



PATIENT PRESENTING CLINICAL SIGNS

TJ Little History: Chronic diarrhea which started in April.

SPECIES

Abnormal PE/Chem/CBC/UA Results: CBC - elevated Retics Chem - SDMA elevated 21 Potassium elevated 5.9 Na:K ratio low T. Protein low 36 Albumin Low 15 Globulin Low 21 Spec cPL high 617

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Bernese Mtn. Dog

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 area of the aortic trifurcation was free of pathology.

The area of the residual prostate was free of pathology.

AGE

4 Years

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 6.5 cm in length. The right kidney measured 6.6 cm in length.

WEIGHT

45 kg

Adrenal Glands

The left and right adrenal glands were indistinctly visualized without evidence of overt pathology.

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

Liver

HOSPITAL NAME

Wellington AH

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.

REFERRING VET

Dr. Dennis

The gallbladder was non distended in size with mild nondependent mildly echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

17822

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.

DATE

10/18/22

The small intestine exhibited intact wall layering with subjective propensity for segmental to generalized mildly prominent mucosa layer. No evidence of loss of intestinal wall layering, mechanical/metabolic ileus or intestinal masses.



PATIENT

Normal visible colon wall layers were present with subjective semi formed to possible soft fecal matter, consistent with patient history.

TJ Little

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Bernese Mtn. Dog

No evidence of overt or significant lymphadenopathy. Subtle periintestinal hyperechoic mesentery was noted. No evidence of free fluid.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Intact yet subjective mildly prominent segmental to generalized small intestinal walls
- Sonographically normal colon, containing subjective semi-formed to possible soft fecal matter
- Sonographically unremarkable pancreas

AGE

4 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The overall appearance of the small intestine was nonspecific without overt evidence of colonic mural pathology. In patients with chronic gastrointestinal signs, such as chronic diarrhea, considerations may include dietary intolerance/food allergy, dysbiosis, occult parasitism, occult Addisons disease, IBD/PLE or less likely in this case infiltrative neoplasia. Although sonographically unremarkable, potential for low grade to chronic pancreatitis cannot be ruled out as a contributing factor. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Resting cortisol level +/- full ACTH stimulation test if resting cortisol is <2.0 recommended given the hyperkalemia, as well as hypoalbuminemia.

45 kg

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DABVP (Canine and
Feline)

Empirically, a novel protein or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming, i.e., Panacur at 50 mg/kg SID for 5 consecutive days with potential repeat protocol in 3 weeks (even if fecal testing in negative), high colony count probiotics, such as Provable, empirical cobalamin supplementation pending assessment of cobalamin levels +/- antibiotic trial if clinically indicated with assessment of clinical response would be reasonable. Pending additional diagnostics and response to empirical therapy, endoscopic intestinal biopsies may be considered if diarrhea persists.

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PATIENT

TJ Little

SPECIES

Canine

BREED

Bernese Mtn. Dog

SEX

Neutered Male

AGE

4 Years

WEIGHT

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**IMAGING
PERFORMED BY**

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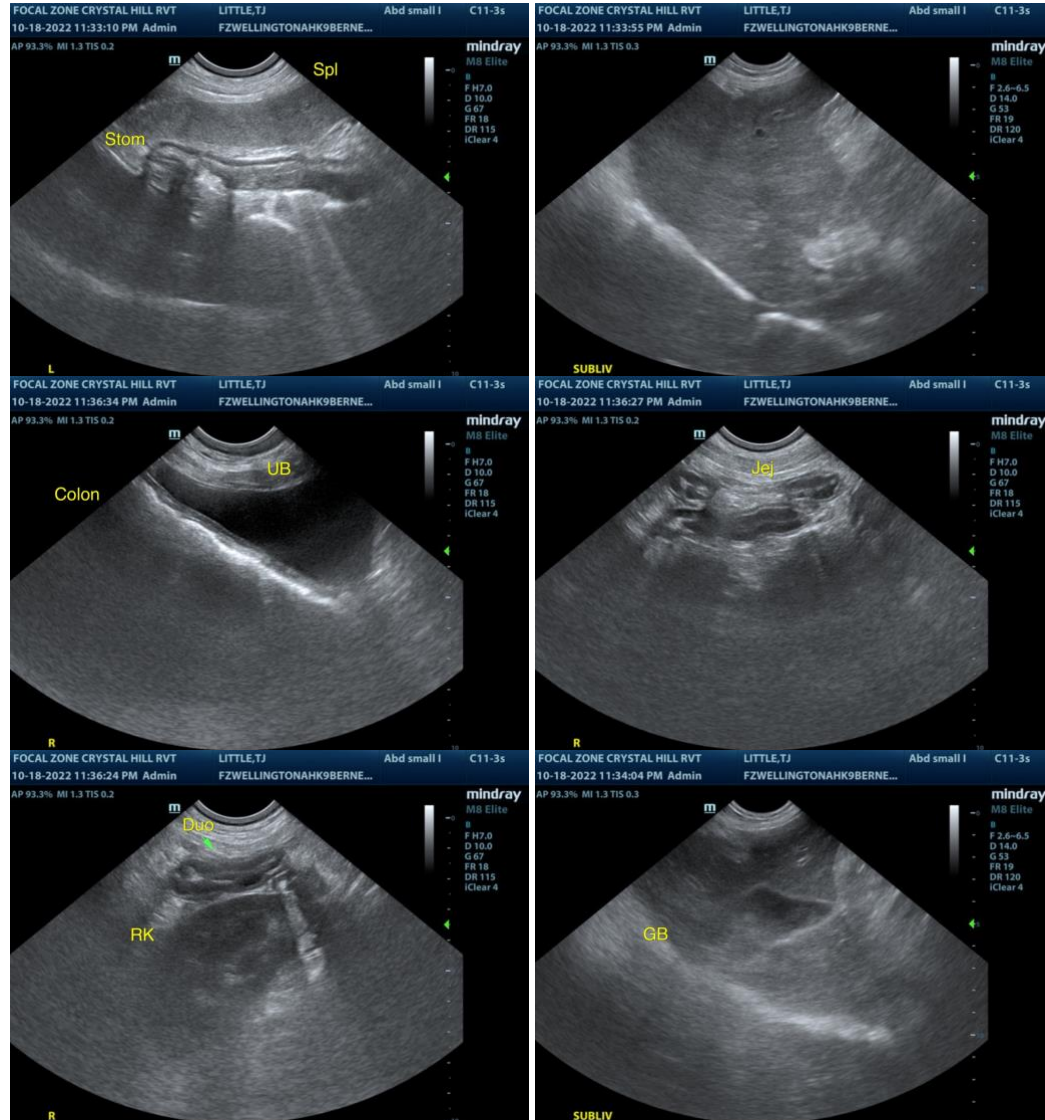
Dr. Dennis

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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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