



PATIENT	PRESENTING CLINICAL SIGNS
Gracie Flack	Gracie presented for chronic diarrhea/mucousy stools. The owner previously lived in PA and the dog was symptomatically treated with a GI diet and steroids due to suspected IBD. The owner took the dog off of steroid therapy about 6 months ago. No ultrasound has been previously performed.
SPECIES	Concern for IBD or other underlying GI condition. Fecal was NPS. Financial limitations so elected to start w/ ultrasound.
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Goldendoodle	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
SF	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 4.0 cm in length. The right kidney measured 4.1 cm in length.
AGE	The area of the aortic trifurcation was free of pathology.
6yr	Adrenal Glands
WEIGHT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 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 0.37 cm width at the caudal pole.
14.4lb	Spleen
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver/Gallbladder
IMAGING PERFORMED BY	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.
Dr. Freson	Gastrointestinal
HOSPITAL NAME	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.37 cm in width.
Kings Veterinary Hospital	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mildly prominent mucosa layer is possible. The lumen of the small intestine was empty with no signs of ileus,
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PATIENT

Gracie Flack

obstruction or foreign material. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.31 cm width.

SPECIES

Canine

Normal visible descending colon wall layers were present with apparent formed to semi formed 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.

BREED

Goldendoodle

Free Abdomen

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

SEX

SF

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract/colon

AGE

6yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically gastroenterocolic or pancreatic 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 gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or less likely, Addison's disease or occult infiltrative neoplasia. The mucousy stools may suggest some degree of chronic colitis although the visualized colon walls appeared to be unremarkable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

WEIGHT

14.4lb

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 (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

INTERPRETED BY

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

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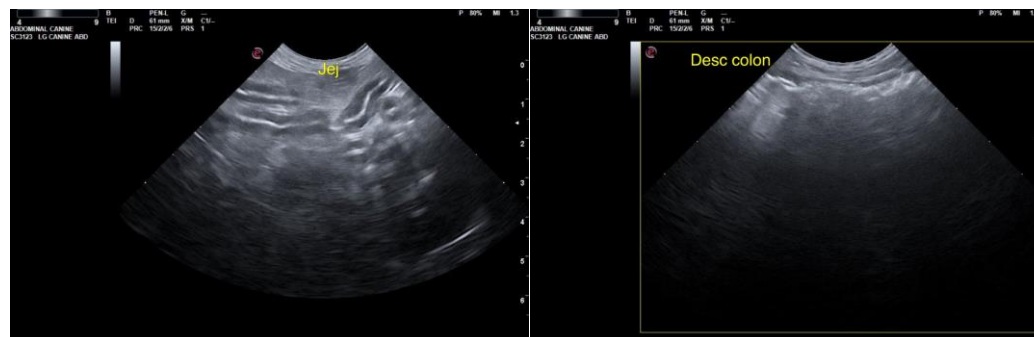
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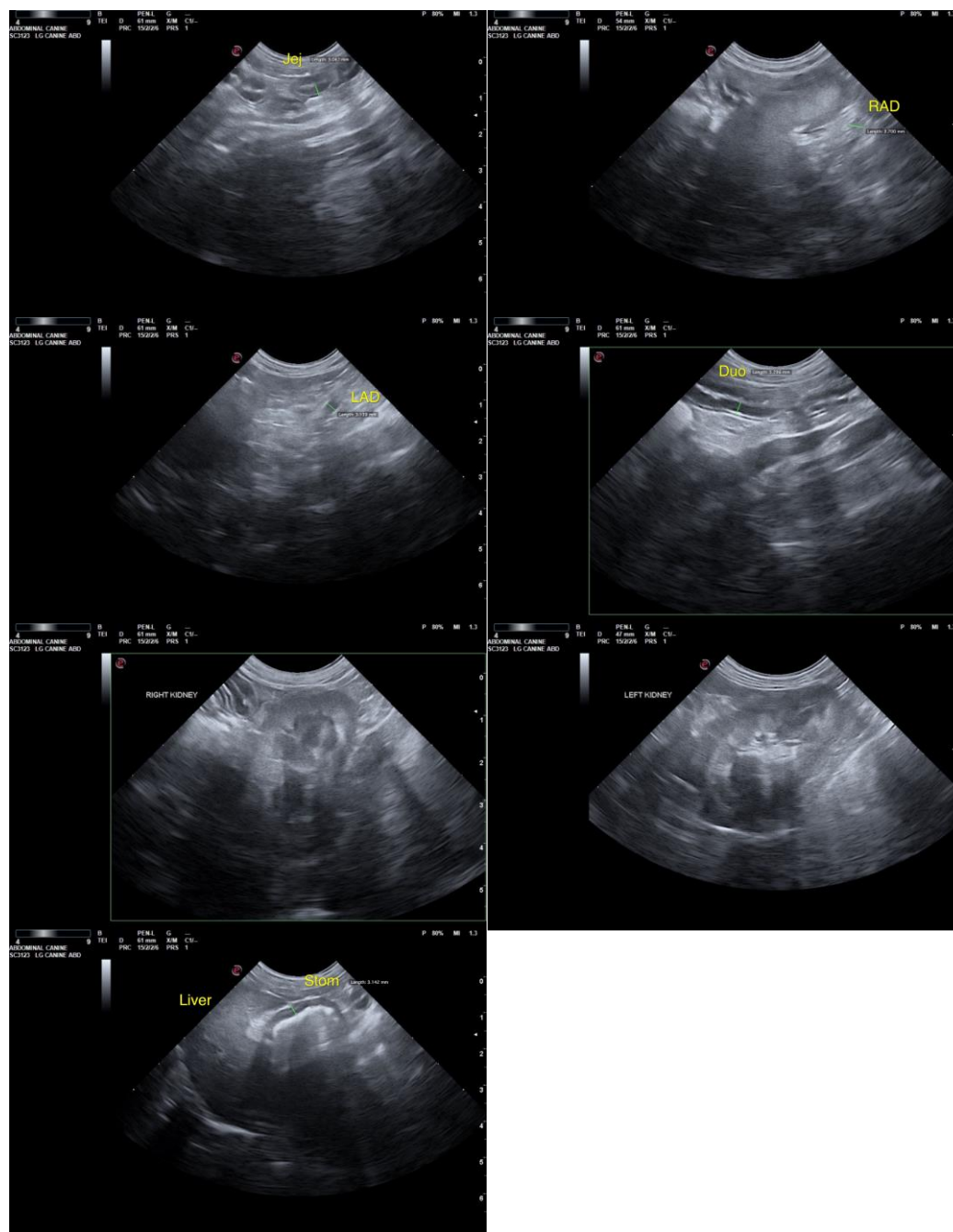
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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SPECIES

Canine

BREED

Goldendoodle

SEX

SF

AGE

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WEIGHT

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