



PATIENT

Wilbur Redmond

SPECIES

Canine

BREED

Old English Sheepdog
X

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

17.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties East Hamilton
AH

REFERRING VET

Dr. Nannayakara

INVOICE

20383

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: 4th bout of pancreatitis in 6-8 months. Currently on GI low fat (2-month duration). Upon palpating abdomen on PE P reacted and started to spasm the muscles Jan3 P didn't have a BM and didn't eat a lot as well, Jan 4th started to eat and have a BM, urination. Metronidazole, Cerenia, Gabapentin.

Abnormal PE/Chem/CBC/UA Results: M1 elevated Amylase, cPL abnormal, M1 elevated Chloride. U/A sp grav 1.050, trace protein.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. Aortic trifurcation was normal.

The residual prostate 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 4.9 cm in length. The right kidney measured 4.8 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 0.38 cm width at the caudal pole and 0.34 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 0.45 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 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.

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.



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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.

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The colon revealed sonographically unremarkable wall layering. The colon contained subjective semi-formed to possible soft fecal matter.

Canine

Pancreas

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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.

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- Sonographically unremarkable gastrointestinal tract/pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

No evidence of visceral pathology, specifically no evidence of gastrointestinal or pancreatic pathology, including no sonographic evidence of significant or active pancreatitis. Low-grade pancreatitis or structurally insignificant inflammatory gastroenteropathy, dietary intolerance/food hypersensitivity, especially if evidence of gastrointestinal signs, which may present sonographically normal, is possible. Given the subjective semi-formed to possible soft fecal matter in the colon, monitoring for soft or non-formed stool, which may indicate underlying dietary intolerance or inflammatory bowel is suggested.

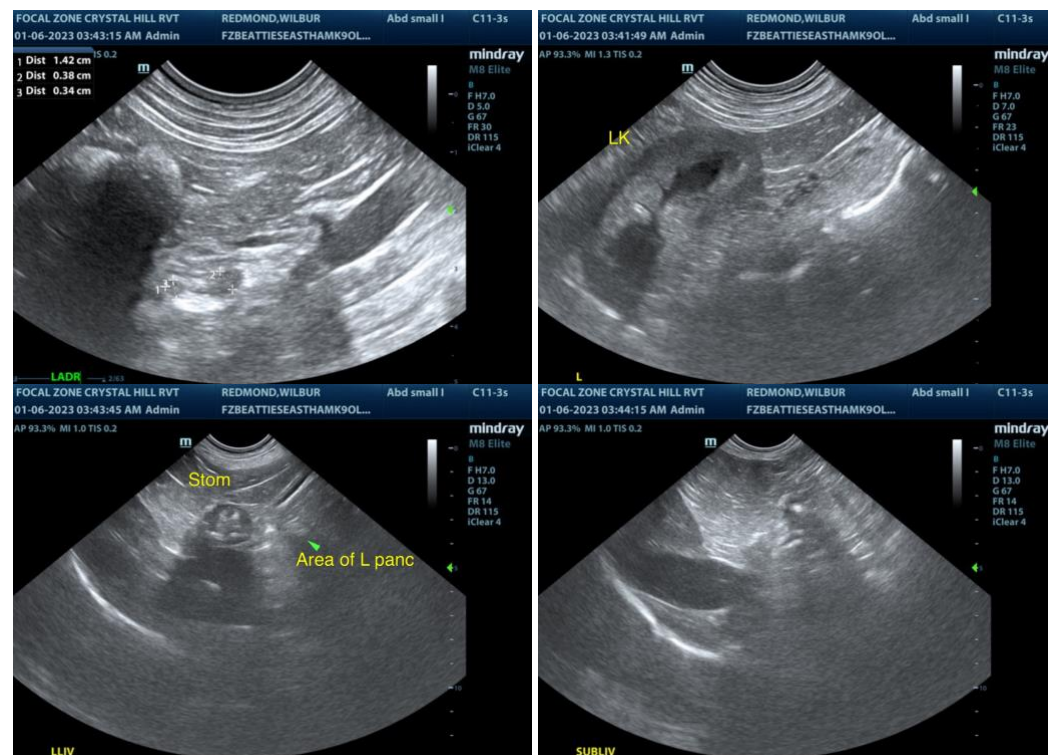
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Empirically, continued dietary therapy with possible hydrolyzed diet trial and as needed gastrointestinal support, conservative therapy for possible low-grade pancreatitis would be reasonable.

