



PATIENT

Harper Polkabla

SPECIES

Canine

BREED

German Shephard

SEX

Female

AGE

18 months

WEIGHT

61 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sam Doverspike

HOSPITAL NAME

Franklin AC Inc.

REFERRING VET

Dr. Sam Doverspike

INVOICE

15126

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Since owner got dog at 3-4 months of age she has had diarrhea. Ranges from Normal to Liquid. Most often stools are soft not formed. Has tried Rx diet. Metronidazole and Tylosin w/ no long term benefit. Abnormal PE/Chem/CBC/UA Results: TLI, Folate and Cobalamine were normal in 6/2022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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. The left kidney measured 8.5 cm in length. The right kidney measured 7.9 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 0.47 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was not definitive visualized owing to patient size, conformation, and regional similar appearing mesenteric lymph nodes.

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 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 dependent to nondependent mildly echogenic debris. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammation was noted.

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 or obstruction. No evidence of gastric distention with retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.35cm.



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The small intestine presented intact wall layering with segmental to generalized propensity for subjectively prominent mucosa along with intermittent subtle duodenojejunal mucosal speckling. Segmental, primarily jejunal nonobstructive ileus was present. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.4 cm width.

Normal visible colon wall layers were present containing semi formed to soft 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

Multiple, variably sized, nonhomogeneous mesenteric lymph nodes primarily exhibiting maintained normal width: length ratio (<0.5) were present within the mid to caudal abdomen. An example of a lymph node measured 3.5 cm x 0.85 cm. Evidence of mild perilymphatic and peri intestinal hyperechoic mesentery was noted. No free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy exhibiting intact yet prominent wall layering and nonobstructive segmental jejunal ileus
- Multifocal variably sized nonhomogeneous mesenteric lymph nodes, associated mild perilymphatic and peri intestinal reactive mesentery
- Overtly normal colon containing semi formed to soft fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations in this case may include dietary hypersensitivity / food intolerance, even with previous prescription diet, dysbiosis / antibiotic responsive diarrhea, given the breed, occult parasitism, IBD, or low-grade to chronic pancreatitis, which may present as sonographically normal, occult Addison's Disease or less likely infiltrative intestinal neoplasia.

Fresh fecal analysis to rule out parasitic ova / Giardia, as well as a resting cortisol level to assess for or rule out occult Addison's Disease, are recommended. Empirically, potential diet rotation, specifically hydrolyzed diet, high colony count probiotic such as Provable, broad spectrum deworming, i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks, even if fecal testing is negative, and as-needed GI support with assessment of clinical response and potential long-term dietary therapy if successful, is recommended. Pending additional empirical therapy and diagnostics, endoscopic intestinal biopsies may be indicated if persistent / progressive diarrhea.



