



PATIENT	PRESENTING CLINICAL SIGNS
Kiawah McGinnis	Pt presented to another DVM in the practice for diarrhea last week. Pt had lost about 25lbs from 7/5/21 to presentation on 11/3/22. I rechecked yesterday and pt showed no improvement on metronidazole and I/d canned diet.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: fecal float-neg. CBC- hct-43%,platlet-270. Chem was all normal, Alb-3.6. Rads showed gas and ingesta moving thought SI and lots of stool in colon. SI appeared abnormal so scanned pt with U/S and found lesions in spleen.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Shepherd Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
FS	
AGE	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 6.5 cm in length. The right kidney measured 6.7 cm in length.
10yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
59	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.87 cm width at the caudal pole and 0.62 cm width at the cranial pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, variable sized non-uniform to hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example of a nodule measured 3.1 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
Dr. Moss	Liver
HOSPITAL NAME	The liver presented borderline to mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic non-organized debris. The cystic and common bile ducts were normal.
Harvest Hills Veterinary Hospital	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
Dr. Moss	
INVOICE	
12124ag	
DATE	
11/09/2022	



PATIENT

Kiawah McGinnis

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.

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

SPECIES

Canine

Pancreas

The right pancreatic limb exhibited subjective mild prominent size with minor capsule asymmetry and isoechoic non-homogenous to hypoechoic parenchyma.

BREED

Shepherd Mix

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

- Sonographically unremarkable GI tract/colon, minor gastric ingesta
- Prominent mildly irregular right pancreas-patient / age variant, low grade to chronic pancreatitis possible
- Variably enlarged nonhomogeneous hyperechoic splenic nodules-subjectively benign, suggestive of benign myelolipomas, potential for chronic infarcts or less likely emerging mineralization
- Subjective mild benign hepatomegaly
- Minor gallbladder debris (non-mucocele)

AGE

10yr

WEIGHT

59

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of structural GI pathology, considerations may include dietary intolerance / food hypersensitivity, dysbiosis, malassimilation/maldigestive disorder, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal or less likely infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending GI panel results +/- antibiotic trial such as Tylosin given lack of response to metronidazole or if clinically indicated and assessment of clinical response may prove beneficial.

Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered primarily to ensure only benign changes are present.

INTERPRETED BY

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

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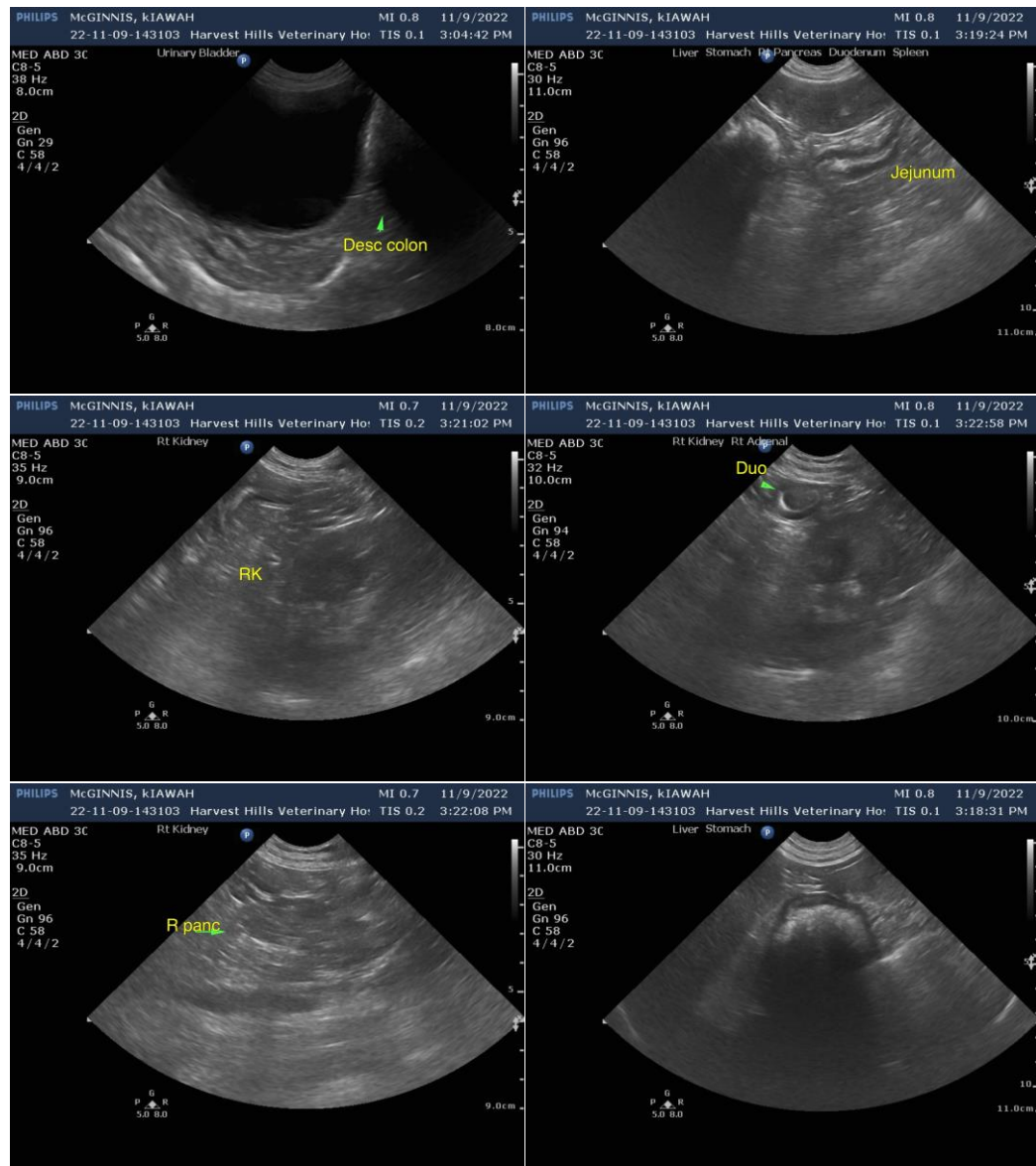
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PATIENT

