



PATIENT

Simba Pernick

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

7 Years

WEIGHT

56 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mashpee VH

REFERRING VET

Dr. Mark Oldham,
DVM

INVOICE

14019

DATE

10/25/21

PRESENTING CLINICAL SIGNS

History: Diarrhea, weight loss. Medication: metronidazole q24h

Abnormal PE/Chem/CBC/UA Results: B12 191 (low), folate 2.78 (low), TLI- S50 (high)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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. The residual prostate was normal, measuring 1.0 cm in diameter.

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 6.6 cm in length. The right kidney measured 5.9 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 0.64 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 0.55 cm width at the cranial 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.

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 mild non-dependent yet non-organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

The small intestine presented intact wall layering with subjective propensity for segmental to generalized mildly prominent duodenojejunal mucosa. No evidence of loss of intestinal wall layering, intestinal masses, intussusception, or mechanical/metabolic ileus. The duodenum wall measured 0.55 cm. The jejunum wall measured 0.38 cm.



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Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

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Pancreas

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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

Free Abdomen

BREED

No overt lymphadenopathy. Very scant pockets of peri-intestinal free fluid noted.

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

- Enteropathy- Non-specific, dysbiosis, distal small intestinal malabsorptive disorder, IDB or other enteropathy possible, no overt evidence of neoplastic infiltrative enteropathy which is considered unlikely

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The decreased cobalamin levels in this patient are consistent with distal small intestinal disease, while the decreased folate levels may suggest possible concurrent proximal small intestinal disease. No evidence of EPI given the high TLI levels. Potential for concurrent low grade to chronic pancreatitis may be present yet ultrasonographically normal. Further assessment may include fresh fecal analysis to rule out parasitic ova/Giardia.

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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 (consider tylosin if non-responsive to metronidazole) and as needed gastrointestinal support including appropriate cobalamin supplementation given the hypocobalaminemia with assessment of clinical response recommended. Endoscopic intestinal biopsies may be indicated if GI signs, and weight loss continue despite empirical therapy.

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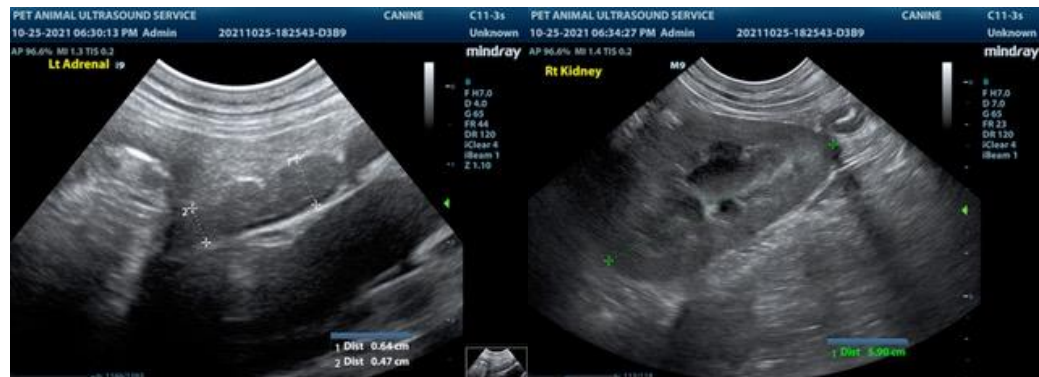
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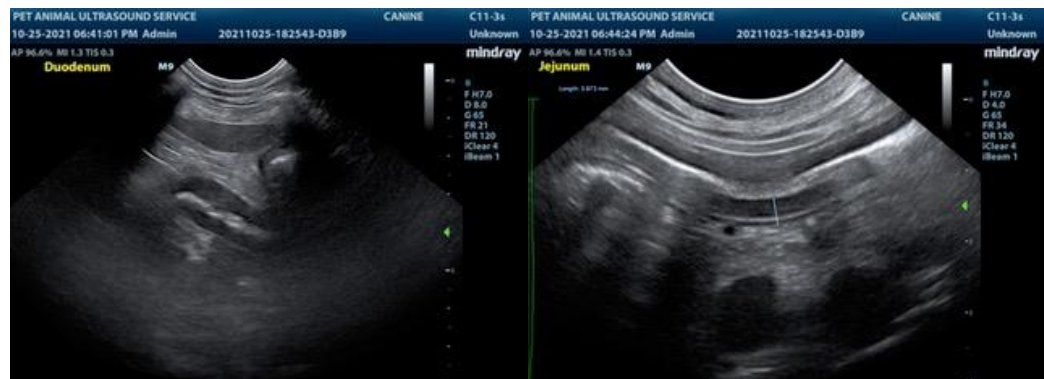
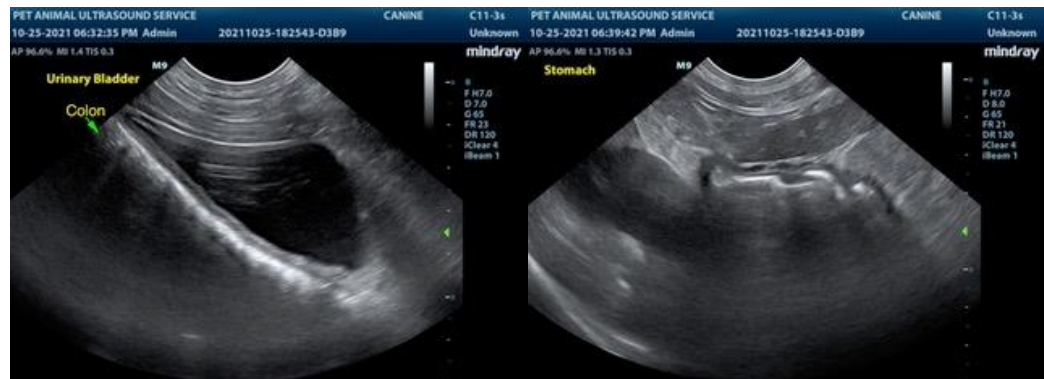
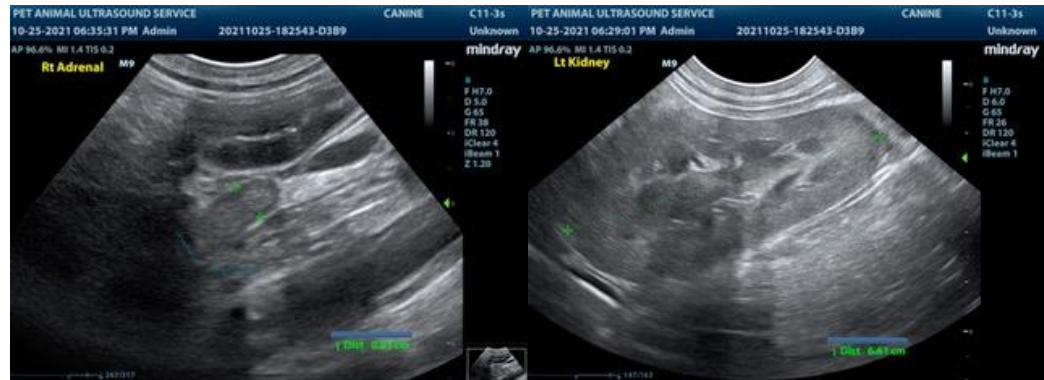
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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