



**PATIENT**

Charley Ely

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

MN

**AGE**

14 yrs

**WEIGHT**

41.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Bihlear

**INVOICE**

15578

**DATE**

12/2/22

**PRESENTING CLINICAL SIGNS**

chronic diarrhea about 5 months duration; has been controlled intermittently with metronidazole and probiotic. On apoquel 16 mg x 1/2 PO sid

Abnormal PE/Chem/CBC/UA Results: 4/22 glob 3.8, ALT 136

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation 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 5.7 cm in length. The right kidney measured 5.8 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 2.4 cm length x 0.49 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 2.9 cm length x 0.51 cm width at the caudal 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/ Gallbladder**

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 containing primarily anechoic content with mild nondependent nonorganized echogenic gallbladder debris. 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.



<b>PATIENT</b>	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.
Charley Ely	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	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.
Labradoodle	<b>Free Abdomen</b>
<b>SEX</b>	No overt lymphadenopathy or peritoneal effusion was present.
MN	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>AGE</b>	<ul style="list-style-type: none"> <li>• Mild age-related kidneys</li> <li>• Mild gallbladder debris (non-mucocele)</li> <li>• Sonographically unremarkable gastrointestinal tract / colon</li> <li>• Sonographically unremarkable liver - low-grade benign hepatopathy</li> </ul>
