



PATIENT PRESENTING CLINICAL SIGNS

Cobalt Clappison

SPECIES

Canine

BREED

Collie

SEX

MN

AGE

7yr

WEIGHT

74lb

Cobalt was presented to another clinic when we were closed due to vacation. The main complaint was chronic GI issues - vomit and diarrhea sporadically, owner had decided he was allergic to chicken so had switched up foods to a lamb based diet. Owner also thought maybe drinking and peeing more recently. They also noted he would pick up and eat pretty much anything food or non-food items. On physical exam notes show body condition 2.75/5 with mild muscle wasting, temp 38.7, mild pain abdomen in general, HR 100, RR 28. No abnorms. Radiographs done - I haven't seen them - notes say some gas but no signs of foreign body. Rest of abdomen unremarkable as well. Blood was done which shows increased liver enzymes, normal SDMA and creatinine, Spec cPL within normal, TLI within normal, B12 and Folate also within normal. Electrolytes within normal. Urinalysis - isothermuremic at 1.010, no protein, not much going on. Random/resting cortisol 29 (28 - 120) low end normal Parasitology done due to diarrhea - no ova / parasites They decided to do an ACTH stimulation test - I had to double check as dose and method wasn't in notes but was told they used Cortrosyn and gave 5 ug/kg IM. Baseline 60 (28 - 120) Post ACTH 205 (220 - 550) He was diagnosed with atypical Addison's and started on 5 mg prednisone every 12 hours. He presented to me 2 weeks after this as he was still having some diarrhea, he was eating better, owner thought still PU/PD (is on prednisone) but was brighter and eating a bit better. I don't believe this is Addison's , blunted response to ACTH but there is a response and the baseline is within normal. So I am concerned with GI disease and / or liver disease. IBD ? PLE ? Liver disease ?

Current Medications Prednisone 5 mg BID, currently being dewormed with Fenbendazole 50mg/kg SID x 5 days

Abnormal PE/Chem/CBC/UA Results: please see attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

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

Urinary System

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 mild non-dependent hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

IMAGING PERFORMED BY

Kelly Reschny

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 7.1 cm in length. The right kidney measured 7.4 cm in length.

HOSPITAL NAME

Gagemount AH

The area of the aortic trifurcation was free of pathology.

REFERRING VET

Dr. Keir

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

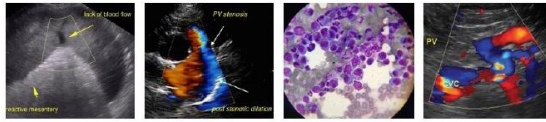
INVOICE

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The bilateral adrenal glands were indistinctly visualized owing to isoechoic adrenal echogenicity compared to adjacent tissue yet overtly normal in size, position and shape. The left adrenal gland measured 0.63 cm width at the caudal pole. The right adrenal gland measured 0.69 cm width at the caudal pole.

Spleen

DATE



PATIENT	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.
Cobalt Clappison	
SPECIES	Liver/Gallbladder
Canine	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 primarily anechoic luminal content. The cystic and common bile ducts were normal.
BREED	Gastrointestinal
Collie	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic ingesta exhibiting mild progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.37 cm in width.
SEX	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental ingesta/chyme and luminal gas with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.22 cm width.
MN	Normal visible colon wall layers were present with apparent formed feces in lumen.
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INTERPRETED BY	Pancreas
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Free Abdomen
Kelly Reschny	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Gagemount AH	<ul style="list-style-type: none"> • Benign hepatopathy-vacuolar hepatopathy, inflammatory/immune mediated disease or other hepatopathy • Normal gallbladder • Structurally unremarkable GI tract with gastric/segmental intestinal ingesta and formed fecal matter • Overtly normal bilateral adrenal glands • Urinary bladder sediment
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Keir	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
INVOICE	Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment primarily to assess for evidence of inflammation or hepatic antigenic
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DATE	



PATIENT

Cobalt Clappison

stimulation. A leptospirosis titer/PCR may be considered if clinically indicated or if potential exposure/endemic to the area. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial.

SPECIES

Canine

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, emerging PLE, low grade to chronic pancreatitis are possible.

BREED

Collie

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, current 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.

SEX

MN

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

AGE

7yr

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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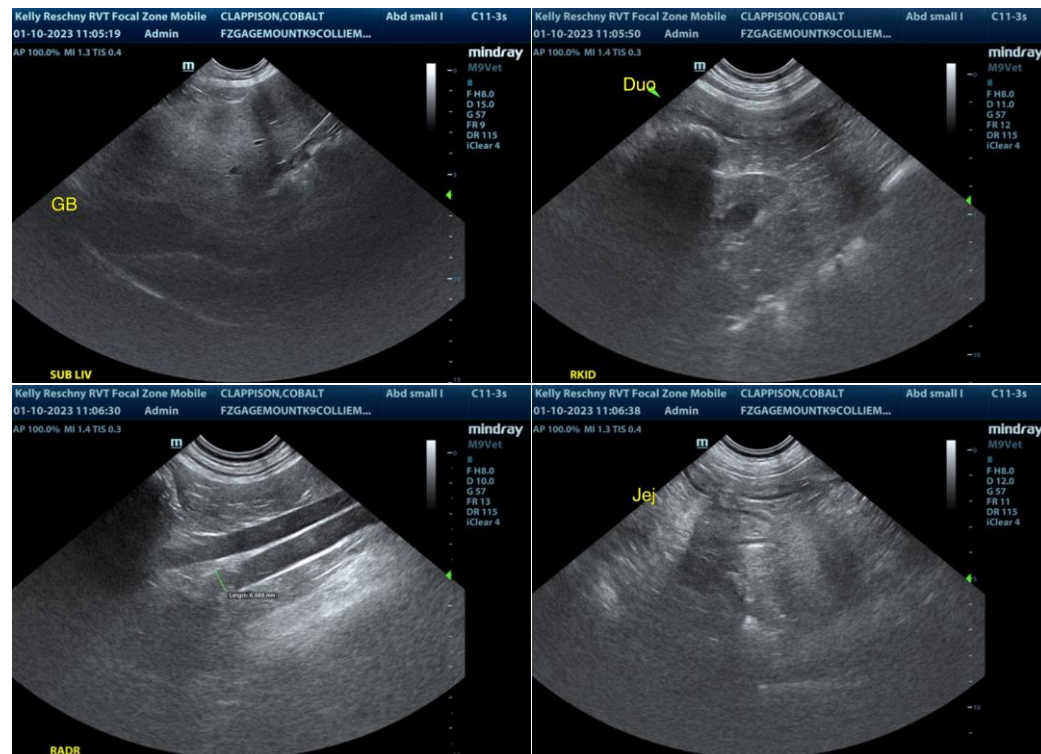
Kelly Reschny

