

PATIENT PRESENTING CLINICAL SIGNS

Buster Webster Months long history of non responsive intermittent diarrhea Current Medications Nsaids off and on, Tylenol #3

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

13 Years

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Banfield of South Eugene

REFERRING VET

Dr. Wayland

INVOICE

47915

DATE

10-22-21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate dependent to nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No overt pathology in the area of the residual prostate.

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

Normal size and margination was 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 7.1 cm in length. The right kidney measured 7.1 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 2.6 cm length x 0.69 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 1.8 cm length x 0.72 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, small, uniformly echogenic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

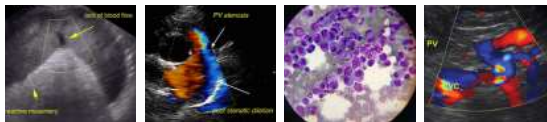
Liver

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.

The gallbladder was non-distended in size with nondependent yet nonorganized echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained luminal gas with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.50 cm width.



PATIENT

Buster Webster
The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor segmental jejunal ileus. The jejunum wall measured 0.34 cm width.

SPECIES

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Normal visible colon wall layers were present with semi-formed to soft feces in lumen.
Pancreas

BREED

German Shepherd
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.

SEX

Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

13 Years

Primary

WEIGHT

30 kg

- Moderate urinary bladder sediment.
- Mild chronic renal changes, no overt pyelonephritis.
- Sonographically unremarkable gastrointestinal tract with minor segmental jejunal ileus.
- Sonographically unremarkable colon with semi-formed to soft feces.
- Benign splenic nodules - likely consistent with myelolipomas.
- Moderate gallbladder debris (nonmucocele).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Dietary intolerance/food hypersensitivity, occult parasitism, dysbiosis, or alterations in gastrointestinal flora given the breed, or structurally insignificant inflammatory bowel with potential for mild colitis possible. Fresh fecal analysis, if not recently done, to assess for parasitic ova/giardia and a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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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 (metronidazole or tylosin) and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Endoscopic intestinal biopsies may be indicated if persistent diarrhea continues despite empirical therapy. Ursodiol therapy indicated if evidence of cholestasis.

