



PATIENT

Guinness Barnas

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

8y, 6m

WEIGHT

68 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Morris Hills VC

REFERRING VET

Dr. Hirschenson

INVOICE

10508

DATE

1/6/25

PRESENTING CLINICAL SIGNS

r/o gastroenteritis - IBD Clinical Findings: Poor appetite, will eat chicken, lethargic. Stools loose and watery. Also PU/PD. Current medications: Flagyl 500mg BID, Pro-pectalin gel 5ml TID
 Abnormal PE/Chem/CBC/UA Results: ALP 1843 Rest bw WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 6.4 cm in length. The right kidney measured 6.3 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 0.63 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 0.63 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/ Gallbladder

The liver presented as mild 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 containing primarily anechoic content with mild, non-organized gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of foreign material. Mild retained echogenic fluid / chyme was present.

The small intestine presented intact, normal to borderline thickened wall, primarily noted in the jejunum, with a propensity for mildly prominent intestinal submucosa and muscularis layers. The lumen of the small intestine was empty. There is no evidence of mechanical / metabolic ileus to the level of the colon. The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.54 cm width.

Normal visible colon wall layers were present with soft fecal matter.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

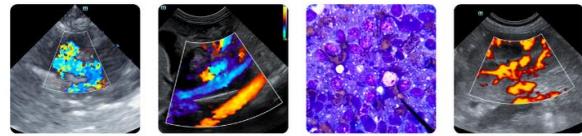
ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild retained fluid / chyme
- Suspect IBD intestinal pattern
- Normal colon with soft fecal matter
- Benign hepatopathy
- Mild gallbladder debris (non mucocele)
- Normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited primarily mural changes suggestive of inflammatory criteria with dietary intolerance, infectious disease, occult parasitism, and less likely occult to emerging intestinal neoplasia, all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate, a fresh fecal analysis, and screening cortisol level is recommended. A definitive cause of the PU/PD was not obvious.

A novel protein or hydrolyzed diet trial with probable long-term dietary therapy, high colony count probiotics such as Provable, cobalamin supplementation pending assessment of cobalamin level, deworming (Panacur 50 mg/kg SID x 5 days) with repeat protocol in 3 weeks, despite fecal testing with clinical monitoring may prove beneficial. Adverse effects on normal gastrointestinal flora with Metronidazole use may be considered. Sonographic reassessment with consideration for enterocolic biopsies is recommended if nonresponsive or progressive gastrointestinal signs are noted.



