



**PATIENT**

Mulder Gouin

**PRESENTING CLINICAL SIGNS**

Vomiting bile early AM. Weight loss. SP CPL 7800. Has chronic colitis possible IBD that has been controlled with tylan powder. Sedated with Dexdomitor for the study.

**SPECIES**

Canine

**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 was noted.

**BREED**

GSD

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

6 years

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 7.9 cm in length. The right kidney measured 7.7 cm in length.

**WEIGHT**

88 lbs.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.53 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 0.74 cm width at the caudal pole and 0.75 cm width at the cranial pole.

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Norfolk County VS

**Spleen**

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. The spleen was not consistent with inflammatory or neoplastic criteria. Potential for minor breed-associated hypersplenism is possible.

**REFERRING VET**

Christina Poor,  
BVetMed

**Liver/ Gallbladder**

The liver exhibited potential for mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A solitary, non-expansive, Isoechoic to subtly hypoechoic nodule was noted in the mid-parenchyma, measuring 2.2 cm in diameter. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

**INVOICE**

12605

**DATE**

11/11/21



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***Gastrointestinal***

Mulder Gouin

The stomach presented intact yet subjective regional prominent wall layering. The stomach was empty with mild luminal gas and without evidence of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.57 cm.

**SPECIES**

Canine

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 width measured 0.31 cm. The duodenum wall width measured 0.54 cm.

**BREED**

GSD

Normal visible colon wall layers were present with subjective formed to semi-formed feces in lumen at the time of the ultrasound.

**SEX**

***Pancreas***

MN

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

**AGE**

***Free Abdomen***

6 years

Intermittent mesenteric nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 3.5 cm x 0.66 cm. No effusion was noted.

**WEIGHT**

88 lbs.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Possible minor hepatomegaly with focal nonspecific parenchymal nodule - subjectively benign
- Subtle heterogeneous pancreas
- Mild inflammatory gastroenteropathy pattern, sonographically unremarkable colon
- Associated intermittent reactive / benign mesenteric lymph nodes

***Secondary Findings***

- Minor gallbladder debris - likely incidental

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations in this case may include suspected structurally Insignificant to chronic Inflammatory gastroenteropathy such as IBD, dysbiosis, given the breed and propensity for alterations in gastrointestinal flora, or other gastroenteropathy. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal. The elevated cPL level may also be secondary or reactive to gastrointestinal inflammation.

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Further assessment may include cobalamin and folate levels. Potentially late evening feeding may prove beneficial given the early morning bilious vomiting. 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 and as needed gastrointestinal support with

