



PATIENT

Frankie Sartory

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

3 years

WEIGHT

8.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP
(Canine/Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Golden

INVOICE

15700

DATE

12/21/22

PRESENTING CLINICAL SIGNS

Chronic pancreatitis/GI signs. Currently on Pepcid, Cerenia, Prozac and Gabapentin.

Abnormal PE/Chem/CBC/UA Results: ALT mildly increased.

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, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

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 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 3.2 cm in length. The right kidney measured 3.2 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 1.6 cm length x 0.41 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 1.5 cm length x 0.41 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. Normal hepato-portal vascular volume was present. No evidence of a portosystemic shunt was noted. 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.



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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.

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

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Pancreas

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract / pancreas
- Low-grade hepatopathy - suspect potential low-grade inflammatory hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically gastroenterocolic or pancreatic, pathology.

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At times, the gastroenterocolic sonographic presentation may not correlate with a history of chronic gastrointestinal signs or pancreatitis. Considerations may include; dietary intolerance / food allergy, dysbiosis, occult parasitism, inflammatory bowel disease, or low-grade pancreatitis, both of which may present as sonographically normal, less likely occult Addison's Disease, or infiltrative neoplasia.

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP
(Canine/Feline)

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotic, empirical deworming (Panacur 50 mg/kg SID x 5 consecutive days, +/- cobalamin supplementation pending assessment of cobalamin levels, and as-needed GI support with an assessment of clinical and hepatic response would be reasonable. Although considered unlikely a resting cortisol level to rule out occult Addison's Disease, may be considered.

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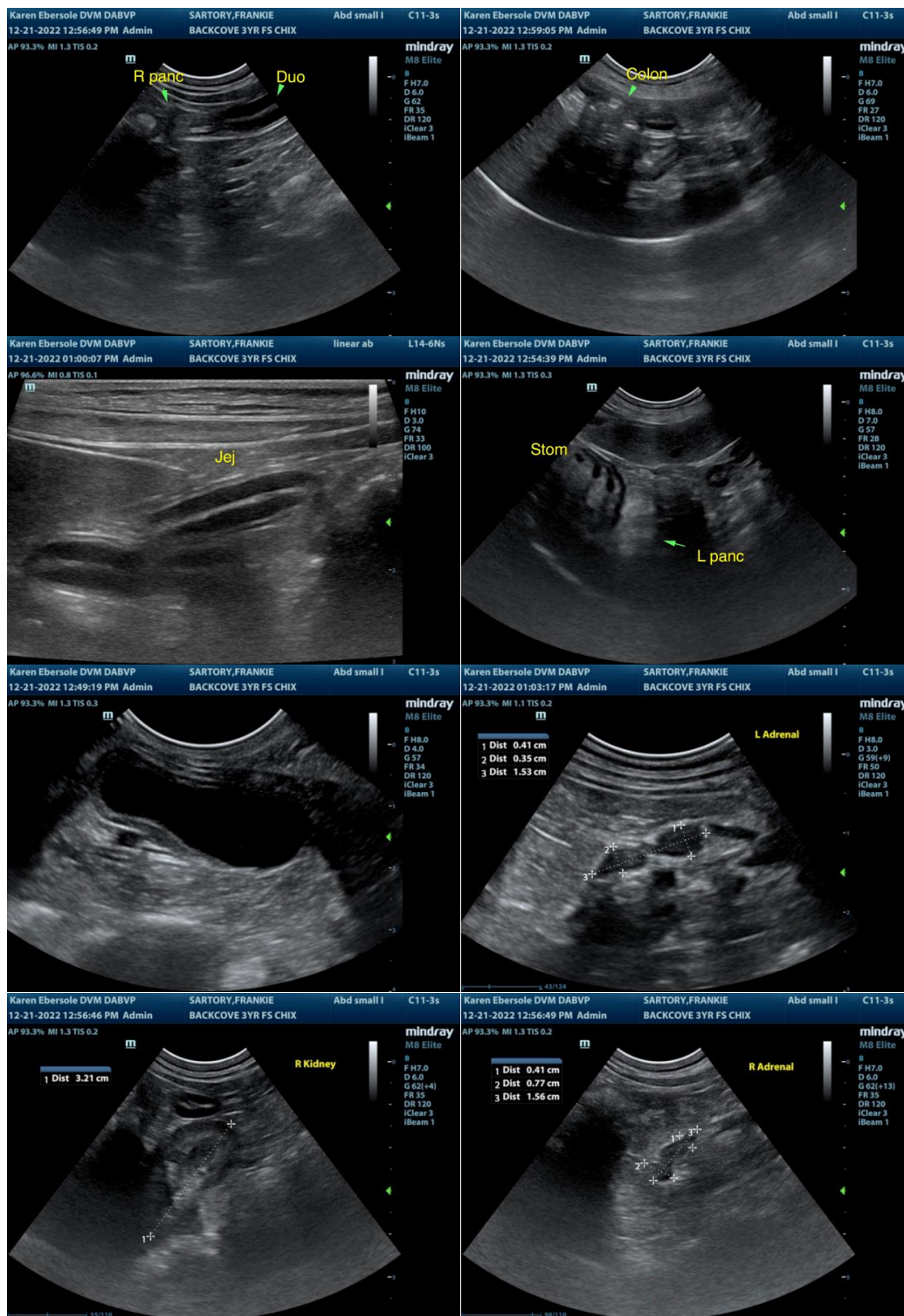
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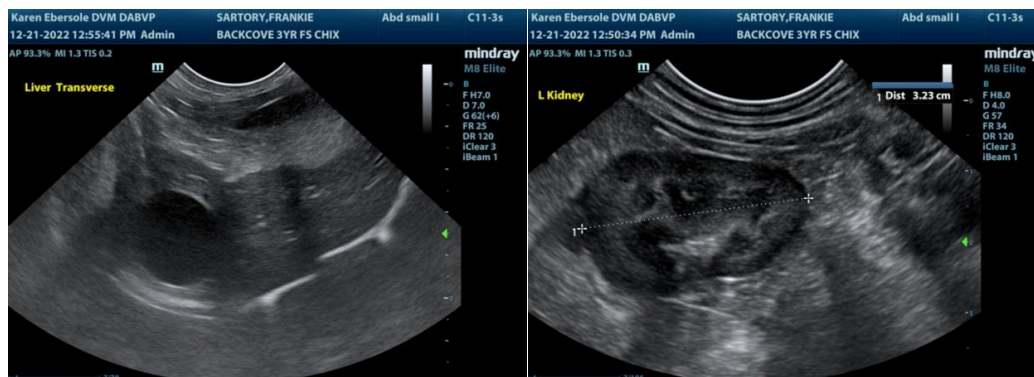
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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