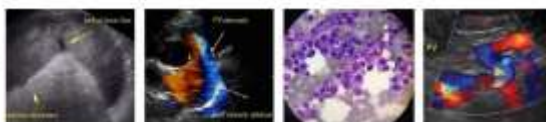




PATIENT	PRESENTING CLINICAL SIGNS
Buddy Gilligan	Ongoing weight loss and muscle wasting. Chronic diarrhea with mucous and hematochezia present. Loss of appetite. Enlarged prostate with testicles present. No pain on abdominal palpation but intestines feel thickened. Pale gum colour present. Dental disease currently on: Metronidazole 250mg BID, cerenia 30mg SID, tylan 1/8 tsp SID, van-P 2 tablets SID, gave B12 inj Oct 2nd
SPECIES	Abnormal PE/Chem/CBC/UA Results: July 18, 2021 ALT - 137 Lipase - 380 cPLi - 237
Canine	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
Doodle	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate nondependent sediment was present without evidence of calculus formation and likely indicative of mild cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
SEX	
MI	
AGE	The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.5 cm x 5.2 cm. Anechoic, thinly walled parenchyma cysts were present.
15 Years	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small cortical cyst was noted in the lateral cortex of the left kidney. The left kidney measured 6.6 cm in length. The right kidney measured 5.8 cm in length.
14.9kg	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP	Both adrenal glands exhibited isoechoic echogenicity compared to adjacent tissue and were indistinctly visualized. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.63 cm width. The right adrenal gland measured 0.65 cm width in the caudal pole.
IMAGING PERFORMED BY	<i>Spleen</i>
Kelly Reshny, RVT	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
HOSPITAL NAME	<i>Liver</i>
Headon Forest AH	The liver exhibited subjective mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
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DATE	
10-4-21	



PATIENT	The gallbladder was non distended in size with moderate nondependent yet nonorganized uniformly echogenic gallbladder debris extending into the mildly dilated cystic biliary duct. The common bile duct was normal without evidence of dilation.
Buddy Gilligan	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. A minor amount of retained ingesta was subjectively present in the gastric lumen along with gas. The visible gastric walls were sonographically unremarkable. The gastric body wall measured 0.25 cm width.
BREED	<i>Pancreas</i>
Doodle	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.30 cm width.
SEX	The visualized colon exhibited sonographically unremarkable wall layering containing subjective semi-formed to soft feces.
MI	<i>Free Abdomen</i>
AGE	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
15 Years	<i>Free Abdomen</i>
WEIGHT	No overt lymphadenopathy or peritoneal effusion was present.
14.9kg	Sonographic assessment of the bilateral testicles revealed nonspecific non-expansive nonhomogeneous parenchymal nodules along with generalized testicular parenchyma heterogeneity. An example of both a left and right testicle nodule measured 2.0 cm in diameter. The overall testicles appeared to be subjectively normal in size.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> • Nonspecific left and right testicular nodules. • Benign prostatic hyperplasia with parenchymal cysts, less likely prostatitis. • Bilateral moderate chronic renal changes with left kidney cortical cyst. • Low grade hepatopathy with minor parenchymal remodeling - subjectively benign. • Moderate gallbladder debris (nonmucocele). • Sonographically unremarkable gastrointestinal tract / colon.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Kelly Reshny, RVT	Overall largely geriatric abdominal changes without evidence of significant visceral pathology specifically no overt evidence of gastrointestinal mural pathology as an obvious cause of the patient's weight loss. However, structurally insignificant enterocolic disease given the patient's weight loss, muscle wasting, and chronic diarrhea is suspected.
HOSPITAL NAME	Assessment of clinical response to empirical cobalamin suggested with potential for long term cobalamin supplementation. Additionally, dietary therapy such as hydrolyzed or limited antigen diet along with continued as needed gastrointestinal support and/or antibiotic therapy would be appropriate. Endoscopic upper and lower gastrointestinal biopsies likely required for a definitive diagnosis. Three view chest radiographs suggested to rule out occult thoracic pathology. Although considered unlikely, adrenal screening to rule out occult Addison's disease may be considered.
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PATIENT

