



PATIENT

Watson Toscano

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

11 years

WEIGHT

71 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Amelia Ragon, DVM

INVOICE

15287

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Chronic diarrhea +/- hematochezia over last 1-2 months. Diarrhea is responsive to Metronidazole, but returns a few days after stopping. On bland diet and probiotic.

A CBC/Chem along with GI panel was performed. Decreased cobalamin and increased TLI, suspicious of intestinal disease. Patient was started on Vitamin B12 injections. Back in May 2022, patient weighs 75.5 lbs and now weighs 71 lbs. Current meds: Gabapentin, Trazodone, Vitamin B12, Cosopt.

Abnormal PE/Chem/CBC/UA Results: Cobalamin - 168, TLI - > 50.0

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. 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 1.1 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 6.7 cm in length. The right kidney measured 6.7 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 0.59 cm width at the caudal pole and 0.51 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 0.50 cm width at the caudal pole and 0.51 cm width at the cranial pole.

Spleen

The spleen exhibited potential for mild generalized enlargement, yet maintained symmetrical capsule contour with generalized parenchyma heterogeneity. Several indistinctly demarcated yet nondisruptive hyperechoic nodules were noted in the medial splenic parenchyma without associated splenic capsule distortion. Normal splenic vascularity was noted. No splenic tumors were present.

Liver/ Gallbladder

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 exhibited generalized intact wall layering with subjective propensity for mildly prominent duodenal wall layering with subjective mildly prominent jejunal submucosa layer. No evidence of intestinal masses to the level of the ileocolic junction. The duodenum wall measured 0.57 cm width. The jejunum wall measured 0.33 cm width.

The colon exhibited intact yet subtly prominent wall layering in the proximal colon. The colon contained subjective semi-formed fecal matter.

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy with subjective low-grade colitis
- Mild age-related renal changes
- Benign splenic nodules - consistent with benign myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastrointestinal or colonic mural pathology. Potential considerations in conjunction with GI panel abnormalities and the patient's clinical signs may include; dietary intolerance / food hypersensitivity, antibiotic-responsive diarrhea / dysbiosis, IBD, occult parasitism, less likely infiltrative neoplasia, or low-grade to chronic pancreatitis, which may present as sonographically normal. Intestinal biopsies are required for a definitive diagnosis.

Empirically, continued cobalamin supplementation with monitoring of cobalamin levels, hydrolyzed diet trial with likely long-term dietary therapy, continued high-colony count probiotics such as Provable, empirical deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days +/- as-needed antibiotic given the positive response to previous antibiotic therapy with monitoring for evidence of possible alterations in GI flora and assessment of clinical response would be reasonable. Assessment of caloric plane may be considered with further monitoring and potential recheck sonogram if continued weight loss.



