



PATIENT PRESENTING CLINICAL SIGNS

Jack Diriwachter

Recurrent episodes of pancreatitis, GI Signs. Recently not eating well, dark stool. Current Medications Cerenia

SPECIES

Abnormal PE/Chem/CBC/UA Results: Will have available. Liver enzymes elevated in one of episodes. Abnormal cPL noted.

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

11 Years

WEIGHT

67 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

The residual prostate was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm. The right kidney measured 6.8 cm.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.76 cm at the caudal pole. The right adrenal gland measured 3.3 cm length x 0.82 cm 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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Liver

HOSPITAL NAME

Cottage Grove VC

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.

REFERRING VET

Dr. Damewood

INVOICE

26406

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. Gastric body wall measured 0.45 cm.

DATE

10/20/21

The small intestine presented intact yet segmentally prominent to mildly altered 1:3 muscularis/mucosa ratio owing to subjective propensity for mildly prominent muscularis layer. The lumen of the small



PATIENT

Jack Diriwachter

intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.7 cm. Jejunum wall measured 0.49 cm. No evidence of loss of intestinal wall layering or intestinal masses noted.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

BREED

Basset Hound

Pancreas

The generalized pancreas exhibited prominent size with minor asymmetrical to swollen contour. No masses or nodules noted. The pancreas exhibited mildly hypochoic to heterogeneous parenchyma compared to adjacent omentum.

SEX

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

11 Years

- Enteropathy - suspect probable chronic IBD, minor potential for neoplastic infiltrative enteropathy.
- Chronic active pancreatitis
- Vacuolar hepatopathy pattern - subjectively benign

WEIGHT

67 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Potential for non-visualized or microulceration of the gastrointestinal tract given the potential melena. Endoscopic or full thickness intestinal biopsies would be required for definitive diagnosis.

Empirically, a limited antigen or hydrolyzed diet or low-fat diet trial with likely 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 (i.e., Metronidazole or Tylosin) and as needed gastrointestinal support/gastroprotectants with assessment of clinical response may prove beneficial.

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

26406

DATE

10/20/21





PATIENT

Jack Diriwachter

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

11 Years

WEIGHT

67 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

26406

DATE

10/20/21





PATIENT

Jack Diriwachter

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

11 Years

WEIGHT

67 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

26406

DATE

10/20/21

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com