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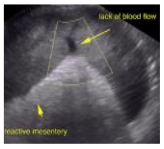
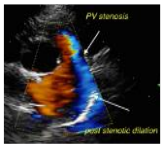
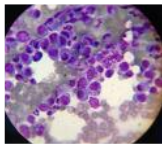
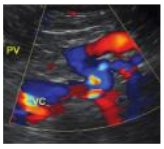

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stanley Bernardin

SPECIES

Canine

BREED

Boston Terrier

SEX

Male Neuter

AGE

7

WEIGHT

12.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AC

REFERRING VET

Dr. Marok

INVOICE

15063

DATE

10/4/22

PRESENTING CLINICAL SIGNS

Presented for diarrhea not lethargic did not respond to metro sucralfate and fortaflor.
Abnormal PE/Chem/CBC/UA Results: Mild Elevation GGT and pre and post prandial bile acids (post 34 range 0-29). Ovum and parasites negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 0.6 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 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. Pinpoint medullary mineral was present. The left kidney measured 5.0 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The adrenal glands exhibited bilateral borderline to mildly prominent enlargement, based on caudal pole width, with uniformly hypoechoic parenchyma. The left adrenal gland measured 0.68 cm width at the caudal pole and 0.67 cm width at the cranial pole. The right adrenal gland measured 0.73 cm width at the caudal pole and 0.78 cm width at the cranial pole. No evidence of neoplastic criteria was noted.

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 exhibited normal 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 liver exhibited subjective adequate hepatoportal vascular volume. 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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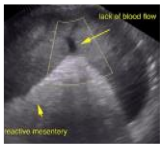

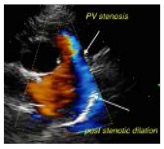

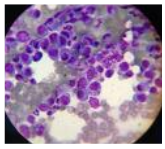
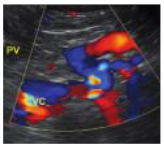

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The ventral gastric body wall width measured 0.33 cm.

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 duodenum wall measured 0.55 cm width. The jejunum wall width measured 0.39 cm.

Normal visible colon wall layers were present with generalized semi-formed to soft fecal matter, consistent with patient history.

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Minor isoechoic benign colic lymphadenopathy was present. No free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild gastric ingesta / chyme
- Sonographically unremarkable small bowel / colon with semi-formed / soft fecal matter
- Heterogeneous, mildly hyperechoic pancreas - remodeling owing to patient variant or possible inflammatory episode, potential for chronic pancreatitis possible
- Overtly normal liver / gallbladder
- Bilateral borderline to mildly prominent adrenal glands - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of structural gastroenterocolic pathology. At times, the sonographic gastroenterocolic presentation may not correlate with current gastrointestinal signs. In patients with chronic to recurrent GI signs, considerations may include; dietary intolerance / food allergy, occult parasitism even with negative fecal testing, dysbiosis, IBD, low-grade to chronic pancreatitis, or less likely infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, novel protein or hydrolyzed diet trial with potential long-term dietary therapy, prophylactic deworming such as Panacur 50 mg/kg SID for 5 consecutive days with potential repeat protocol in 3 weeks, even with negative fecal testing, high colony count probiotics such as Proviable, empirical cobalamin supplementation, and assessment of clinical response would be reasonable.

The bilateral borderline to mild prominent adrenal glands are of unclear clinical significance, yet potential for patient variant or possible stress hyperplasia, given the lack of reported clinical signs, suggestive of primary adrenal disease, and without evidence of adrenal neoplastic criteria.

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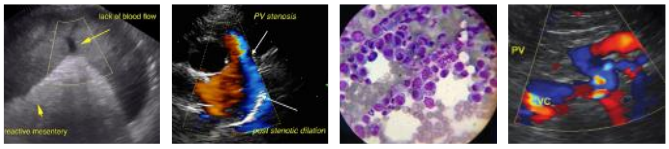

