



PATIENT

Wednesday
Torontow

SPECIES

Canine

BREED

Husky X

SEX

FS

AGE

8 years 9 months

WEIGHT

24.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland,
DVM

HOSPITAL NAME

Island Mobile Paws
VS

REFERRING VET

Prevost VC

INVOICE

12715

DATE

12/3/21

PRESENTING CLINICAL SIGNS

-Weight loss. Low B12. No other significant abnormalities on geriatric panel or gi panel (cPL, TLI, folate all normal). No diarrhea reported by client. Unremarkable PE.

Abnormal PE/Chem/CBC/UA Results: 11/26/2021 B12=181 (209-617)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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 6.0 cm in length. The right kidney measured 6.7 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 0.57 cm width at the caudal pole and 0.42 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 0.69 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 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 and primarily maintained a 1:3 muscularis/mucosa ratio with segments of intestine exhibiting mildly prominent to echogenic submucosa layer. The duodenum wall width measured 0.51 cm. The jejunum wall width measured 0.30 cm.

SPECIES

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

Canine

Pancreas

BREED

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.

Husky X

SEX

Free Abdomen

FS

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

8 years 9 months

Primary Findings

WEIGHT

- Overtly normal gastrointestinal tract with segmental propensity for mildly prominent to echogenic small intestinal submucosa
- Otherwise, unremarkable abdomen

24.9 kg

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although no evidence of significant visceral pathology, specifically gastrointestinal pathology, was evident, the weight loss and decreased cobalamin levels are consistent with small intestinal disease, specifically distal small intestinal disease. Potential IBD may be a consideration, given the subjective mildly prominent to echogenic submucosa layer which tends to be affected more prominently in dogs with IBD. However, this is a nonspecific finding.

IMAGING PERFORMED BY

Donna Markland,
DVM

Cobalamin supplementation 1000 mcg, subcutaneously once weekly Initially for 6 weeks then every 2-4 weeks based on clinical response is recommended. A limited antigen to hydrolyzed diet may also be considered even without current gastrointestinal signs. Although considered unlikely, resting cortisol to rule out occult or atypical Addison's disease would be warranted. Continued assessment of cobalamin levels is recommended during supplementation along with clinical response. Ultimately, endoscopic intestinal biopsies may be required for a definitive diagnosis.

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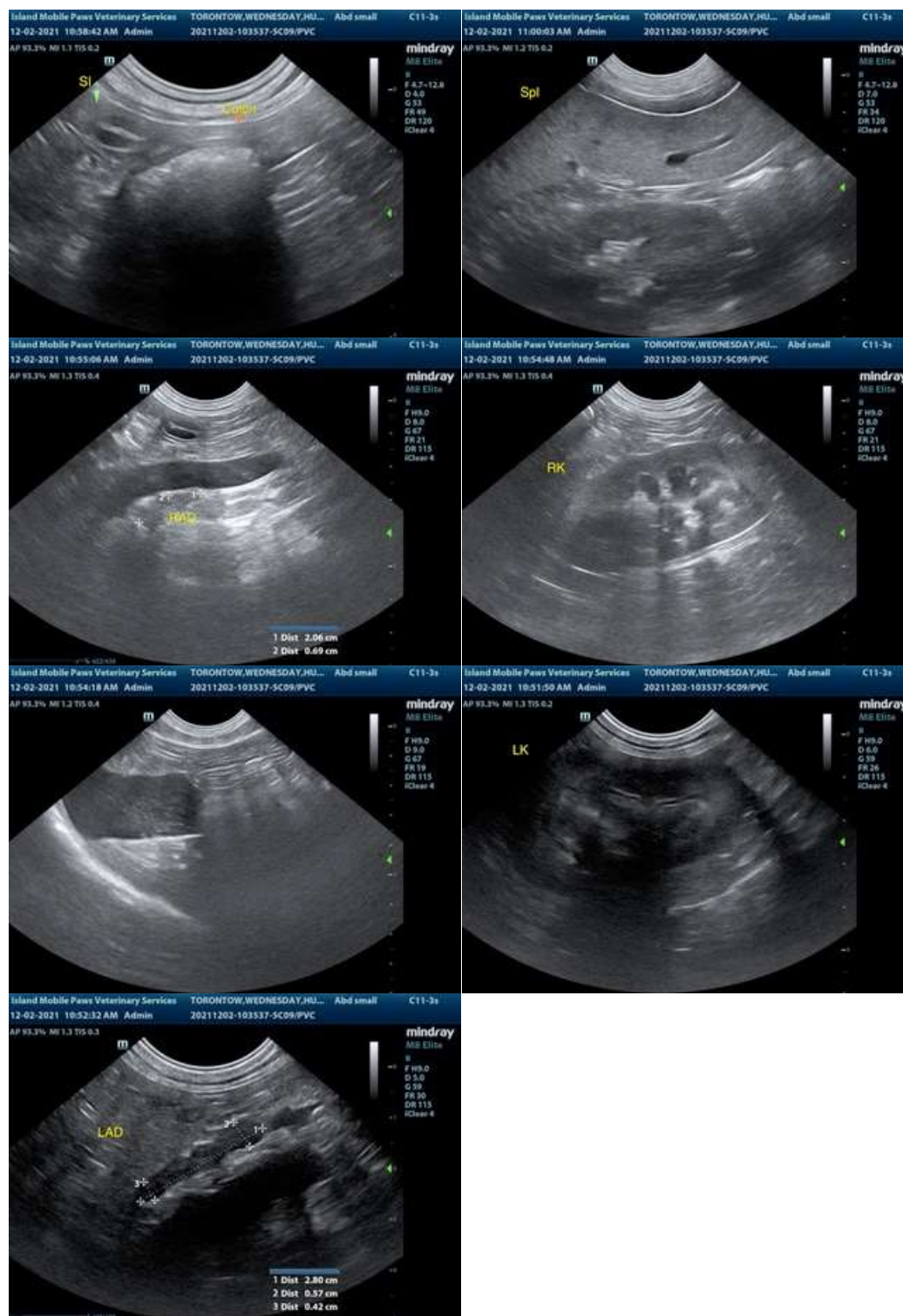
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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