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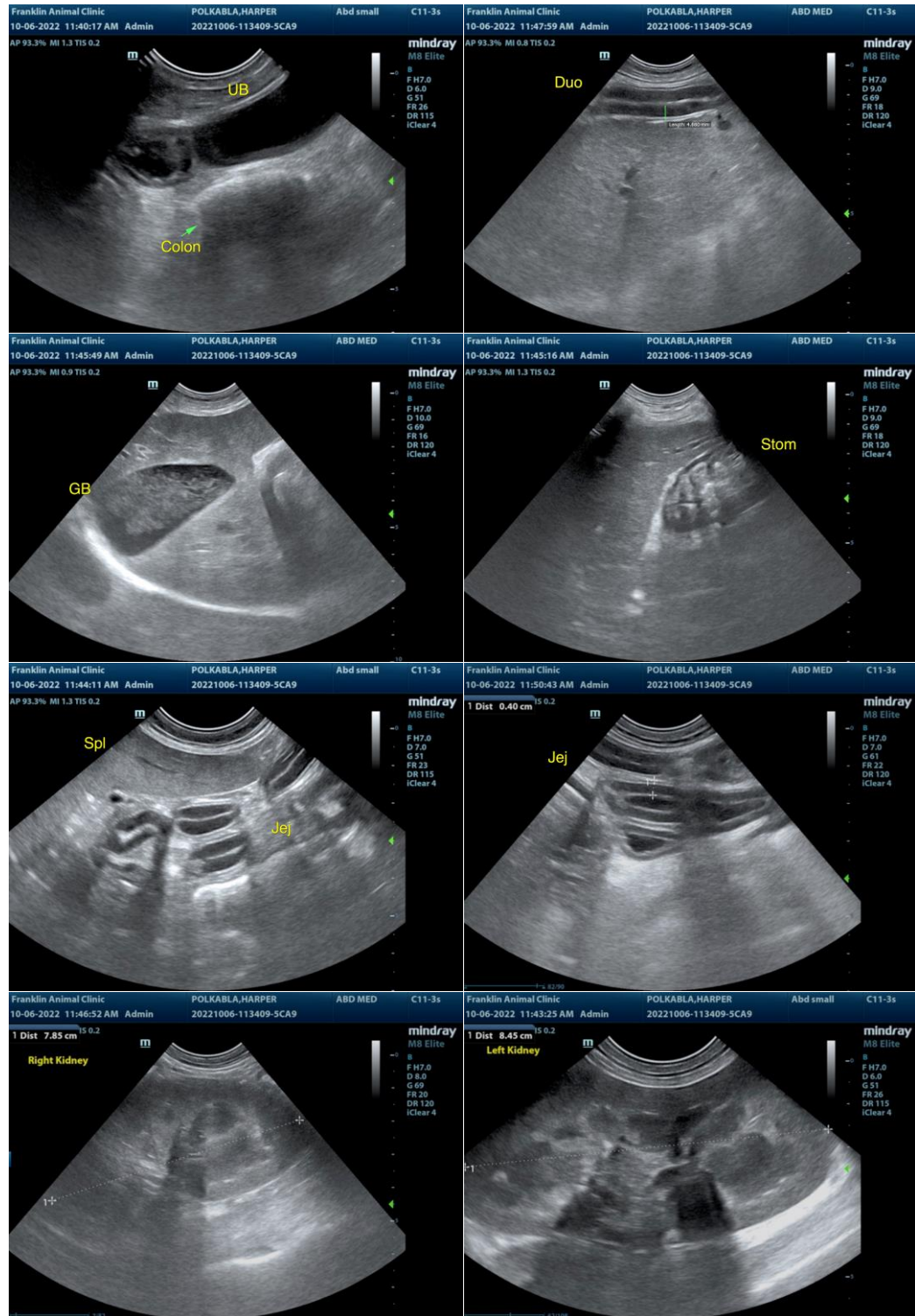
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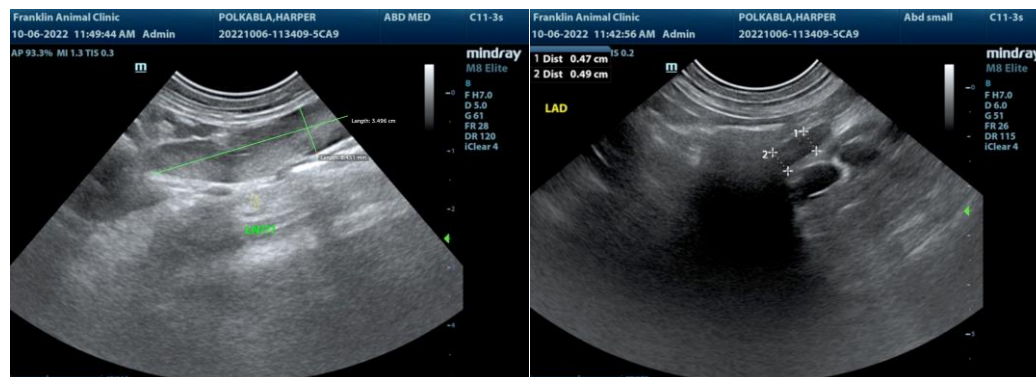
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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