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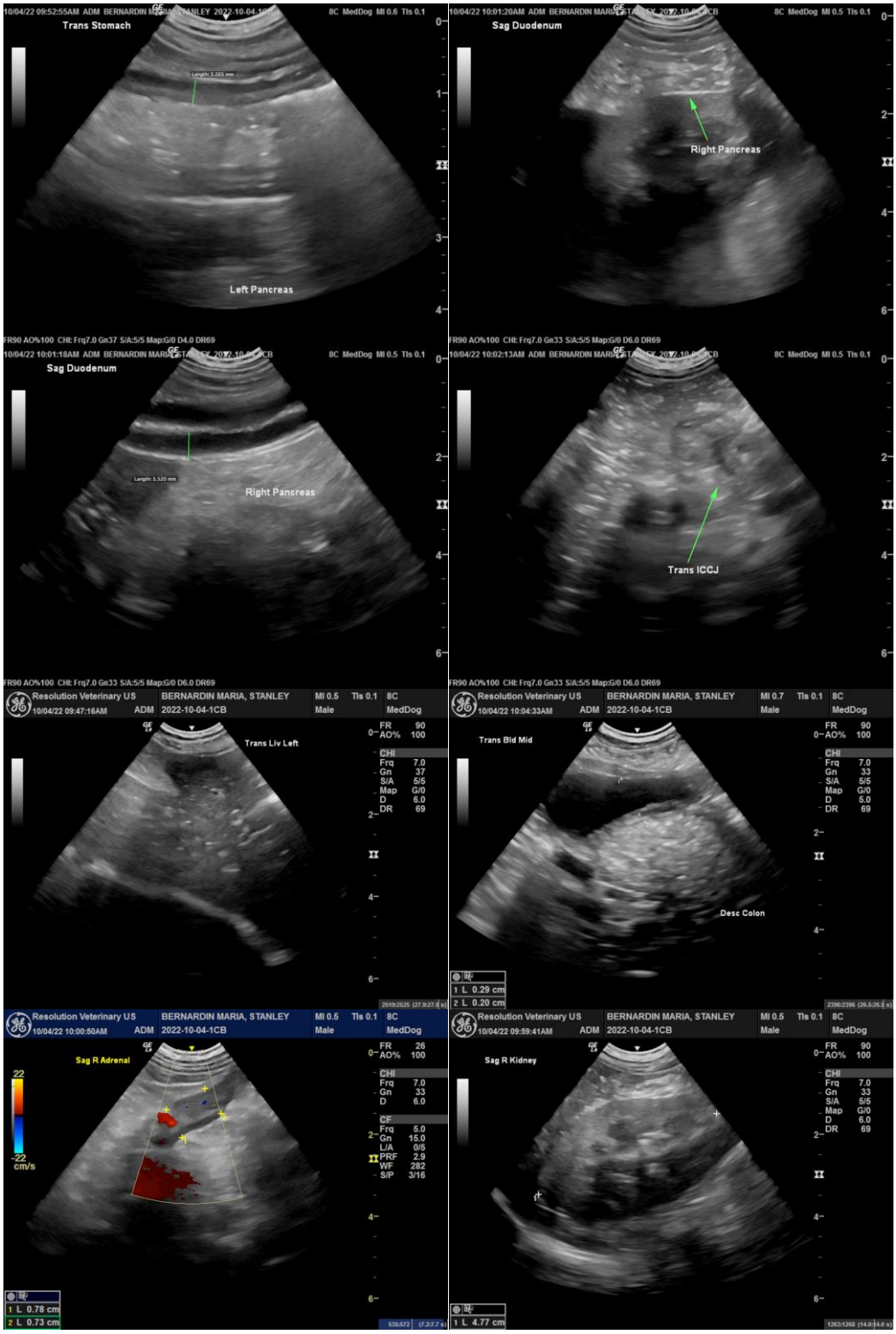

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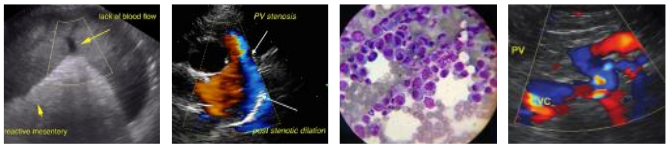

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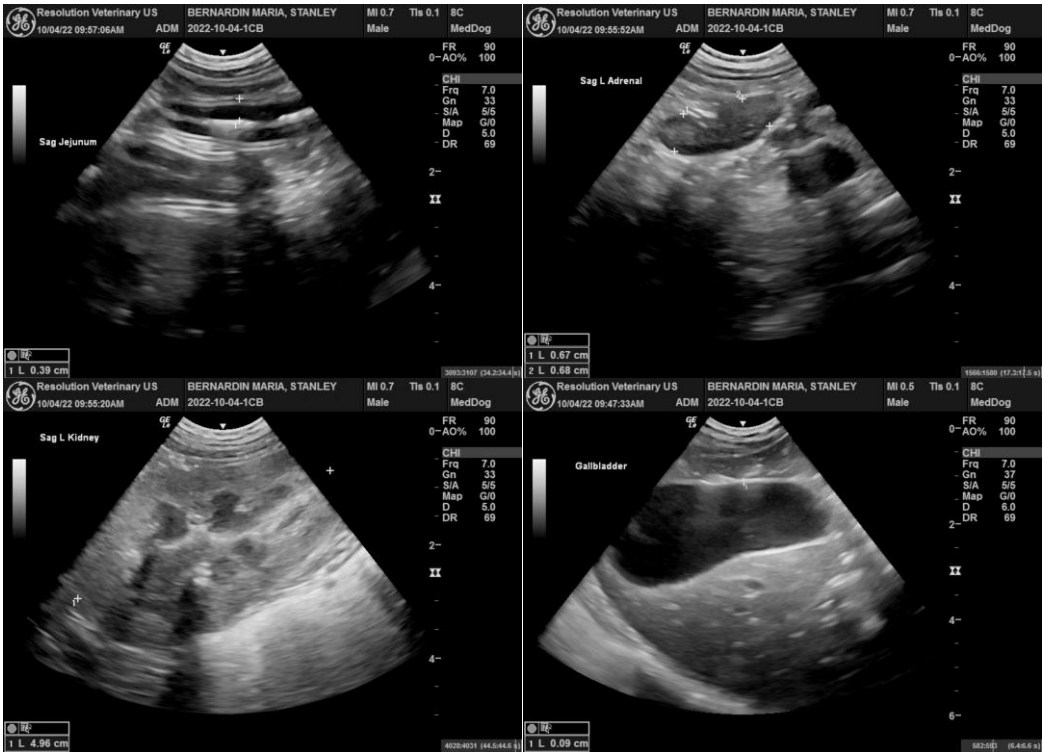

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com