



PATIENT

Millie Milewski

SPECIES

Canine

BREED

Bernadoodle

SEX

Spayed Female

AGE

1 Year

WEIGHT

55 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

20276

DATE

12/30/22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea.

Abnormal PE/Chem/CBC/UA Results: WNL

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 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 6.4 cm in length. The right kidney measured 5.4 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 2.0 cm length x 0.50 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 2.5 cm length x 0.68 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

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 contained moderate ingesta, exhibiting subtle progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.40 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing ingesta/chyme was present. The jejunum wall measured 0.46 cm. The duodenum wall measured 0.50 cm.



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The colon revealed sonographically unremarkable wall layering. The colon exhibited generalized non-formed to soft fecal matter consistent with patient history.

Pancreas

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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 was evident.

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 3.0 cm x 0.9 cm.

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No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

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- Overtly normal gastrointestinal tract/colon with gastrointestinal ingesta and non-formed fecal matter
- Intermittent benign/reactive mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral, specifically, gastroenterocolic structural pathology. At times the gastroenterocolic sonographic presentation may not correlate with history of chronic gastrointestinal signs. Considerations may include dietary intolerance/food allergy, dysbiosis, malassimilation/maldigestive disorder, occult parasitism, IBD, low grade to chronic pancreatitis, both of which may present sonographically normal, or less likely occult Addison's given the normal adrenal appearance or infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A fresh fecal analysis to assess for or rule out parasitic ova/giardia is suggested if not done.

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Empirically, hydrolyzed or novel protein diet trial with likely potential for long term dietary therapy, empirical deworming, i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks., high colony count probiotics, such as Provable, empirical cobalamin supplementation pending assessment of cobalamin levels and assessment of clinical response would be reasonable. Antibiotic trial could also be considered yet potentially long-term antibiotics may contribute to normal intestinal flora disruption. Resting cortisol level is suggested to rule out potential for occult Addison's disease yet considered unlikely given normal sonographic appearance of the adrenal glands.

