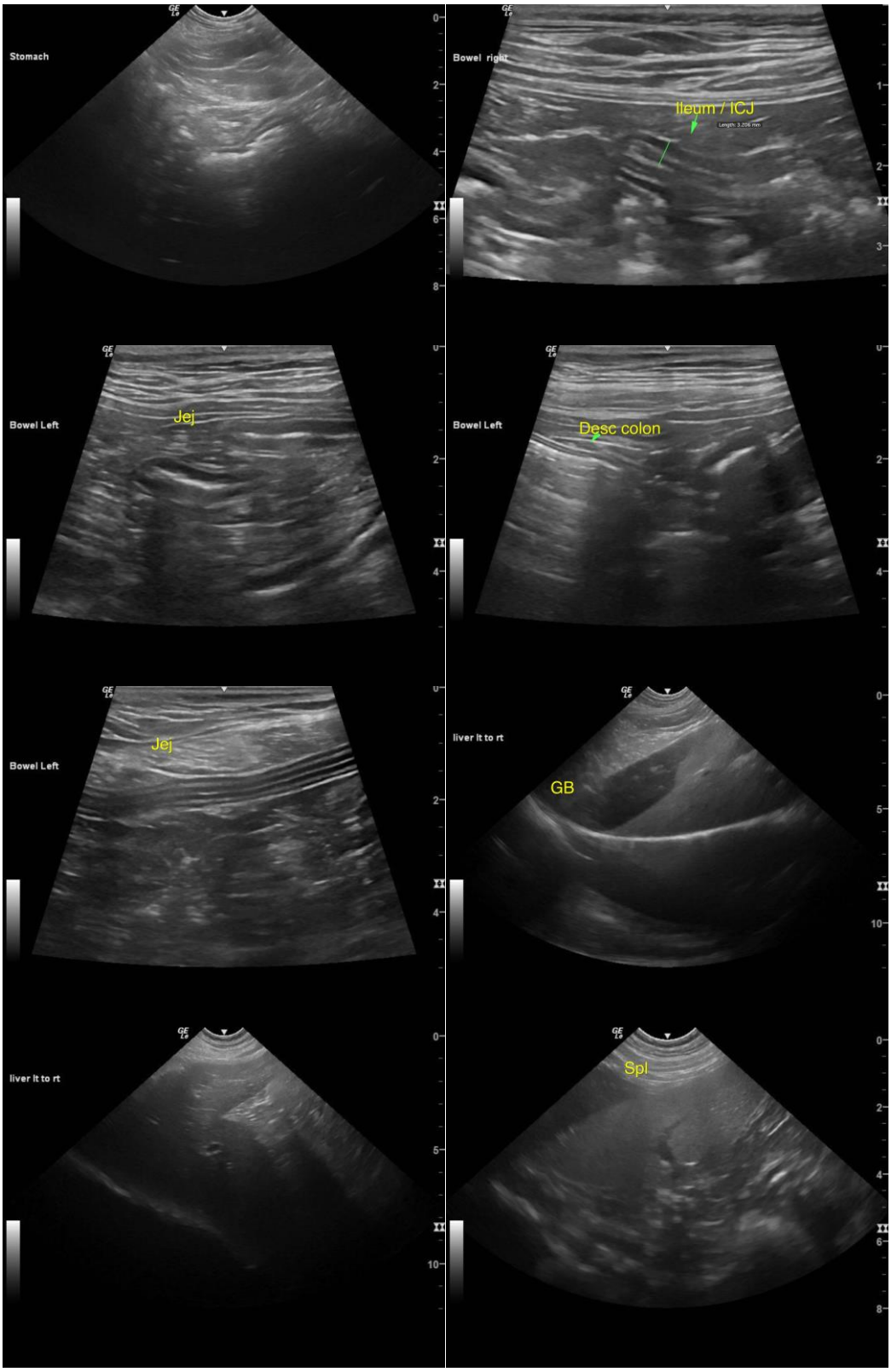

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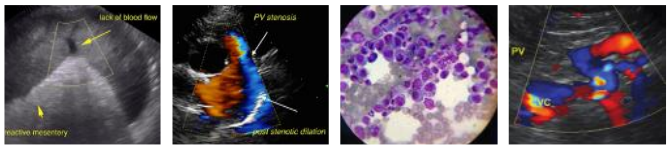

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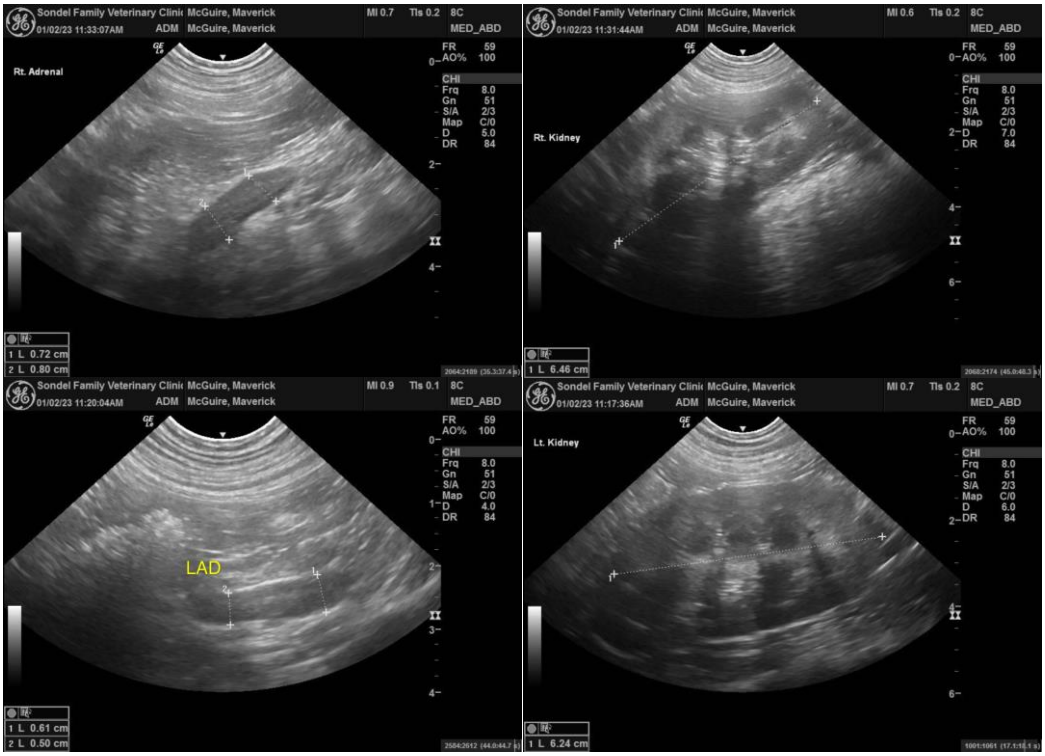


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**
mac.daniel@sonopath.com