



PATIENT

Scout Rea

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

9 years

WEIGHT

35 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Jennifer Todd

INVOICE

12556

DATE

11/15/21

PRESENTING CLINICAL SIGNS

The patient presented with a few episodes of vomiting digested food back in September. Was treated with Cerenia and bland diet. Issue resolved quickly. Patient then presented for a ruptured cruciate ligament. Preanesthetic bloodwork was done. Results showed a TP 4.8, Alb 2.5 Glob 2.3 Comprehensive fecal: neg, Urinalysis neg for protein. Recheck of blood proteins a week later showed TP 5.1, Alb 2.4 Glob 2.7. No current GI signs. Patient has gained 0.5 pounds in the past week.

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.

No overt pathology in the area of the residual prostate (0.85 cm).

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 5.1 cm in length. The right kidney measured 6.0 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 2.3 cm length x 0.83 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.9 cm length x 0.69 cm width at the caudal pole.

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

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained very minor retained echogenic ingesta/chyme without signs of obstruction or foreign material. The gastric body wall measured 0.39 cm.

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The small intestine exhibited intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective generalized normal mucosa echogenicity with segmental propensity for potential mildly prominent to echogenic submucosa. No evidence of loss of intestinal wall layering or intestinal masses.

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The jejunum wall measured 0.35 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No overt evidence of active pancreatitis or pancreatic neoplasia.

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Free Abdomen

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Regional areas of primarily periintestinal echogenic mesentery, along with small pockets of primarily periintestinal free fluid. Minor free fluid was also noted in the lateral abdomen around the spleen. No overt lymphadenopathy present.

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ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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(Canine and Feline)

- Sonographically unremarkable urinary bladder
- Mild age-related kidneys
- Sonographically unremarkable liver
- Possible enteropathy
- Small pockets of scant peritoneal free fluid and regional primarily intestinal reactive/mildly inflamed mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the lack of proteinuria, sonographically unremarkable liver and assuming no evidence of vasculitis or other causes of potential protein loss, underlying enteropathy as suspected cause of the borderline panhyperproteinemia in conjunction with patients' recent gastrointestinal signs may be considered a primary differential diagnosis. However, given the lack of reported diarrhea, weight loss or the gastrointestinal signs, this finding is nonspecific.

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Given current albumin levels, periintestinal free fluid owing to decreased hydrostatic pressure is considered less likely and potentially indicating mild periintestinal effusion secondary to inflammation.

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Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate as well as broad spectrum empirical deworming (i.e., Panacaur 50 mg per kg POSID) for at least 5 consecutive days. Continued monitoring of protein levels as well as sonographic monitoring of the abdomen for evidence of increasing peritoneal free fluid as well as progressive inflammatory gastrointestinal changes would be appropriate. Ultimately, intestinal biopsies may be required for further clarification.



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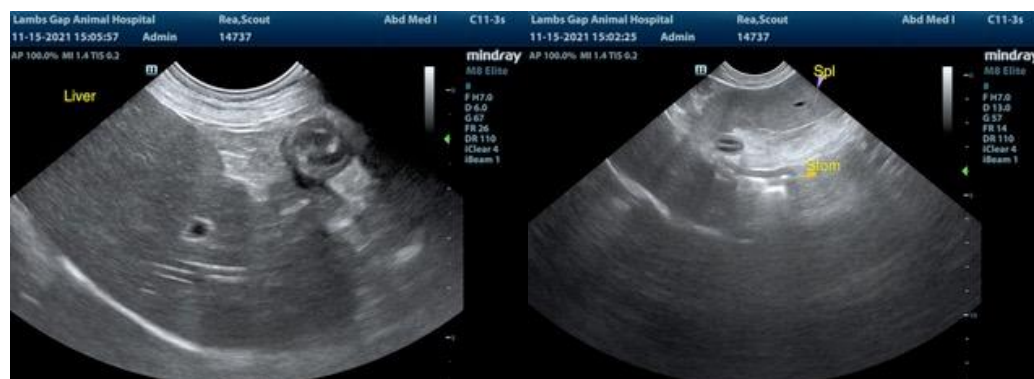
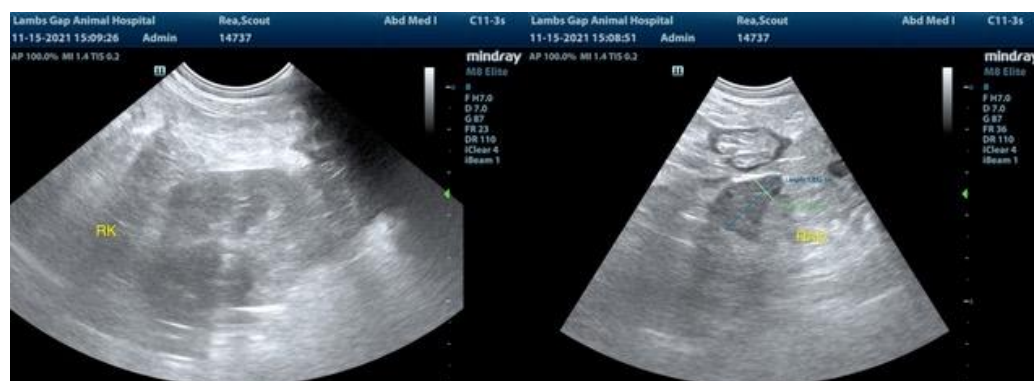
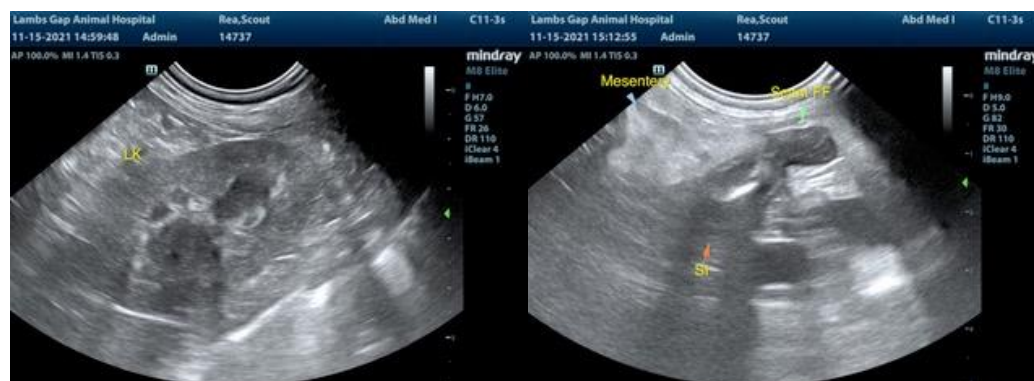
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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