



PATIENT

Tug Duncan

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

50.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

Harold Mike Beard

INVOICE

18885

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Chronic, intermittent diarrhea. Intermittently have whipworms, sometimes no whipworms but still have diarrhea.

Abnormal PE/Chem/CBC/UA Results: Mucous and some blood in stool. Chemistry increase precision PSL, rest of chemistry normal. CBC normal. UA normal. HW test negative. Whipworms. Owner concerned about IBD.

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.

The residual prostate 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 6.3 cm in length. The right kidney measured 6.2 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 0.4 cm width at the caudal pole and 0.43 cm width at the cranial pole.

The right adrenal gland was not definitively visualized.

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 visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate variably echogenic ingesta, exhibiting subtle progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction.



PATIENT

Tug Duncan

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic small intestinal ileus.

SPECIES

Canine

Normal visible colon wall layers were present with subjective semi-formed to possible soft fecal matter in conjunction with patient history.

BREED

Lab Mix

Pancreas

The pancreas base and right pancreatic limb exhibited subtle prominent size with minor capsule asymmetry. Isoechoic mildly nonhomogenous parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum noted.

SEX

Neutered Male

Intermittent, mildly prominent to enlarged mid to cranial abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.5 cm in diameter. No omental masses or peritoneal free fluid.

AGE

9 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

50.8 Pounds

- Sonographically unremarkable gastrointestinal tract with gastric ingesta- suspect postprandial presentation
- Normal colon containing semi formed to possible soft fecal matter- probable mild colitis
- Mild to early age-related renal changes
- Mildly prominent nonhomogenous pancreas- patient/mild age-related variant. Potential for low grade to chronic pancreatitis is possible.
- Intermittent minor benign/reactive mesenteric lymph nodes

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Harold Mike Beard

Overall, no overt evidence of gastroenterocolic mural pathology. At times the gastroenterocolic presentation may not correlate with history of chronic to recurrent gastrointestinal signs. Considerations may include dietary intolerance/food hypersensitivity, recurrent occult parasitism, dysbiosis or low-grade inflammatory bowel disease or chronic pancreatitis (both of which may present sonographically normal). Gastrointestinal neoplasia is less likely.

HOSPITAL NAME

Animal Care VC

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, novel protein or hydrolyzed diet with likely long term dietary therapy, high colony count probiotic, broad spectrum deworming, even if current fecal testing is negative, +/- antibiotic trial if clinically indicated with assessment of clinical response is recommended.

