



PATIENT

Scupper Fortin

SPECIES

Canine

BREED

Min. Poodle

SEX

MN

AGE

~8 years

WEIGHT

19.2 lbs.

PRESENTING CLINICAL SIGNS

Ongoing intermittent GI issues (vomiting, diarrhea, not eating/eating ravenously). Single seizure this past spring, MRI and CSF tap done at specialty clinic, WNL. Intermittent ALT elevations. Currently on HA diet; Cerenia and Metronidazole as needed.

Abnormal PE/Chem/CBC/UA Results: ALT 170 RADS: subjectively thickened intestines. Previous baseline Cortisol and Bile Acids reported WNL

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 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 4.9 cm in length. The right kidney measured 4.4 cm in length.

IMAGING PERFORMED BY

Dr. Ebersole

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.50 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 0.51 cm width at the caudal pole.

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Spleen

REFERRING VET

Dr. Golden

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.

INVOICE

15571

Liver/ Gallbladder

DATE

11/23/22

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. Normal hepatic volume was present. 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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Gastrointestinal

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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.

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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 0.41 cm width and the jejunum wall measured up to 0.42 cm width, respectively.

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

SEX

Pancreas

MN

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.

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Free Abdomen

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Focal cranial mesenteric lymph node was present medial to the spleen, caudal to the stomach measuring 0.69 cm diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No omental masses or evidence of peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Focal minor benign / reactive cranial mesenteric lymphadenopathy - minor lymphoid hyperplasia, reactive lymphadenitis potentially secondary to structurally insignificant gastrointestinal inflammation, sonographically normal pancreas
- Sonographically normal liver exhibiting normal vascular volume

IMAGING PERFORMED BY

Dr. Ebersole

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, sonographically normal abdomen without evidence of visceral, specifically gastrointestinal, pancreatic, or hepatic pathology as an obvious cause of the patient's intermittent gastrointestinal signs or seizure.

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Potential for low-grade inflammatory hepatopathy and structurally insignificant inflammatory gastroenteropathy or low-grade to chronic pancreatitis, which may present as sonographically normal, are possible.

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If progressive or persistent ALT elevations, screening hepatic FNA cytology could be considered, assuming normal clotting status, primarily to assess for evidence of inflammatory cells or anagenic stimulation, potentially secondary to underlying intestinal disease. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, continued novel protein or hydrolyzed diet, high colony count probiotics such as Provable when episodes of diarrhea, and empirical cobalamin supplementation if clinically indicated or pending cobalamin level assessment, may prove beneficial.

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Ultimately, endoscopic intestinal biopsies may be considered for further assessment if persistent / progressive gastrointestinal signs.