Kiawah McGinnis

SPECIES

Canine

BREED

Shepherd Mix

SEX

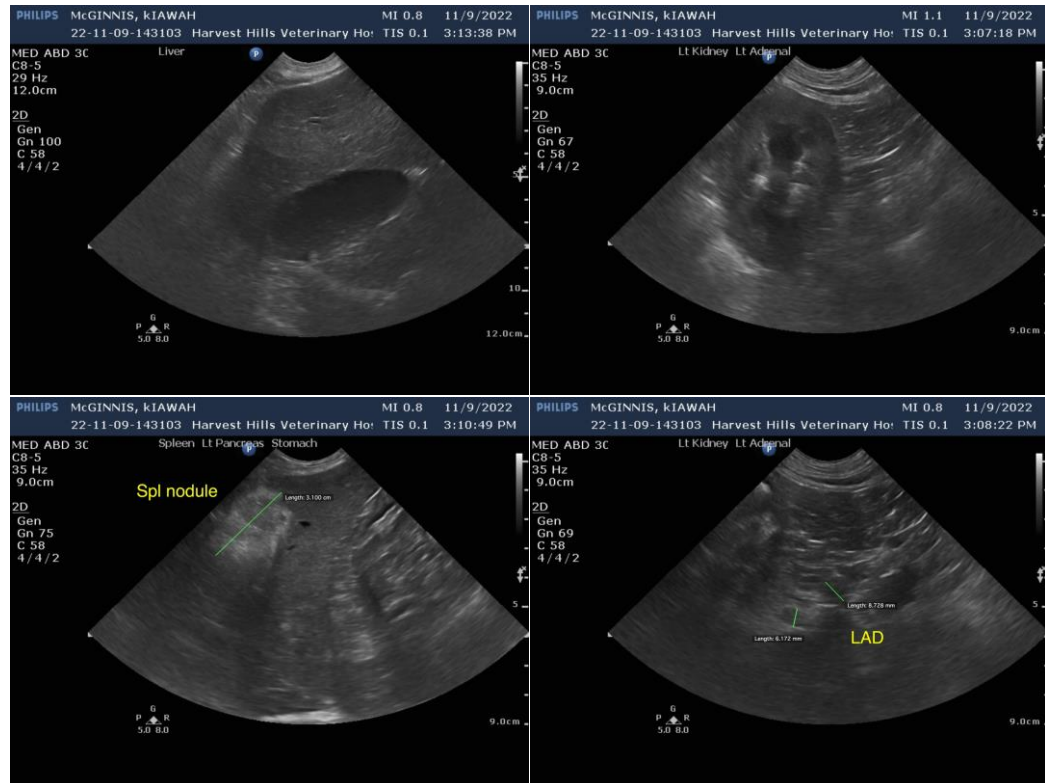
FS

AGE

10yr

WEIGHT

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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.

INTERPRETED BY

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

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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