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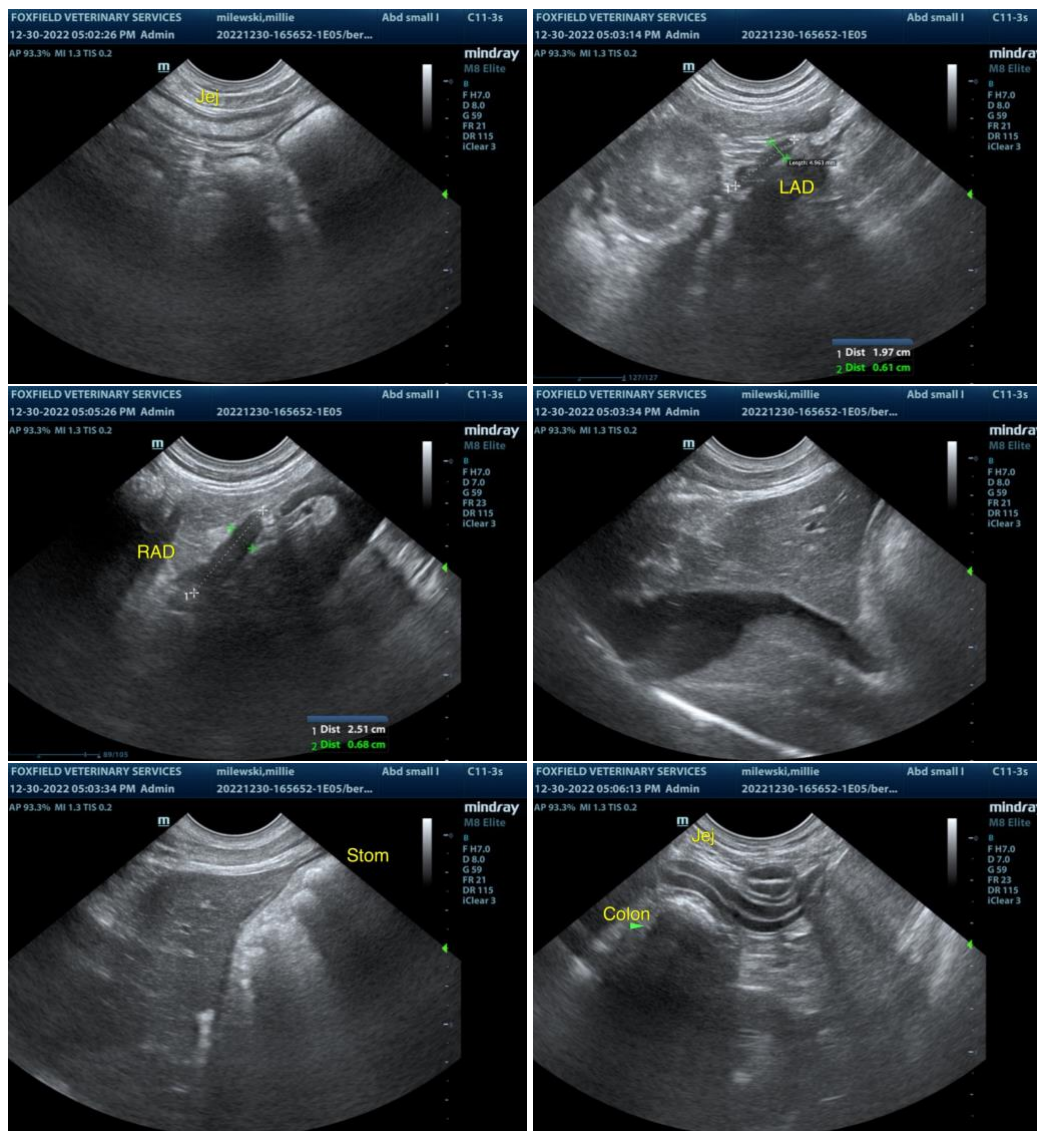
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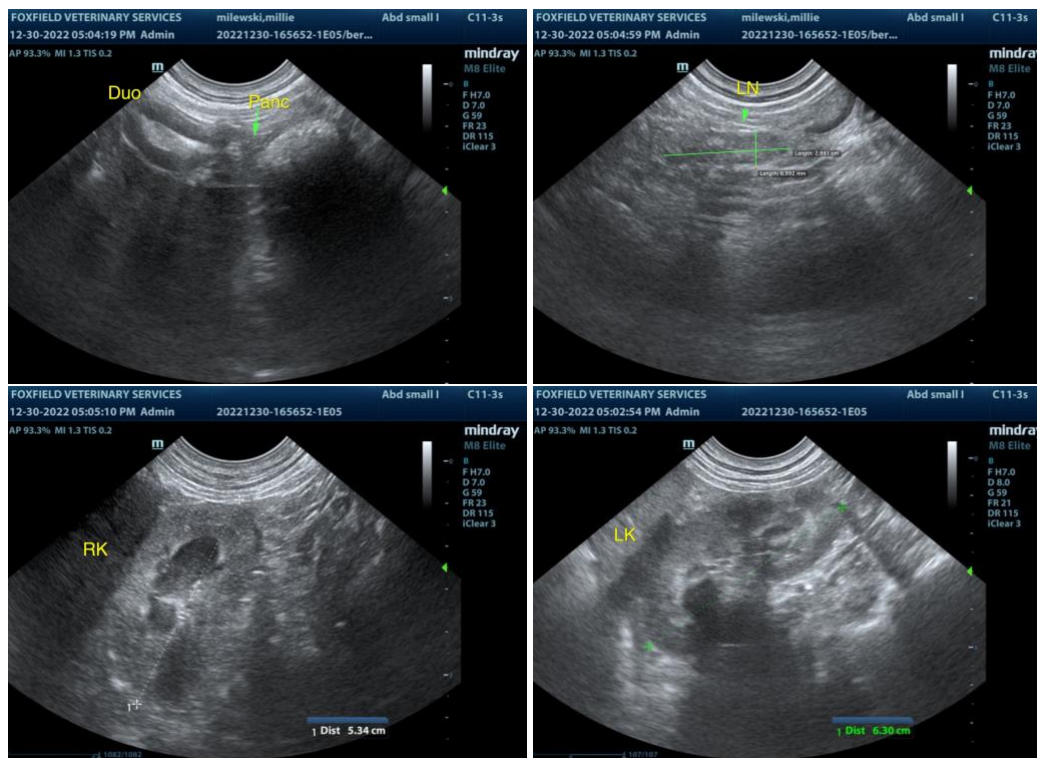
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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