



PATIENT

Charley Barnes

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

5.5 Years

WEIGHT

38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Lantz

INVOICE

18888

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: 11/8/2022 O wants to talk with JM about P's stool issues that she's had all her life. P goes through a cycle constantly where her appetite is affected and in turn so is her stool. P will eat regularly and have normal stools then suddenly P will start having loose stools and stop eating all the things she loves. O has changed P's diet and tried Rx diets but nothing seems to help the cycle stop.
Abnormal PE/Chem/CBC/UA Results: 11/2022 ACTH stim wnl 8/2022 8.8 calcium 2.6 albumin 1.6 globulin 4.2 TP 1.016 urine sp. gr 3/22 fecal nps

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 were noted. Aortic trifurcation was normal.

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 5.2 cm in length. The right kidney measured 5.5 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 0.50 cm width at the caudal pole and 0.38 cm width at the cranial pole.

No overt pathology in the area of the right adrenal gland.

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

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 and mildly prominent wall layering owing to propensity for mildly prominent yet variable gastric mucosa. Intact gastric wall layering was maintained. The lumen of the stomach was primarily empty with mild luminal gas with mild retained pyloric fluid. The ventral gastric body wall measured 0.54 cm.



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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent to hyperechoic submucosa layer noted in the segmental duodenum and the jejunum. No evidence of mechanical/metabolic ileus. The duodenum wall measured 0.45 cm. The jejunum wall measured 0.38 cm.

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The colon revealed sonographically unremarkable wall layering. The colon contained subjective semi-formed to possible soft fecal matter.

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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 was evident.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Mildly prominent yet intact gastric wall layering with minor retained pyloric fluid-sonographically suggestive of gastritis
- Sonographically unremarkable small intestine exhibiting subjective segmental mildly prominent submucosa layer- nonspecific, potential low grade inflammatory enteropathy
- Normal colon, containing semi-formed fecal matter

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from suspected gastritis, no overt evidence of significant structural gastroenterocolic mural pathology. At times the gastrointestinal presentation may not correlate with history of recurrent or chronic gastrointestinal signs. Considerations may include dietary intolerance/food hypersensitivity, intermittent dysbiosis, occult parasitism, inflammatory bowel disease, low grade to chronic pancreatitis, both of which may present sonographically normal or (unlikely) infiltrative neoplasia. Novel protein or hydrolyzed diet trial with long term dietary therapy, high colony count probiotic such as Provable, broad spectrum deworming even with negative fecal testing, i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days and assessment of long-term response would be reasonable.

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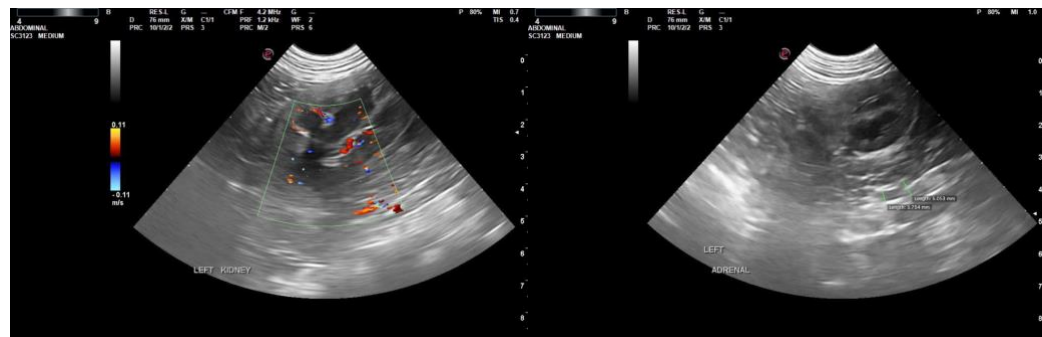
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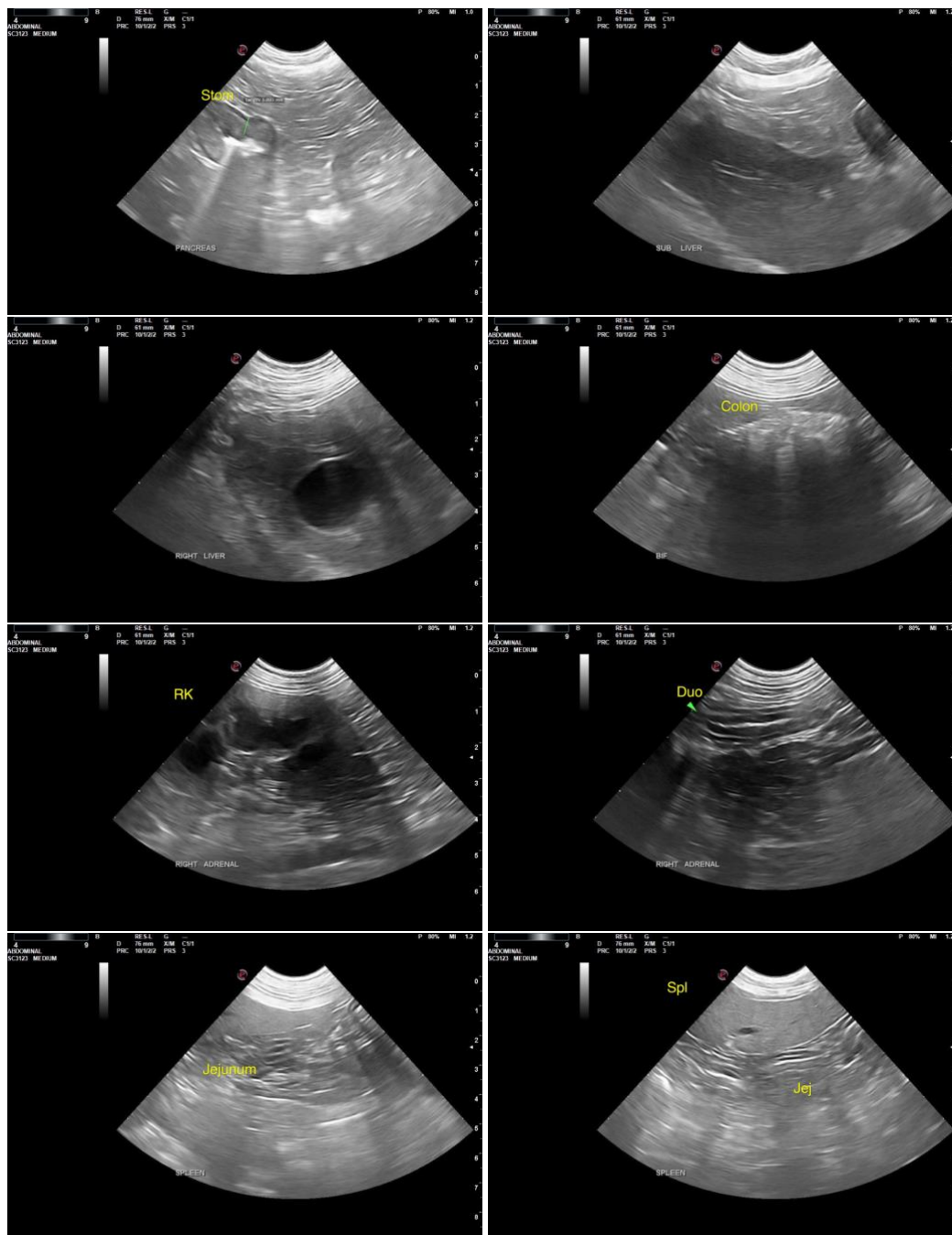
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)



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info@SonoPath.com

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