REFERRING VET

Harold Mike Beard

INVOICE

18885

DATE

11/30/22



PATIENT

Tug Duncan

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

50.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

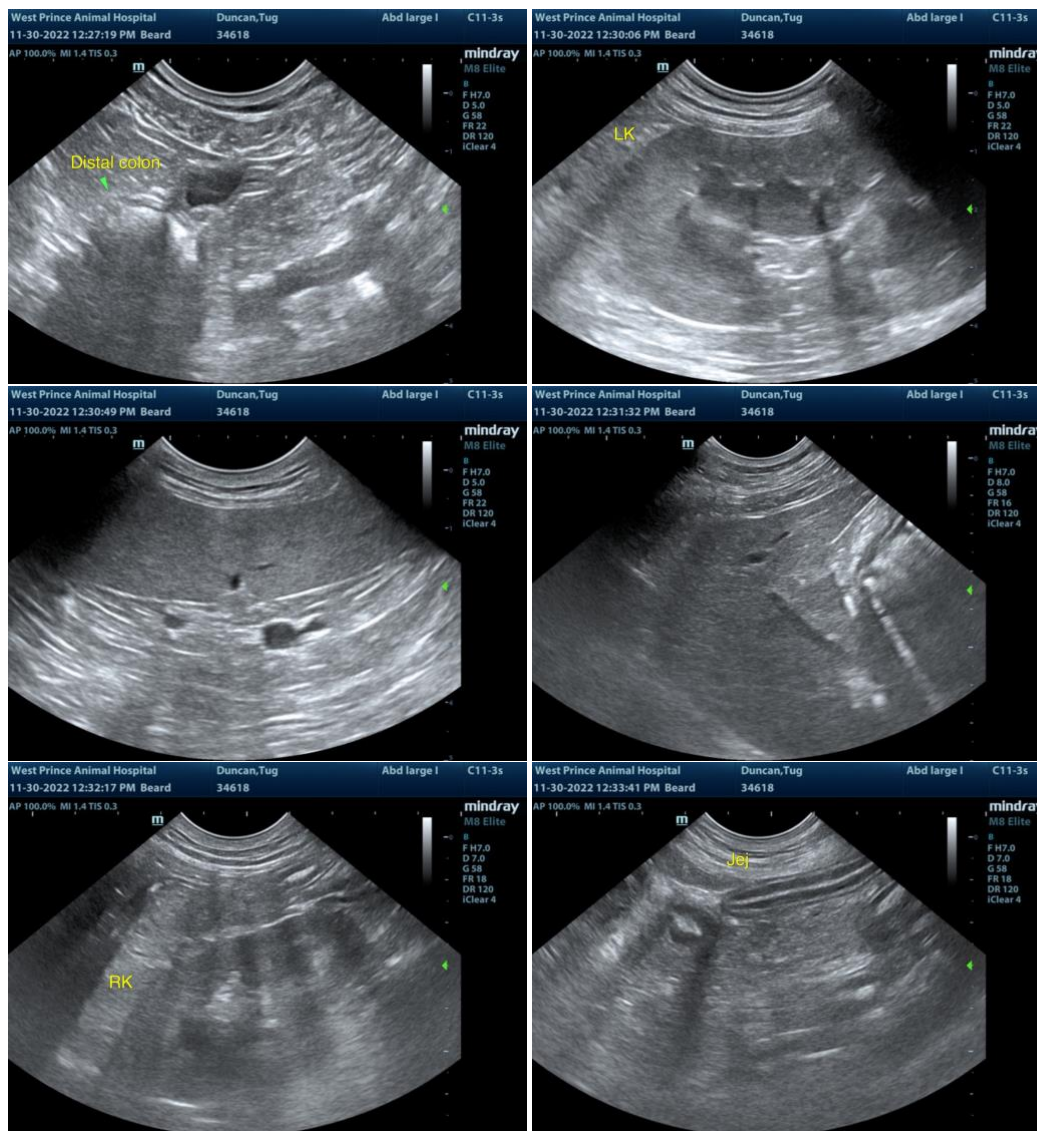
Harold Mike Beard

INVOICE

18885

DATE

11/30/22





PATIENT

Tug Duncan

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

50.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

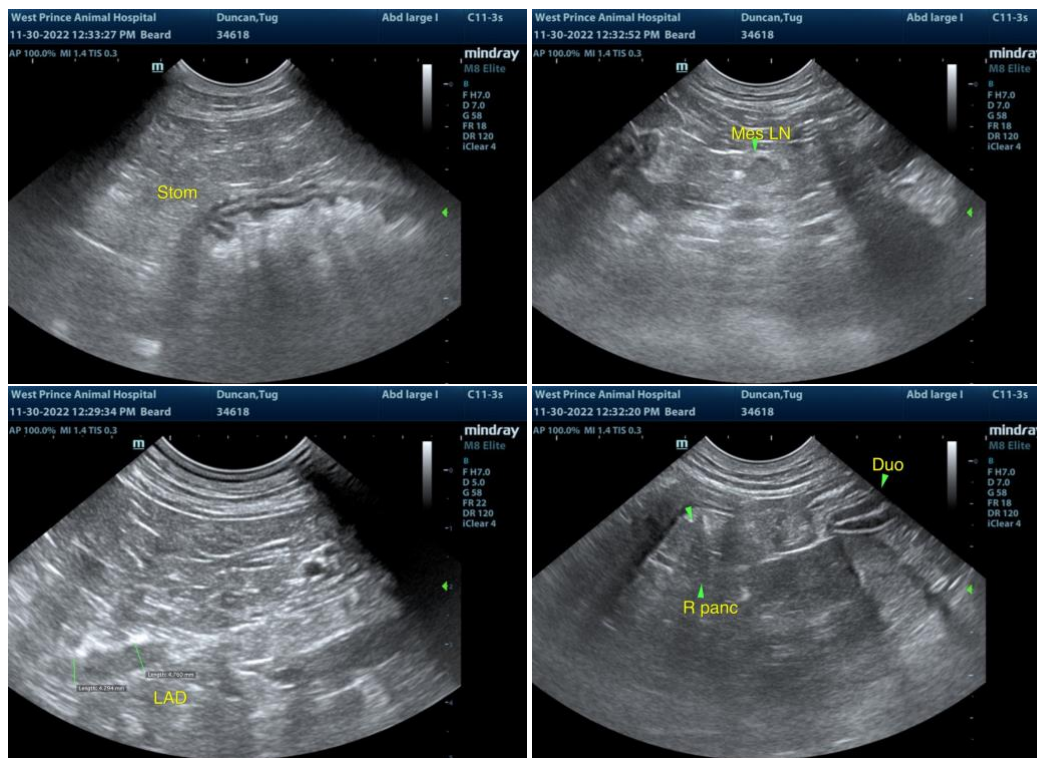
Harold Mike Beard

INVOICE

18885

DATE

11/30/22



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)
info@SonoPath.com