HOSPITAL NAME

Gagemount AH

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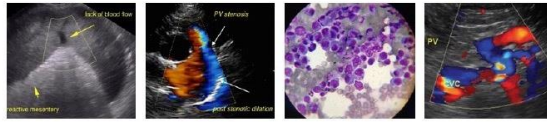
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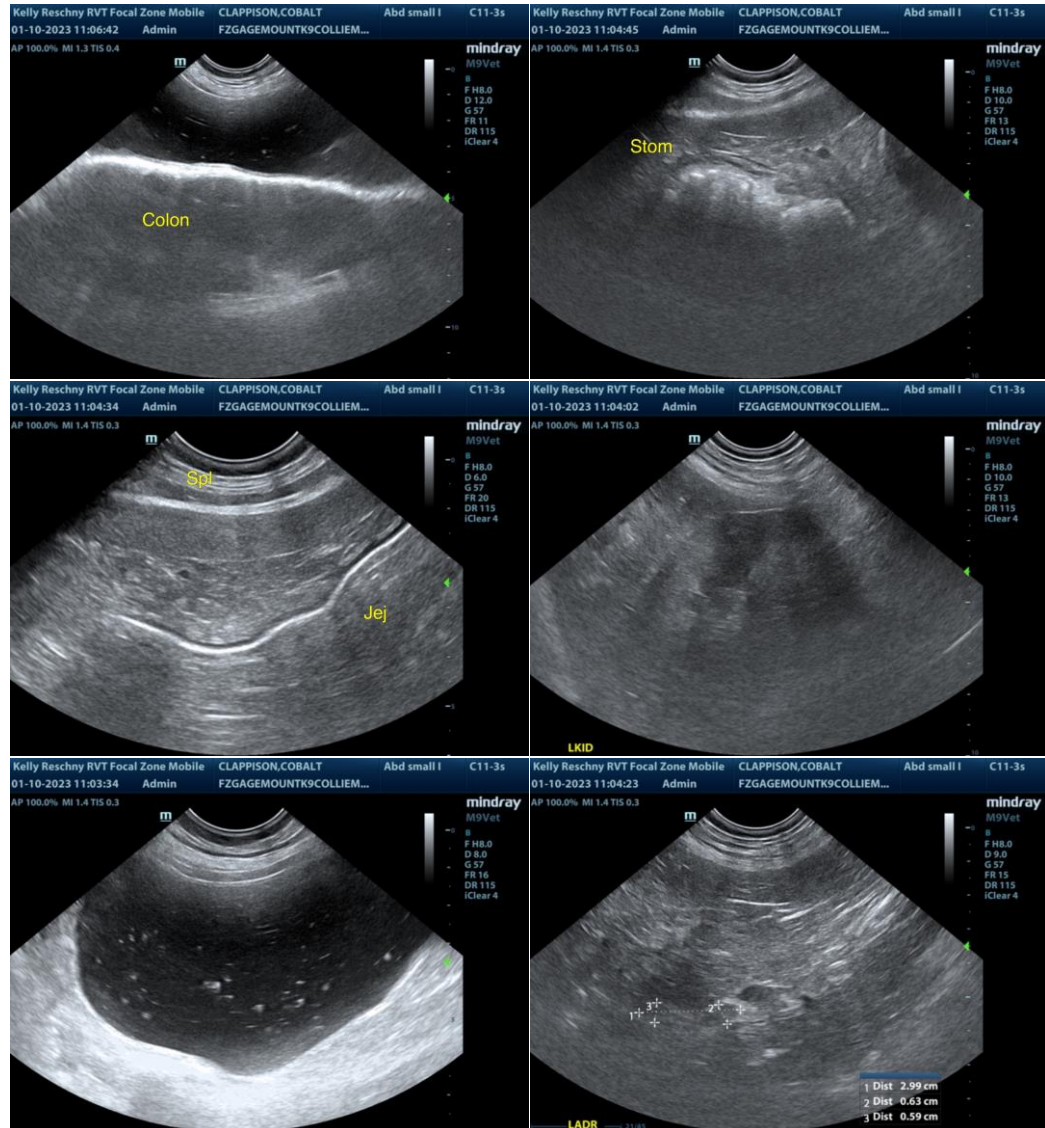
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com