REFERRING VET

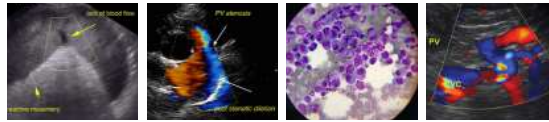
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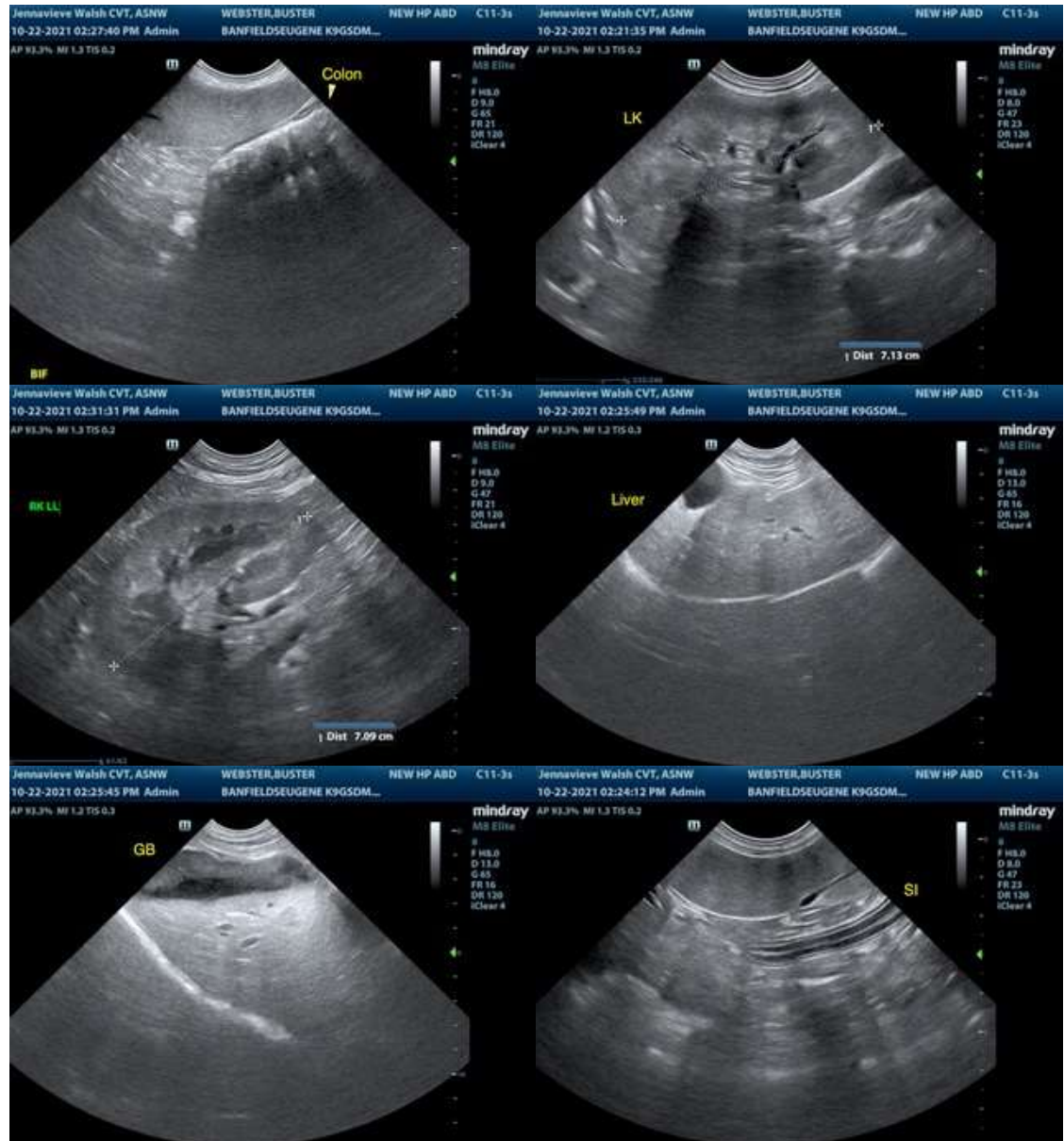
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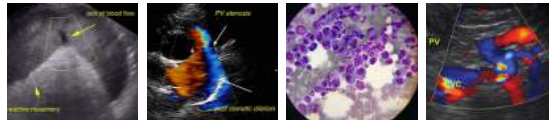
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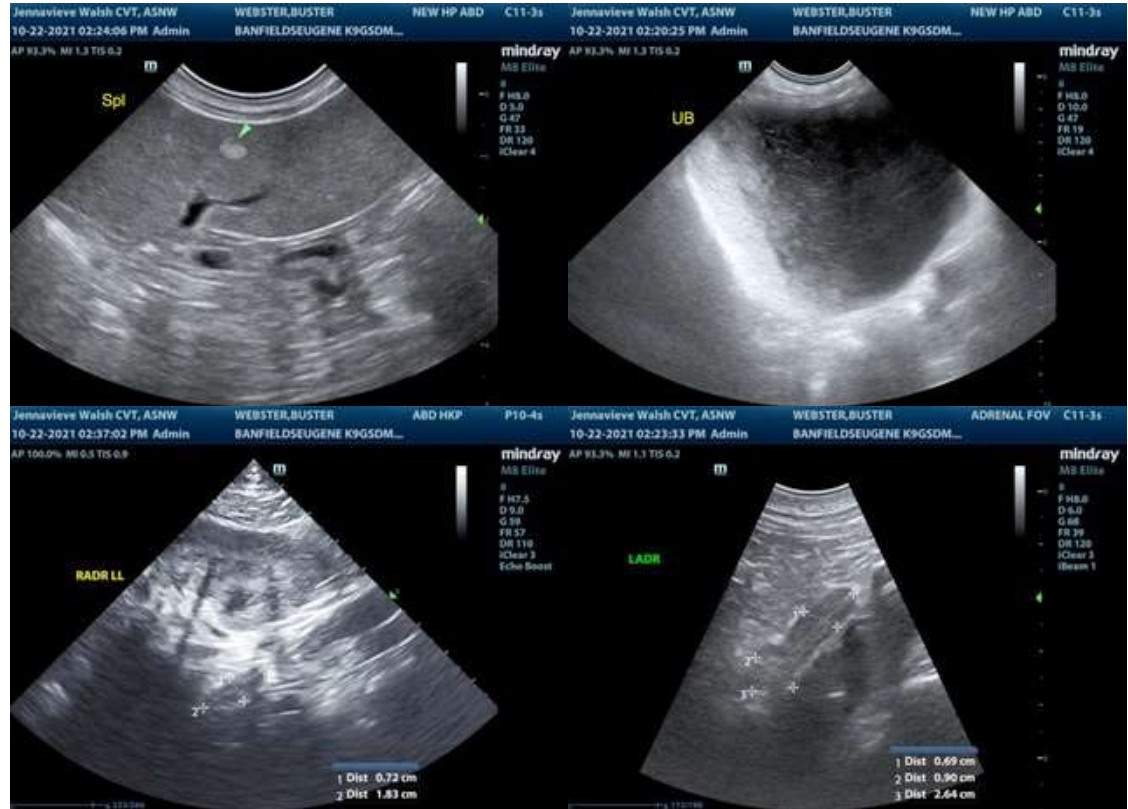
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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