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assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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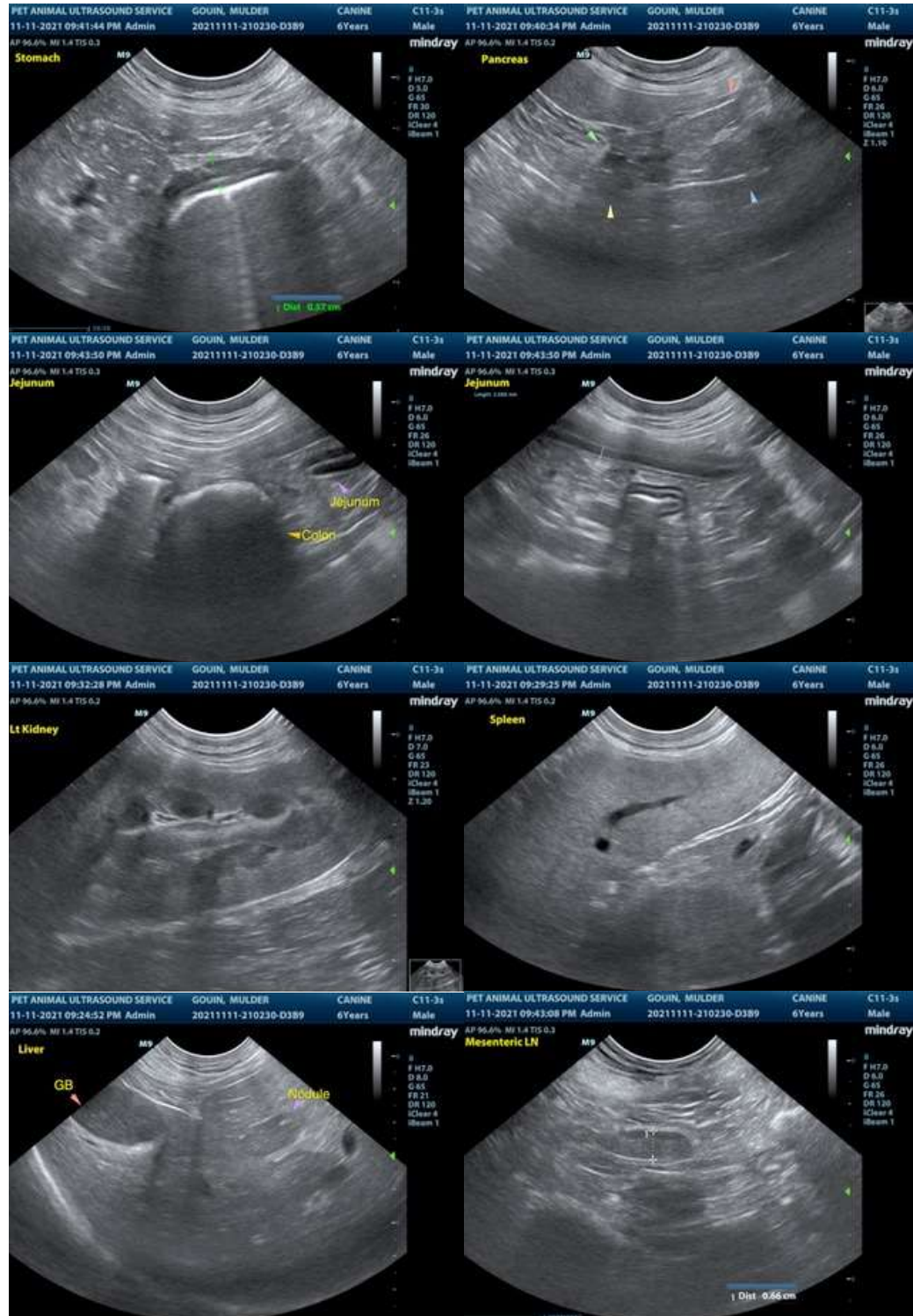
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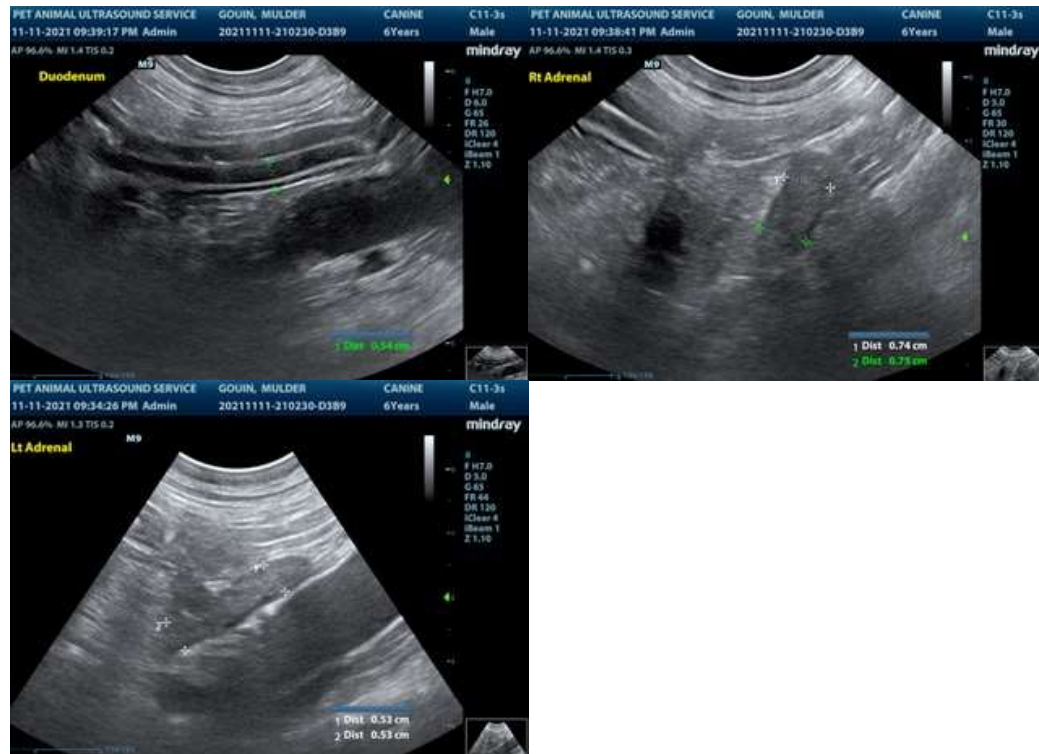
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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