14 yrs	
<b>WEIGHT</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
41.7 lbs.	No evidence of significant visceral pathology, including no evidence of gastroenterocolic mural abnormalities or pathology.
<b>INTERPRETED BY</b>	At times, the gastroenterocolic sonographic presentation may not correlate with the clinical history of chronic gastrointestinal signs. Considerations in this patient may include; dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, occult Addison's Disease, IBD, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, or less likely in this case, infiltrative neoplasia.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to assess for parasitic ova / Giardia. A resting cortisol level could be considered, although the bilateral adrenal glands appear to be normal.
<b>IMAGING PERFORMED BY</b>	<b>REFERRING VET</b>
Diane McFadden	Empirically, novel protein or hydrolyzed diet trial with long-term dietary therapy, high colony count probiotic (such as Provable), empirical deworming (Panacur 50 mg/kg PO SID x 5 consecutive days with potential repeat protocol in 3-4 weeks), cobalamin supplementation pending assessment of cobalamin levels, +/- antibiotic if clinically indicated and assessment of clinical response is recommended.
<b>HOSPITAL NAME</b>	<b>INVOICE</b>
Andover AH	15578
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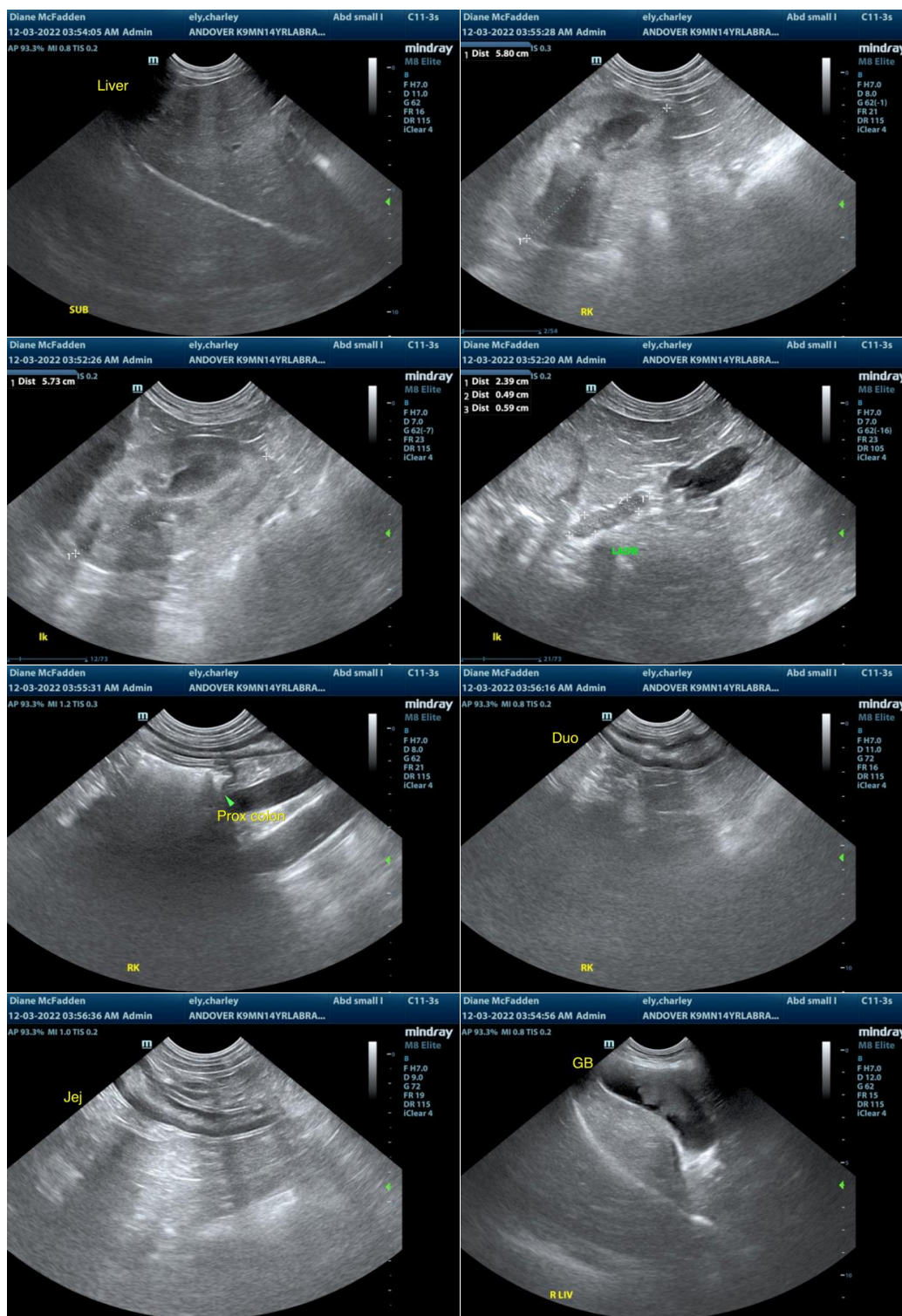
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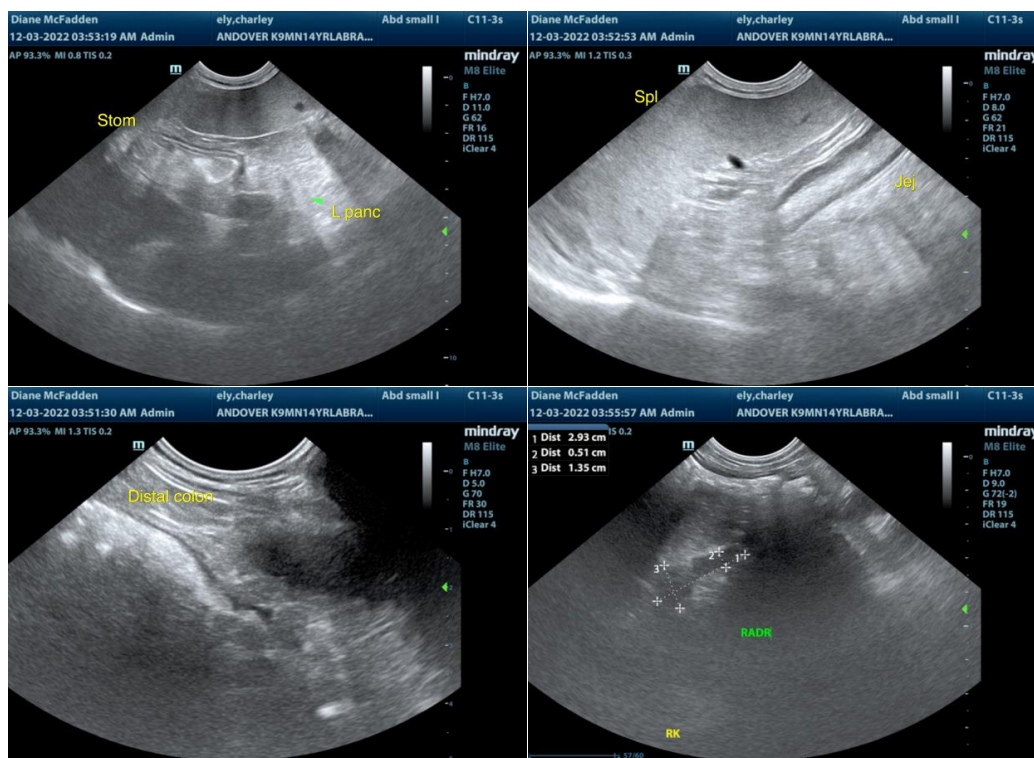
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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