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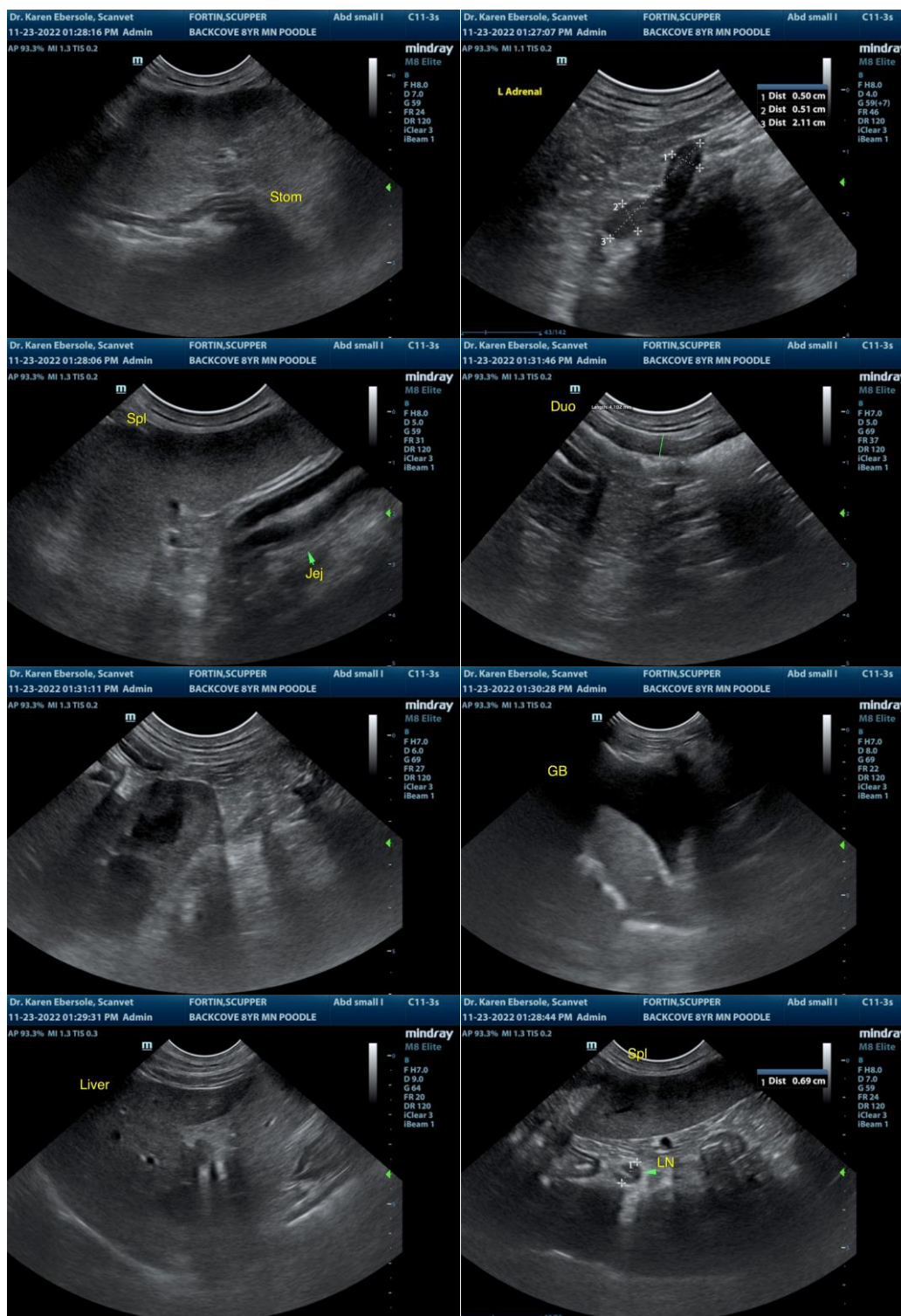
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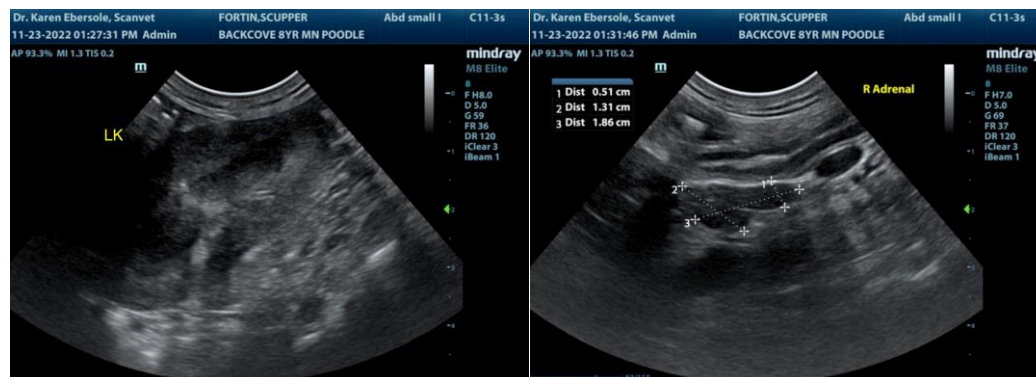
Dr. Golden

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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