


**PATIENT PRESENTING CLINICAL SIGNS**

Chisel Davis-Hill

History of sudden and extreme weight loss over the last few months, most noted since May 2021. Has muscle wasting, severe emaciation and body condition score of 2/5. Vomits often but not every day, and has some normal bowel movements as well as often diarrhea. Just dewormed, added Mirtazipine and did a broad spectrum deworming as well as added a Hypo food. No real change.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**BREED**

Shepherd X

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

**AGE**

9 Years

The area of the aortic trifurcation was free of pathology.

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 6.7 cm. The right kidney measured 7.2 cm.

**WEIGHT**

25.2 kg

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.75 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient conformation, yet without overt pathology, subjectively measuring 0.56 cm at the caudal pole.

**INTERPRETED BY**

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

**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**

Crystal Hill

**HOSPITAL NAME**

Grand River VH

**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.

**REFERRING VET**

Dr. Hornak

**Gastrointestinal**

The visualized gastric walls exhibited intact and sonographically unremarkable wall layering without evidence of gastric mural pathology. The stomach contained a moderate amount of retained echogenic fluid and chyme. Ventral gastric body wall measured 0.36 cm. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction.

**INVOICE**

33978

**DATE**

1/5/22

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental retained jejunal chyme present. No evidence of obstructive pattern, loss of intestinal wall layering, intestinal masses, or other pathology.



**PATIENT**

Chisel Davis-Hill

The colon exhibited intact, sonographically unremarkable wall layering with generalized mild colonic distention, containing semiformal to soft feces.

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Shepherd X

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Neutered Male

- Hypomotile stomach exhibiting moderate retained echogenic fluid and chyme
- Overtly normal small bowel with mild retained segmental chyme
- Sonographically unremarkable colon with generalized semiformal to soft feces

**AGE**

9 Years

**WEIGHT**

25.2 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The moderate retained gastric fluid and chyme is suggestive of metabolic gastric stasis without overt evidence of gastric foreign material or mechanical pyloric outflow obstruction. Gastritis is possible. Without overt evidence of small bowel pathology or mechanical obstruction, an underlying cause of the patient's clinical signs and weight loss was not definitively evident. However, given the patient's history and persistent gastrointestinal signs, mild to sonographically unremarkable pancreatitis, dysbiosis, exocrine pancreatic insufficiency, dietary intolerance/food allergy, IBD, or less likely intestinal neoplasia may be possible.

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DABVP (Canine and  
Feline)

GI panel to include PLI, TLI, cobalamin and folate for further assessment is strongly recommended. Although considered unlikely, resting cortisol level to rule out occult Addison's disease may be considered. In addition to hypoallergenic diet (long-term dietary therapy likely indicated in this patient), smaller more frequent feedings of hypoallergenic diet, intestinal prokinetics, high colony count probiotic (Proviale or Visbiome) +/- cobalamin supplementation pending GI panel results may prove beneficial. Endoscopic intestinal biopsies may be required for definitive diagnosis despite empirical therapy and pending GI panel results. If not done, 3-view chest radiographs are recommended to rule out occult thoracic pathology.

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**PATIENT**

Chisel Davis-Hill

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

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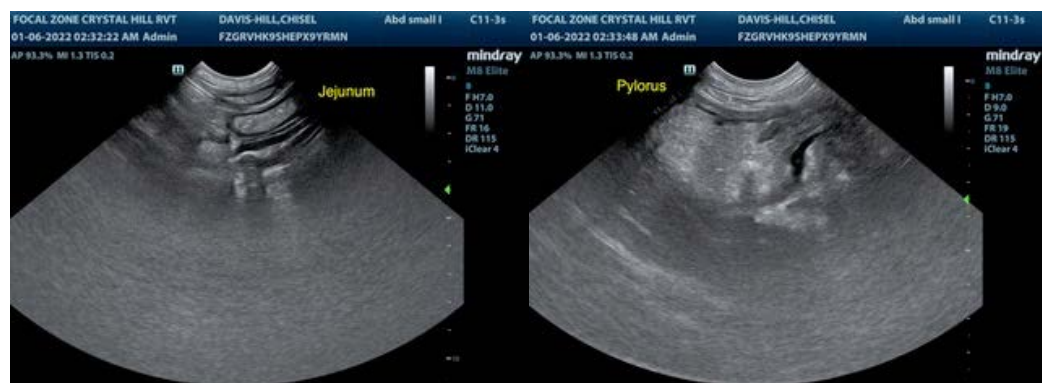
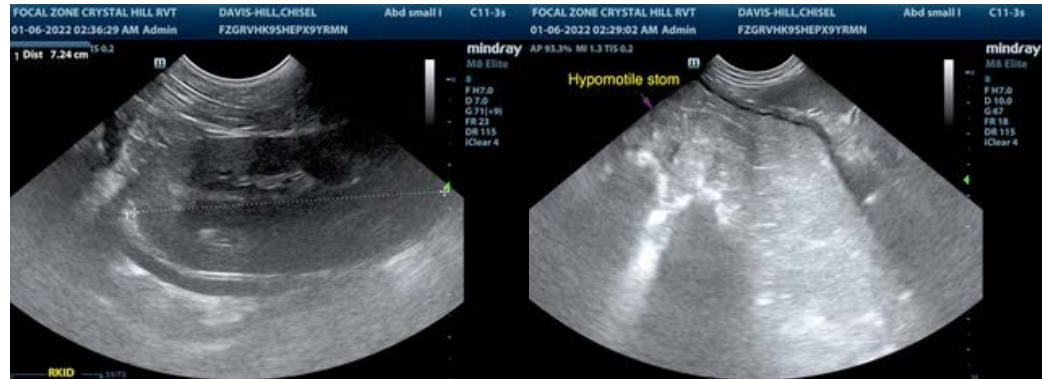
Dr. Hornak

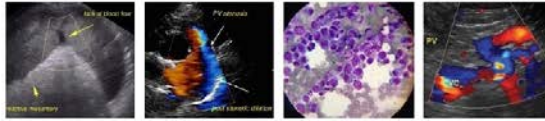
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**PATIENT**

Chisel Davis-Hill

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.

**SPECIES**

Canine

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.

**BREED**

Shepherd X

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com

**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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