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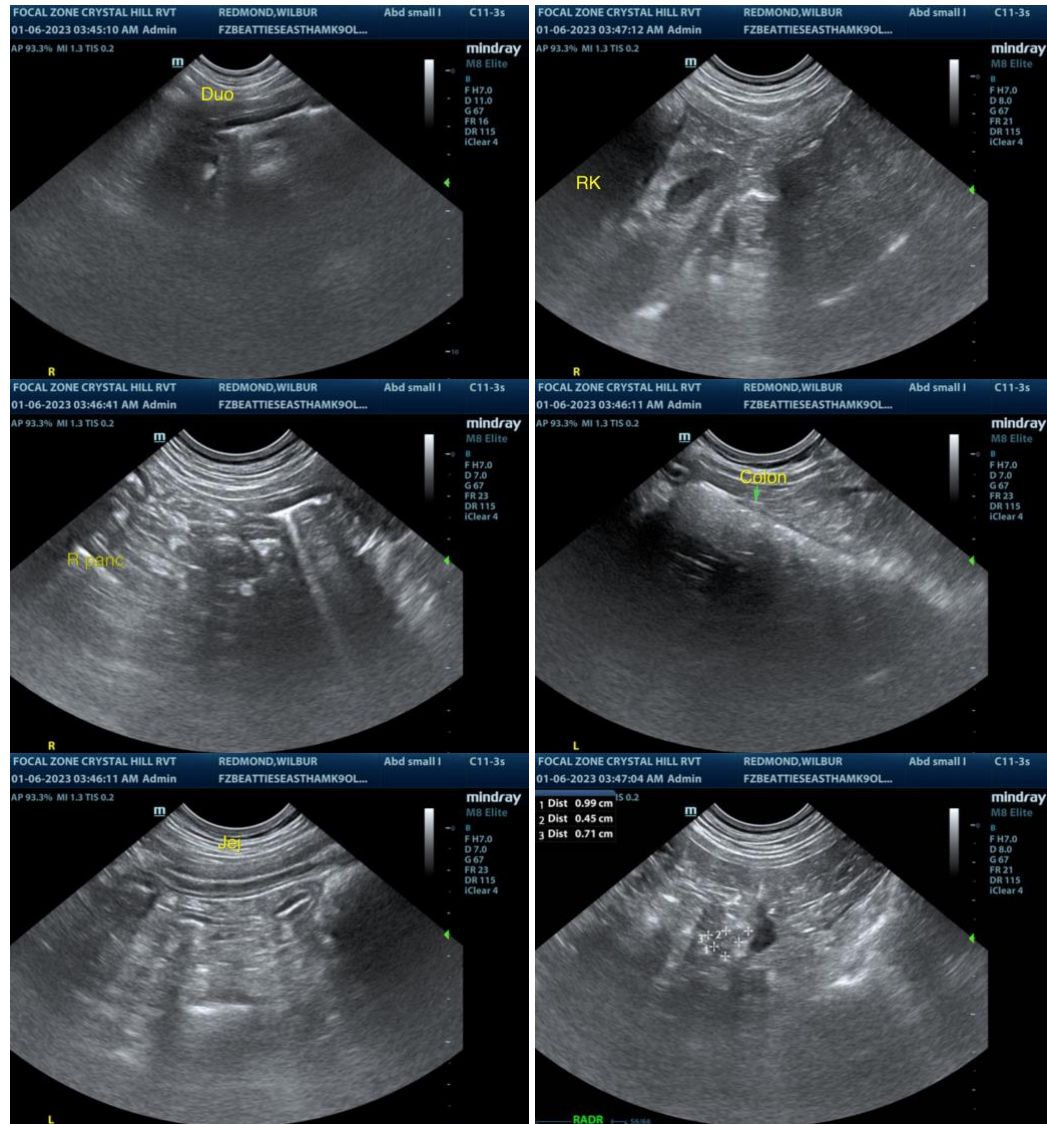
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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