



PATIENT

Annie Wolfe

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

8 Years

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Crowchild Trail VC

REFERRING VET

Dr. Rondot

INVOICE

20082

DATE

12/14/22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, intermittently with blood. Labs in April NSF. PE unremarkable. No vomiting. Responds to metronidazole and enteroaid but then relapses. Abnormal PE/Chem/CBC/UA Results: Fecal negative.

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 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 3.3 cm in length. The right kidney measured 3.5 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 0.40 cm width at the caudal pole and 0.47 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width at the caudal pole and 0.42 cm width at the cranial pole.

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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with segmental propensity for mildly prominent mucosa, as well as subtly prominent to hyperechoic submucosa layer with intermittent nonspecific duodenojejunal mucosal speckling. No evidence of loss of small intestinal wall layering or mechanical/metabolic ileus.



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The colon revealed sonographically unremarkable wall layering, containing subjective semi formed fecal matter.

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

BREED

Chihuahua

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Enteropathy, exhibiting minor nonspecific mucosal speckling
- Sonographically normal colon
- Mild heterogenous pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance/food allergy, dysbiosis/antibiotic responsive diarrhea, inflammatory bowel disease, low grade to chronic pancreatitis or less likely emerging protein losing enteropathy or infiltrative neoplasia are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Sonographically, the appearance of the small intestine is suggestive of inflammatory criteria such as IBD. Hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotics, such as Provable, empirical deworming with Panacur (50 mg/kg PO SID for at least 5 consecutive days even with negative fecal testing), +/- cobalamin supplementation pending assessment of cobalamin levels recommended with assessment of clinical response.

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Intermittent episodes of colitis, given the intermittent hematochezia, is suspected. Long term hydrolyzed diet with high colony count probiotics such as Provable is recommended.

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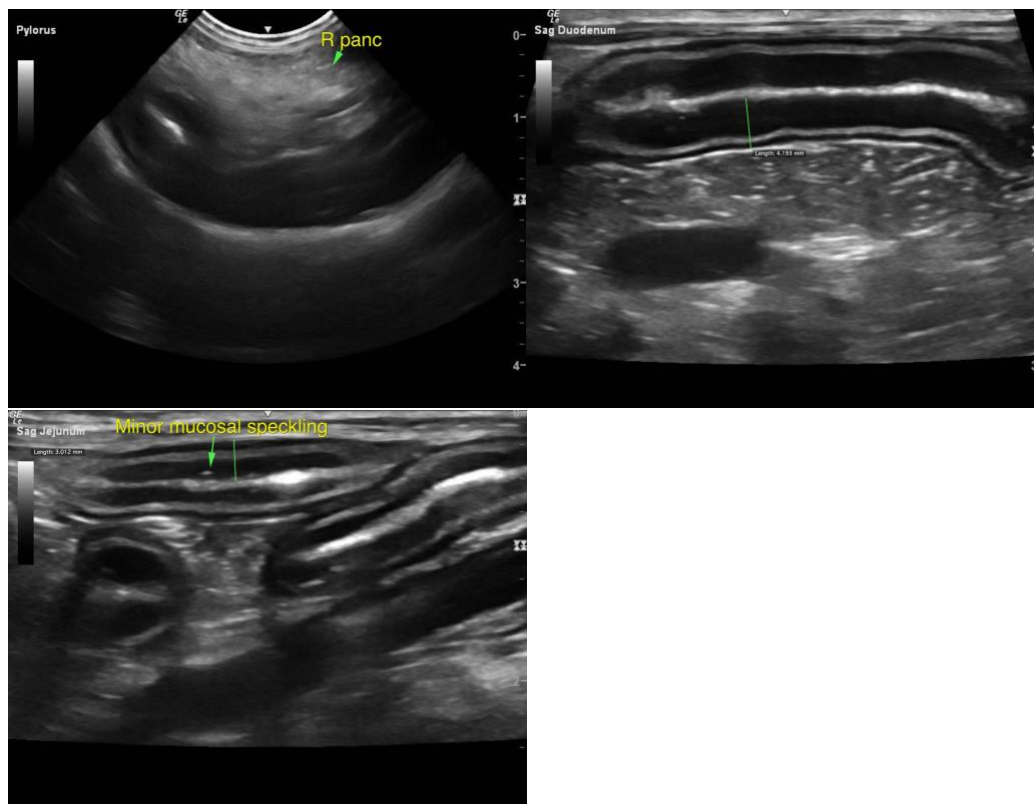
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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