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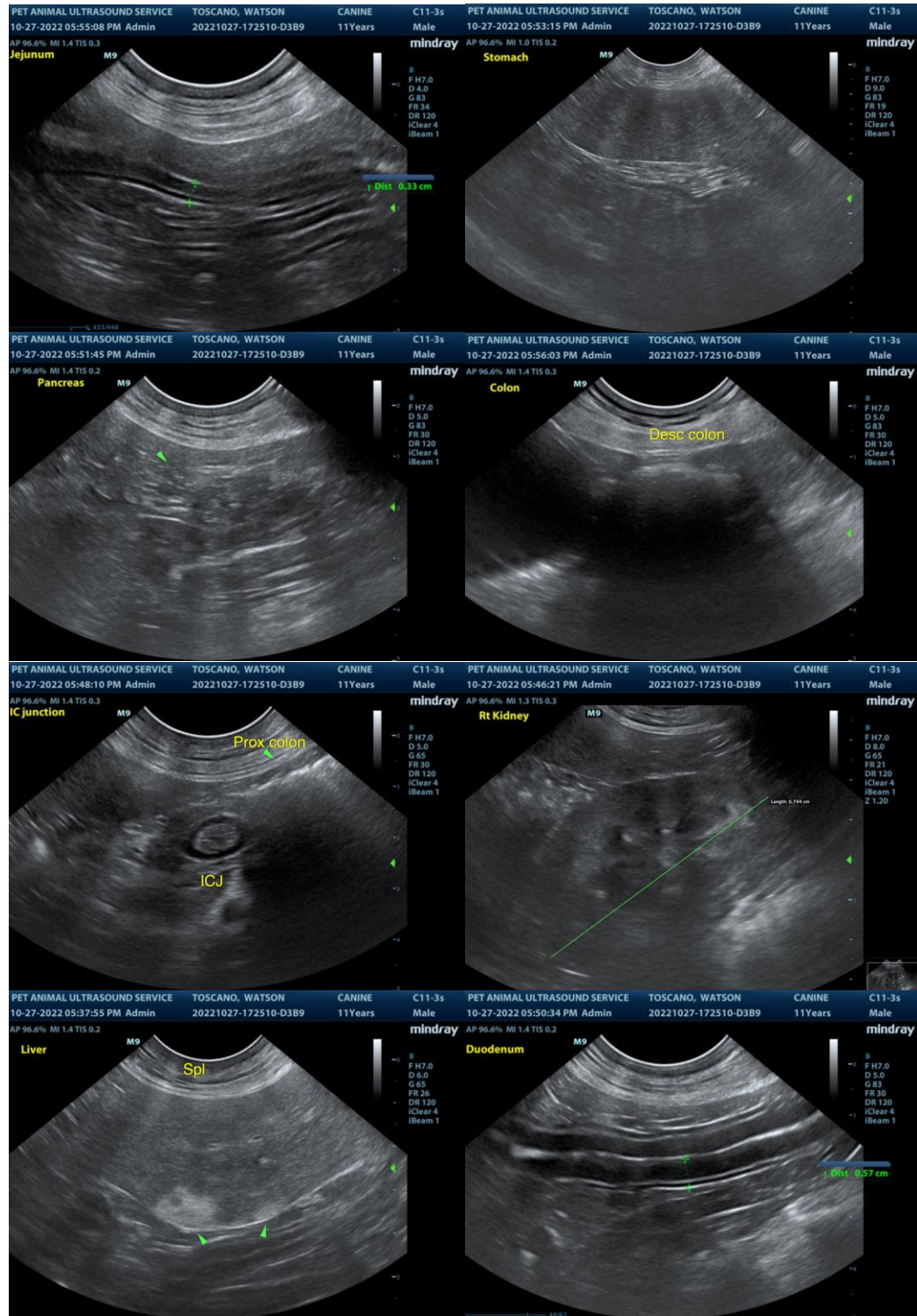
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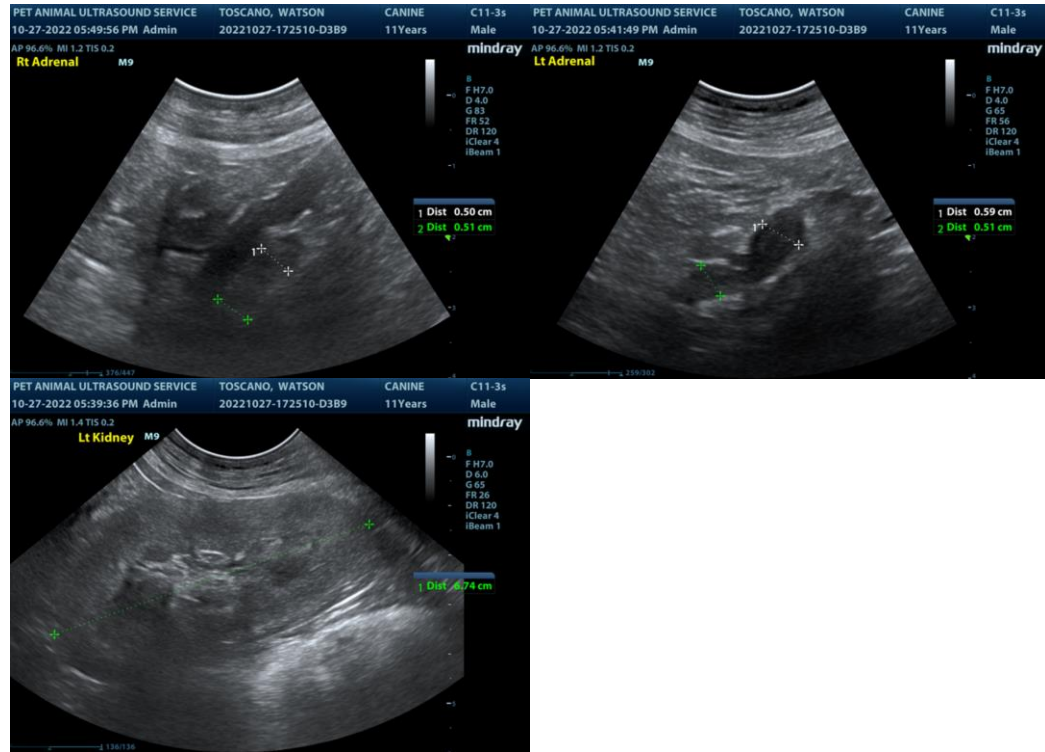
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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