



PATIENT PRESENTING CLINICAL SIGNS

Lily Formby History: Diabetic patient for many years, diagnosed with atopy. Has had chronic, intermittent vomiting, abdominal pain, diarrhea. Currently not eating well unless she has maropitant. Current Medications vetsulin 9IU BID, maropitant 12mg daily if needed, atopy managed mostly topically

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: emailing recent labwork. Findings normal other than mild increase of platelets, decreased amylase

BREED

Dachshund

SEX

Spayed Female

AGE

9 Years

WEIGHT

10 Lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Both kidneys exhibited mild nonuniform increased cortex echogenicity with small cortical cysts. No evidence of pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm x 0.55 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.0 cm in length x 0.51 cm width at the caudal 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 thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor congealed gallbladder debris.. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

South Willamette VC

REFERRING VET

Dr. Willaman

INVOICE

13603

DATE

1/24/22



PATIENT

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate mixed echogenic to focally shadowing ingesta without signs of obstruction or foreign material. The ventral gastric body wall measured 0.34 cm. The pylorus wall measured 0.35 cm.

SPECIES

Canine

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 duodenum wall measured 0.43 cm. The jejunum wall measured 0.38 cm.

BREED

Dachshund

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

SEX

Spayed Female

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

AGE

9 Years

Free Abdomen

No free fluid or overt lymphadenopathy present.

WEIGHT

10 Lbs.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic interstitial nephrosis renal pattern with small cortical cysts
- Hepatomegaly- subjectively benign
- Suspect mild gastroenteritis with gastric ingesta
- Chronic to chronic active pancreatitis
- Mild gallbladder debris (non-mucocele)

INTERPRETED BY

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently done, urine culture and sensitivity on sterile urine sample is suggested given the patients diabetic history. Additionally, renal staging, including baseline UPC would be warranted.

IMAGING PERFORMED BY

Jenna Walsh, CVT

The overall appearance of the liver is consistent with benign hepatomegaly with considerations including metabolic/reactive/vacuolar (diabetic) hepatopathy, mild inflammatory hepatopathy given the presence of gallbladder debris without overt evidence of neoplastic criteria. This is a non-specific finding given the lack of reported hepatic enzyme elevations.

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In patients with chronic gastrointestinal signs, mild chronic to chronic active pancreatitis, dysbiosis, dietary intolerance/food hypersensitivity, IBD or in this case, less likely neoplastic intestinal disease all possible. Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate. The presence of gastric ingesta may indicate postprandial presentation. However, if documented NPO, some degree of concurrent gastric stasis may be possible. No overt evidence of mechanical obstruction.

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Empirically, 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 (Proviale or Visbiome), antibiotic trial



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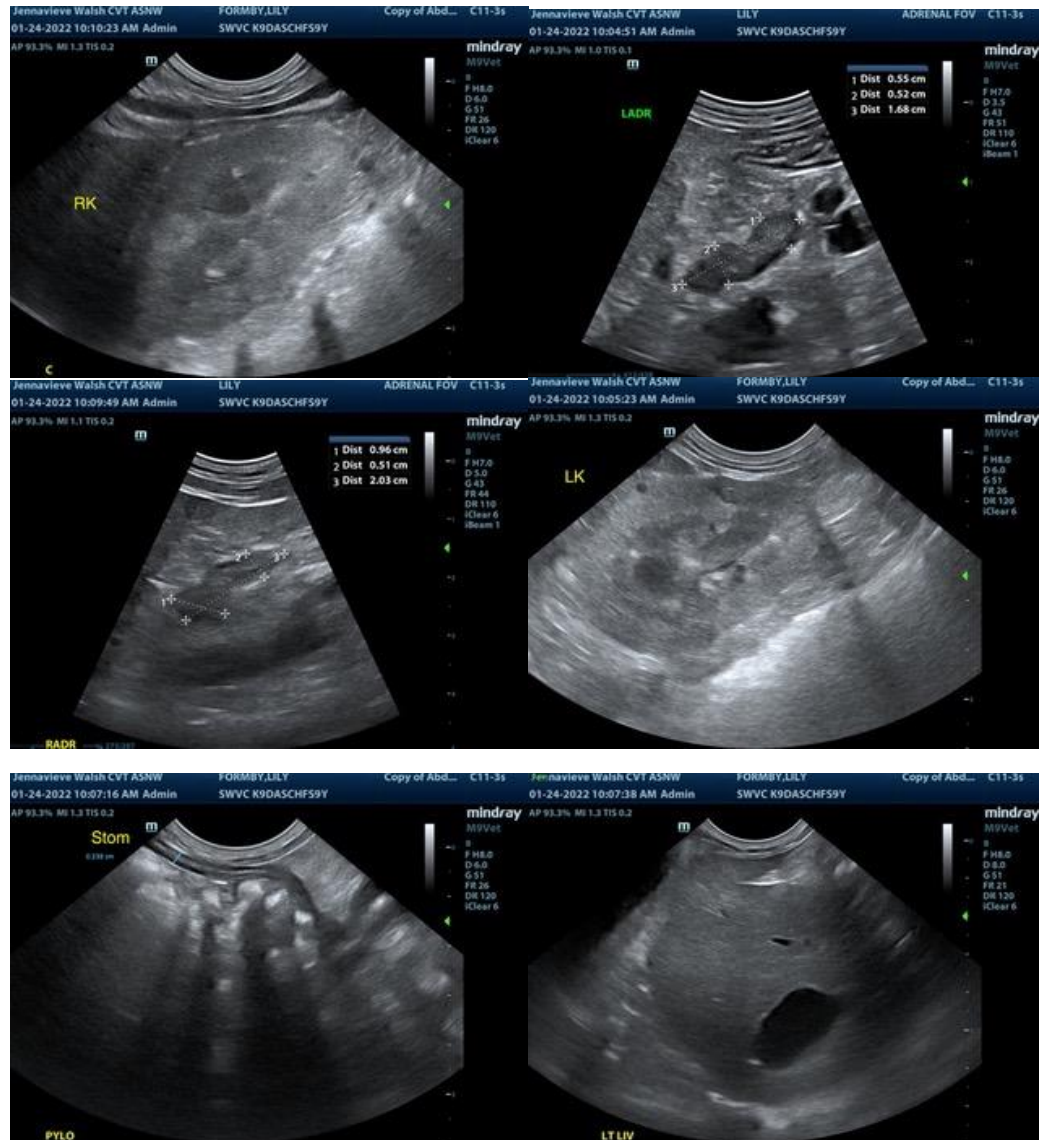
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and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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