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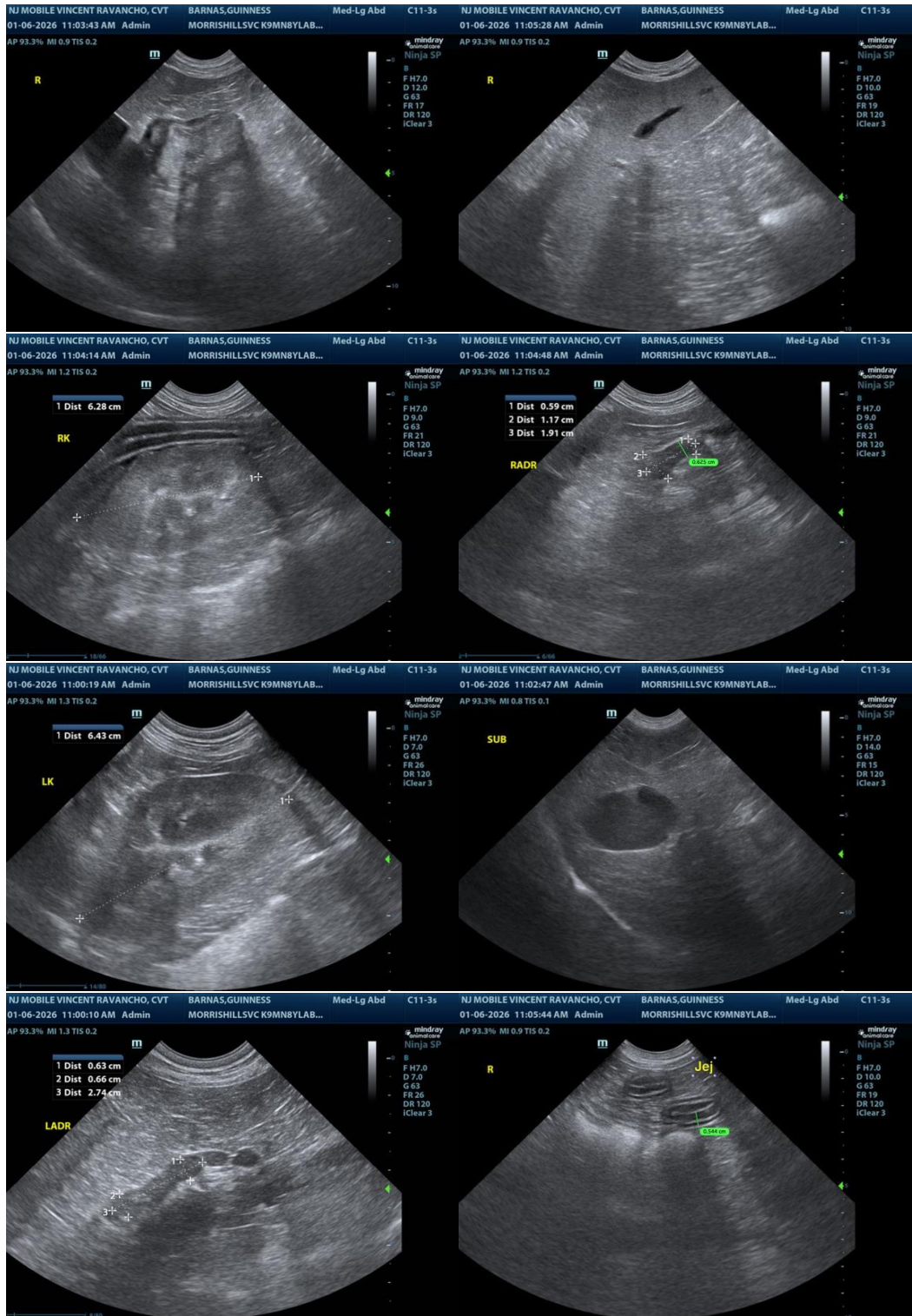
Dr. Hirschenson

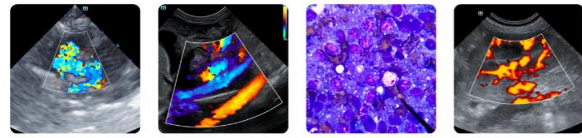
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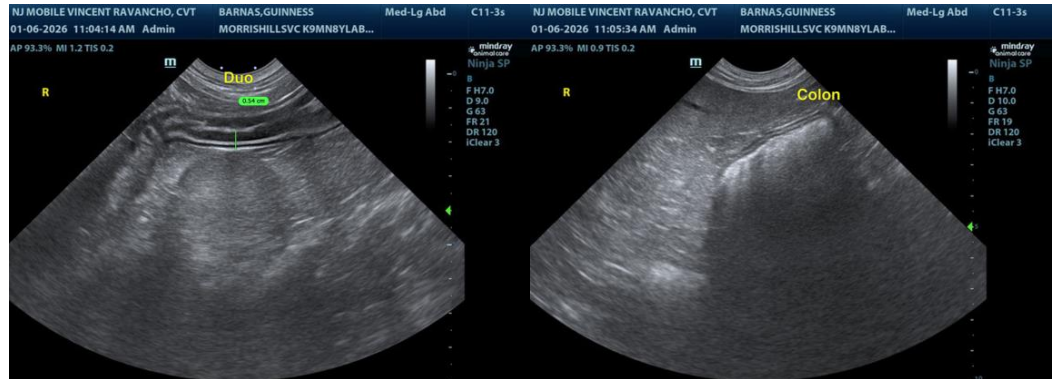
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com