



PATIENT

Franklin Derossette

SPECIES

Canine

BREED

Golden Retriever /
Mix

SEX

MN

AGE

8 years

WEIGHT

55 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Lauer / Dr. Lee,
Madison Rd Vet

INVOICE

12419

DATE

10/21/21

PRESENTING CLINICAL SIGNS

intermittent vomiting and bloody diarrhea. Decreased appetite and 3 lbs weight loss since 7/21. ITI noted on 10/15/2021 and Rx clavamox. Abdominal radiographs done in July 2021 showed possible large spleen.

Abnormal PE/Chem/CBC/UA Results: BW on 7/21 showed elevated T bilirubin the rest of 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 uroliths or sediment. 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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.4 cm in diameter.

The area of the aortic trifurcation 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 6.1 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 0.51 cm width at the caudal pole and 0.55 cm width at the cranial pole. The area of the right adrenal gland was free of pathology, although not definitively visualized owing to patient size.

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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mild, nondependent, echogenic, non-organized gallbladder debris. No evidence of peripheral inflammation associated with the gallbladder. The cystic and common bile ducts were normal.



PATIENT	<i>Gastrointestinal</i>
Franklin Derossette	The stomach presented intact yet subjective mild prominent wall layering with mild luminal gas present without evidence of retained ingesta, fluid or foreign material. The gastric body wall width measured 0.47 cm.
SPECIES	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent, subtle jejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.47 cm.
BREED	
Golden Retriever / Mix	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
MN	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.
AGE	
8 years	<i>Free Abdomen</i>
WEIGHT	No overt lymphadenopathy or peritoneal effusion was present.
55 lbs.	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	<i>Primary Findings</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Probable inflammatory gastroenteropathy with concurrent mild colitis • Early age-related renal changes • Minor benign hepatic parenchymal remodeling • Mild gallbladder debris (non-mucocele)
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Kim Liedberg	Dietary intolerance / food hypersensitivity, occult parasitism, or suspect chronic inflammatory gastroenteropathy or IBD are possible. No overt evidence of neoplastic infiltrative gastroenteropathy, given the intact wall layering which is considered unlikely.
HOSPITAL NAME	Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, given the patient's weight loss, as well as fresh fecal analysis to rule out parasitic ova / Giardia.
SVS Imaging WI	Although considered unlikely, resting cortisol could be considered to rule out occult Addison's Disease.
REFERRING VET	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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. Correlation with recheck lab work is suggested. If persistent evidence of cholestasis, Ursodiol may be considered.
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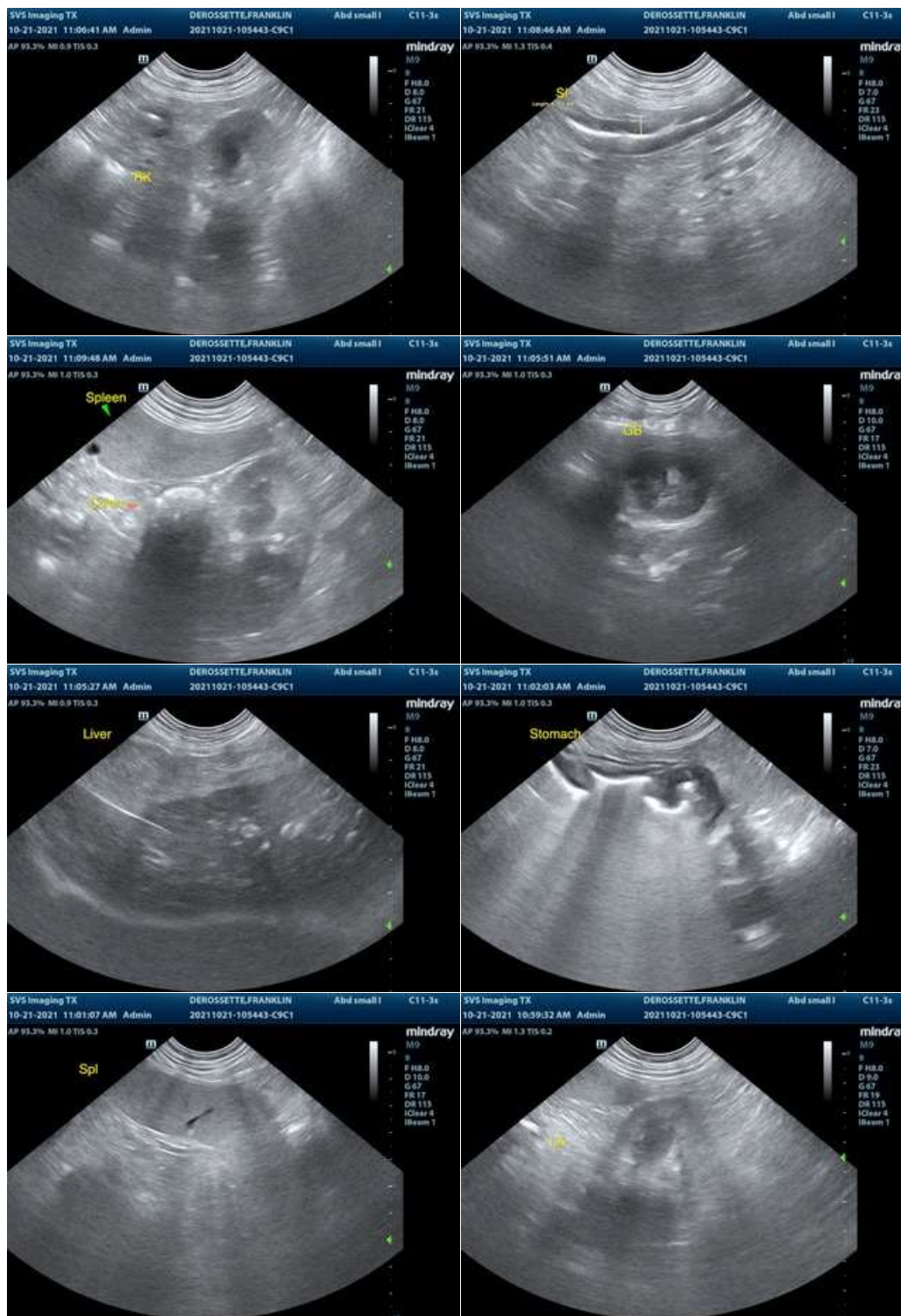
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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