



PATIENT PRESENTING CLINICAL SIGNS

Moose Kubilus ~5 month history of intermittent soft stool, recent worsening, mild improvement with medication/diet change.

SPECIES Medication: Tylosin

Canine Unremarkable CBC/Chemistry Panel, T4 1.6

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

German Shepherd

Urinary System

SEX The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. The urethra exhibited normal structure and tone to a depth of 5.0 cm. 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.

MN

AGE The residual prostate was free of overt pathology.

2014 The area of the aortic trifurcation was free of pathology.

WEIGHT 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 8.5 cm in length. The right kidney measured 8.8 cm in length.

129

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was indistinctly visualized potentially owing to subnormal adrenal size. The left adrenal gland subjectively measured 0.44 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Borelli

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

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12/2/22



PATIENT

Gastrointestinal

Moose Kubilus

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.

SPECIES

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.

Canine

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

BREED

Pancreas

German Shepherd

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.

SEX

MN

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

2014

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract / colon
- Possible subnormal left adrenal size

WEIGHT

129

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology.

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At times, the gastroenterocolic sonographic presentation may not correlate with a history of chronic to recurring gastrointestinal signs. Considerations, given the breed, may include; dietary intolerance / food hypersensitivity, dysbiosis / antibiotic responsive diarrhea, occult parasitism, occult Addison's Disease, IBD, low-grade to chronic pancreatitis, both of which may present as sonographically normal, or less likely in this case, infiltrative gastrointestinal neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING

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ARDMS/RVT

Empirically, a hydrolyzed diet with likely long-term dietary therapy, high colony count probiotic (such as Provable), broad-spectrum deworming (i.e., Panacur 50 mg/kg PO SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), cobalamin supplementation pending assessment of cobalamin levels, +/- appropriate antibiotic therapy, if positive clinical response, would be reasonable. A resting cortisol level to assess for or rule out occult Addison's Disease is recommended.

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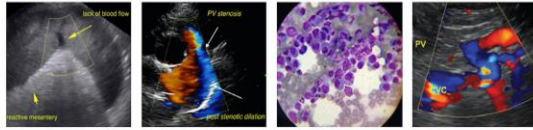
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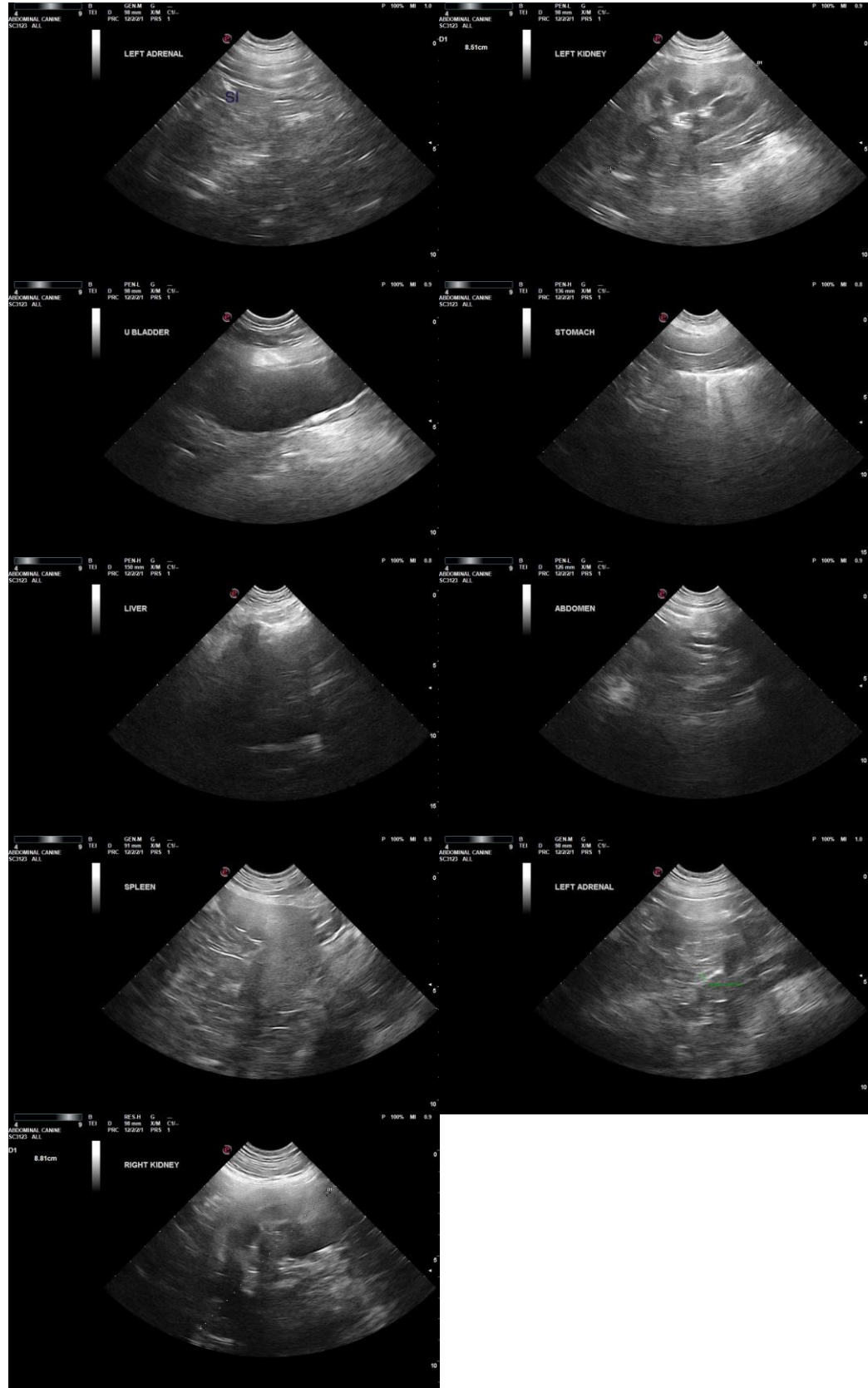
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PATIENT

Moose Kubilus

SPECIES

Canine

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.

BREED

German Shepherd

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.

SEX

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