**PATIENT**

Rusy Leftwich

SPECIES

Canine

BREED

Beagle Mix

SEX

MN

AGE

9yr

WEIGHT

42lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Pelzer

INVOICE

12224ag

DATE

11/21/2022

PRESENTING CLINICAL SIGNS

1 month history of intermittent diarrhea. Last 2 weeks has had intermittent vomiting that has responded to cerenia. Blood work unremarkable. Was fasted for about 16 hours prior to scan.

Abnormal PE/Chem/CBC/UA Results: Physical exam normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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 5.5 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 1.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole and 2.1 cm length.

Spleen

The spleen exhibited normal size with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discrete hyperechoic nodule consistent with benign myelolipoma was present. 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.

Liver

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Mild luminal gas was present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileum. Intact yet prominent ileum walls extending distally to the level of the ileocolic junction were observed. No evidence of loss of wall layer or intestinal masses. The lumen of the small intestine was

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empty with no signs of ileus, obstruction or foreign material. The duodenum measured 0.51 cm in width. The jejunum measured 0.43 cm in width. The ileum wall measured 0.50 cm in width.

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

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Pancreas

The parenchyma of the pancreas presented nonhomogeneous to subtly hypoechoic compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Ileitis pattern with suspect generalized inflammatory enteropathy-potential inflammatory bowel
- Mildly non-homogeneous to hypoechoic pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In light of patient's recent GI signs, ileitis and suspected generalized inflammatory enteropathy with potential for inflammatory bowel is suspected. Dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, or low grade to chronic pancreatitis could be possible contributing factors. A GI panel to include PLI/TLI/Cobalamin/Folate as well as a fresh fecal analysis to assess for parasitic ova / Giardia.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Proviale or Visbiome), cobalamin supplementation pending assessment of cobalamin level and as needed gastrointestinal support with assessment of clinical response may prove beneficial. A resting cortisol level to rule out occult Addison's disease may be considered. Sonographic reassessment of the GI tract is suggested if persistent/progressive GI signs despite recommended supportive care.