Buddy Gilligan

SPECIES

Canine

BREED

Doodle

SEX

MI

AGE

15 Years

WEIGHT

14.9kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Headon Forest AH

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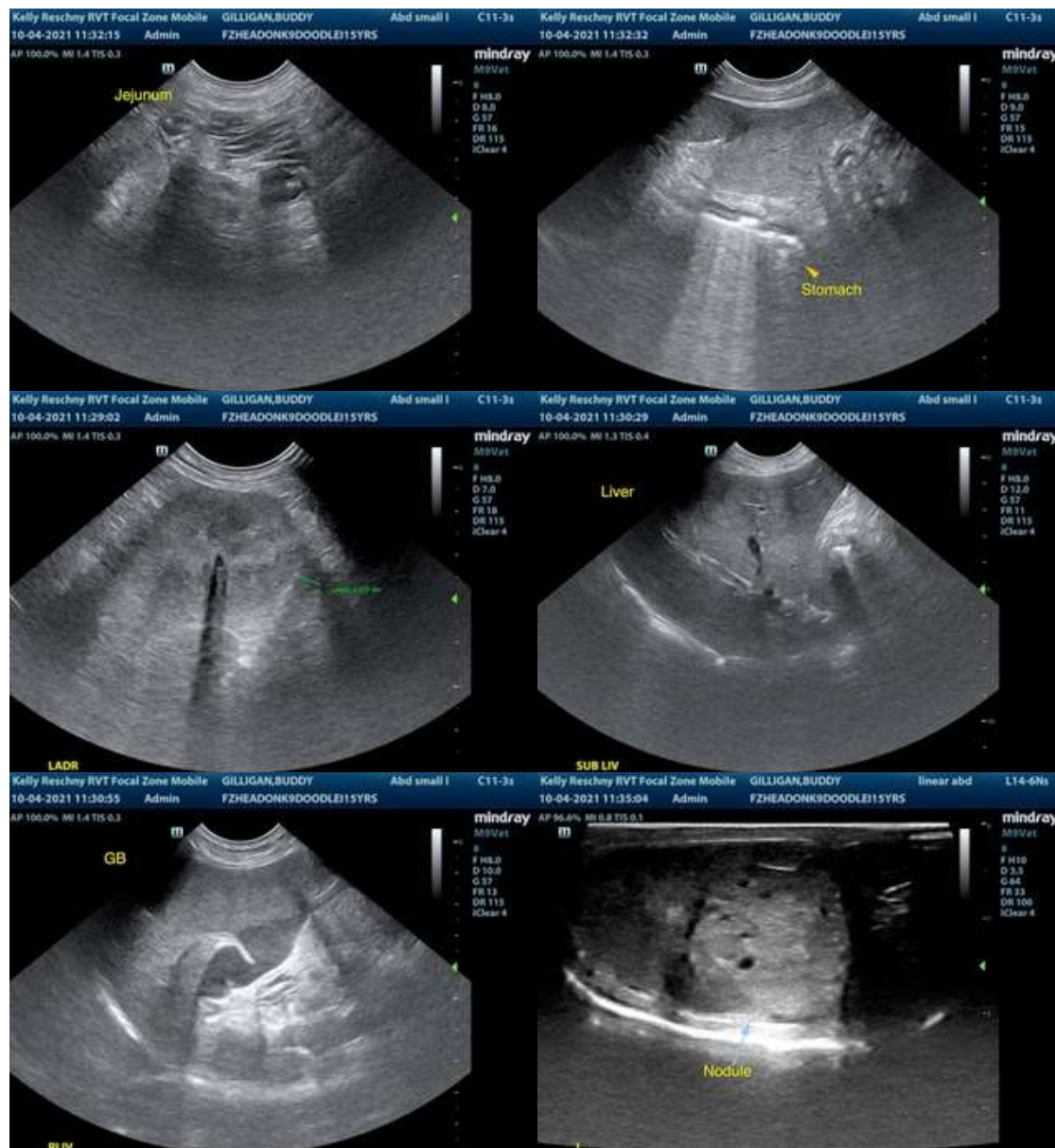
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PATIENT

Buddy Gilligan

SPECIES

Canine

BREED

Doodle

SEX

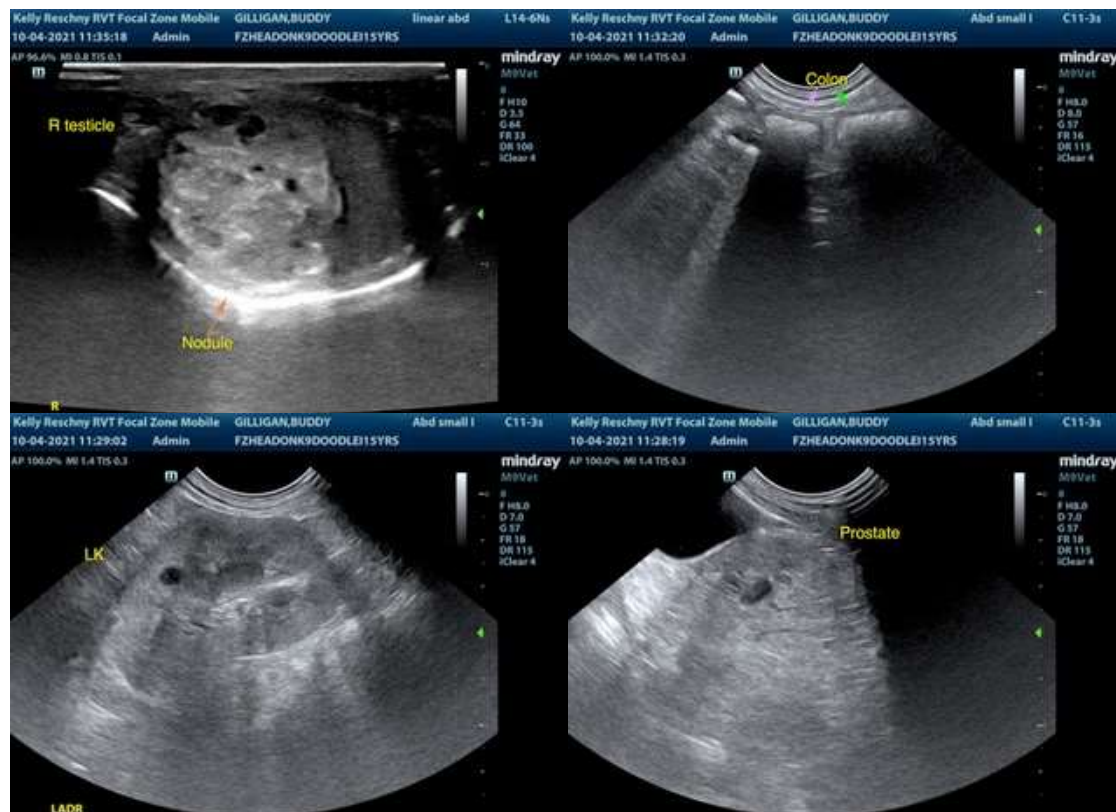
MI

AGE

15 Years

WEIGHT

14.9kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Headon Forest AH

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INVOICE

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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