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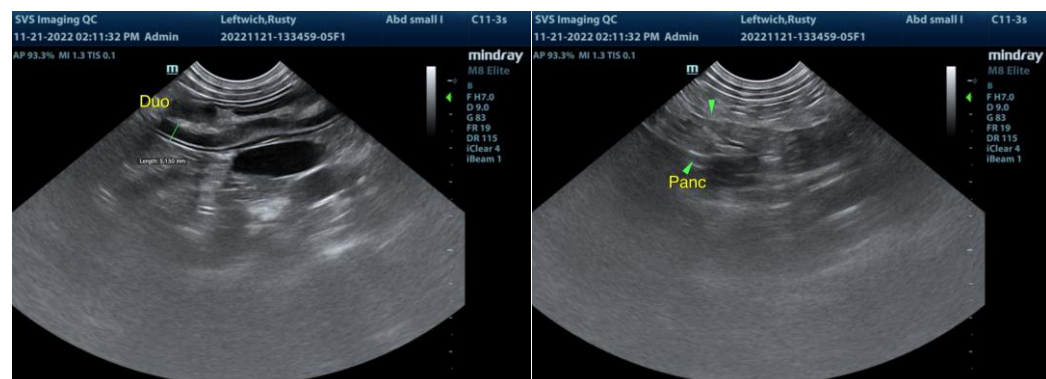
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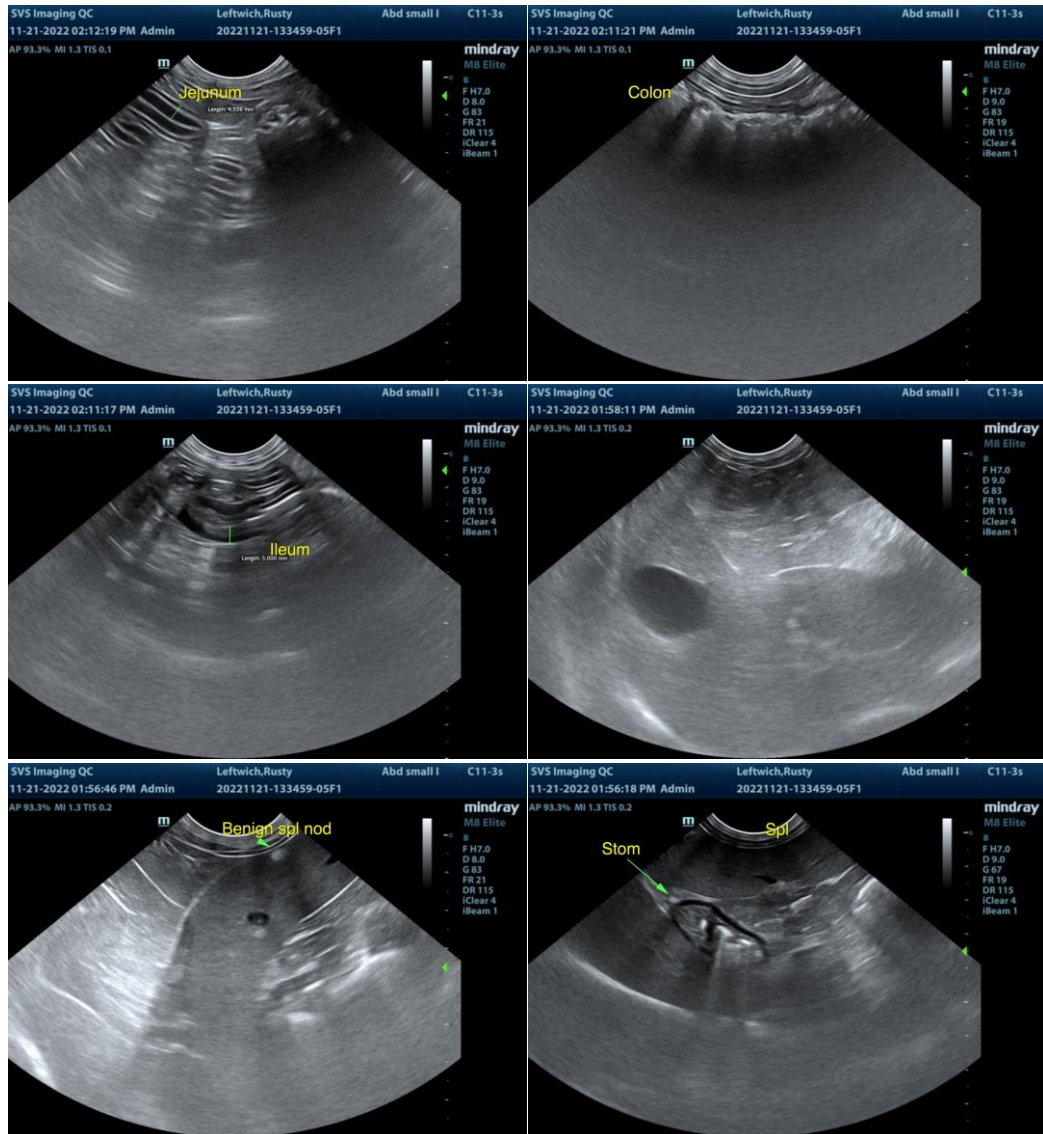
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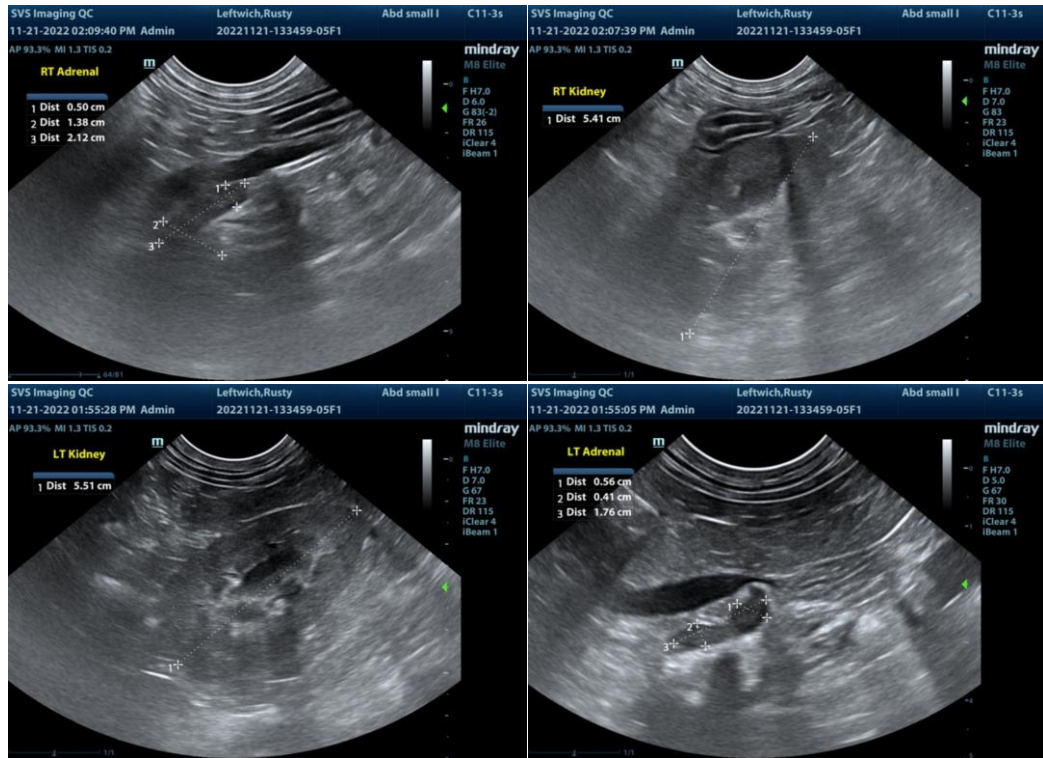
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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