



**PATIENT**

Marley Smith

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

52 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Quellhorst

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Jessica Quellhorst

**INVOICE**

12845

**DATE**

12/6/21

**PRESENTING CLINICAL SIGNS**

History: 7yo FS pitbull w/ 2 year history of chronic vomiting/diarrhea. Has been on HP food for several years. Last ultrasound 2020.

Abnormal PE/Chem/CBC/UA Results: 2020 - PLI increased 339, folate increased 15.6, cobalamine high normal 712, TLI >50. Xrays done 5 weeks ago normal, repeated 2 weeks ago and still normal. Repeat CBC/chem/T4/UA 2 weeks ago unremarkable except low USG 1.005. Has had trial of panacur, probiotics.

**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 was 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 6.1 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 0.7 cm width at the caudal pole and 0.52 cm width at the cranial pole.

No overt pathology in the area of the right adrenal gland.

**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 presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach exhibited and sonographically and unremarkable visualized wall layering with mild to moderate retained anechoic fluid and mucus. Some mucus was noted within the gastroduodenal junction extending into the upper duodenum.



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The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis as well prominent to echogenic submucosal layer. 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.

***Pancreas***

**BREED**

Pitbull

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.

***Free Abdomen***

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Focal, mildly prominent to enlarged intermittent mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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No evidence of peritoneal effusion. The omentum was of uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

52 Lbs.

- Sonographically unremarkable stomach with mild gastric hypomotility
- Chronic enteropathy- strongly suspect chronic inflammatory bowel disease
- Intermittent reactive/benign mesenteric lymphadenopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If persistent decreased urine specific gravity, assessment of first morning specific gravity may be considered. Upper and lower endoscopic gastroenterocolic biopsies would be ideal for further assessment via histopathology. Chronic inflammatory enteropathy/IBD, dysbiosis or occult parasitism likely. Less likely, Dietary intolerance/food hypersensitivity (given the HP diet) possible. Reassessment of GI panel (if not recently done) would be warranted. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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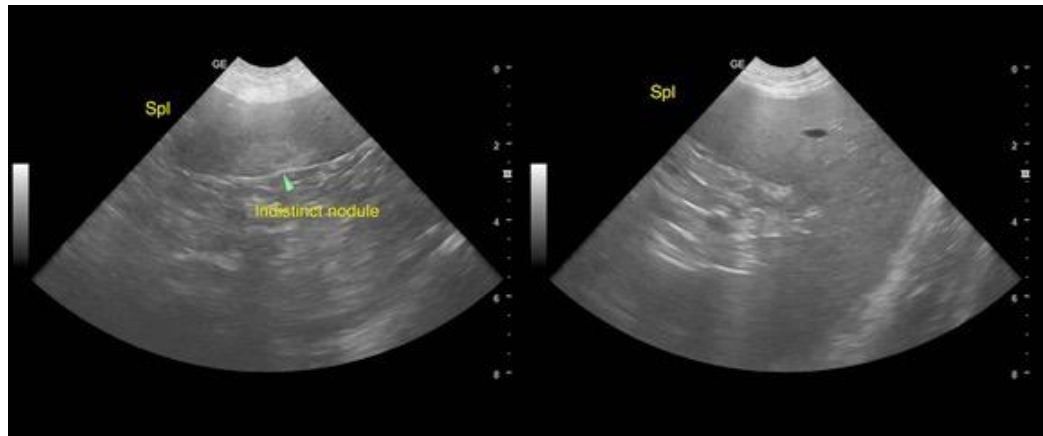
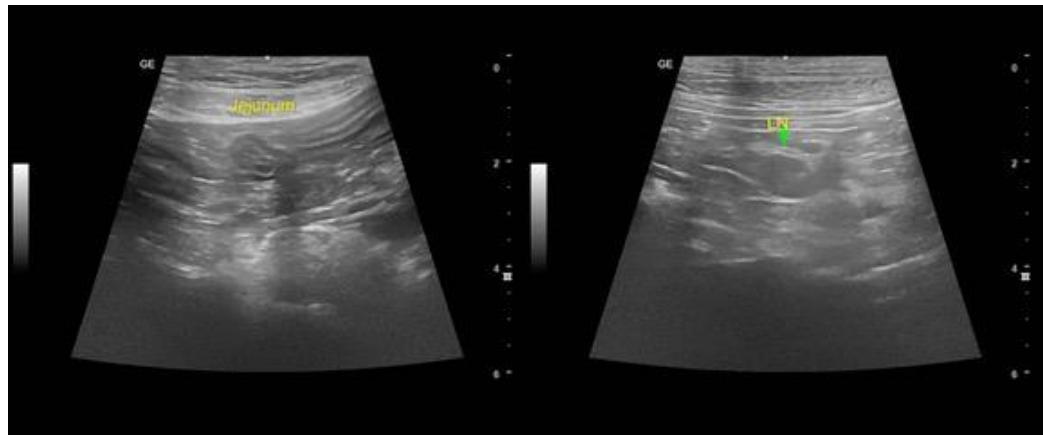
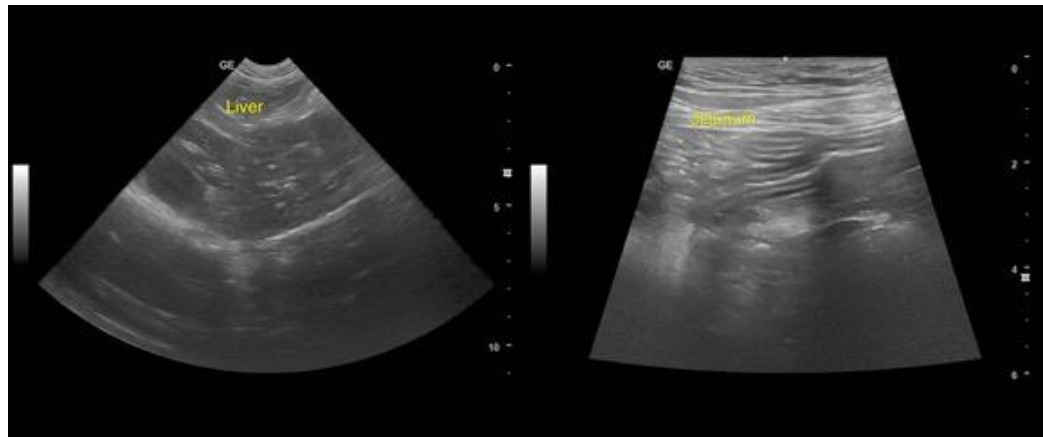
Jessica Quellhorst

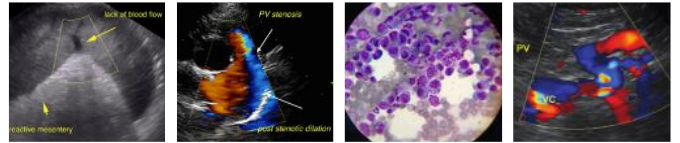
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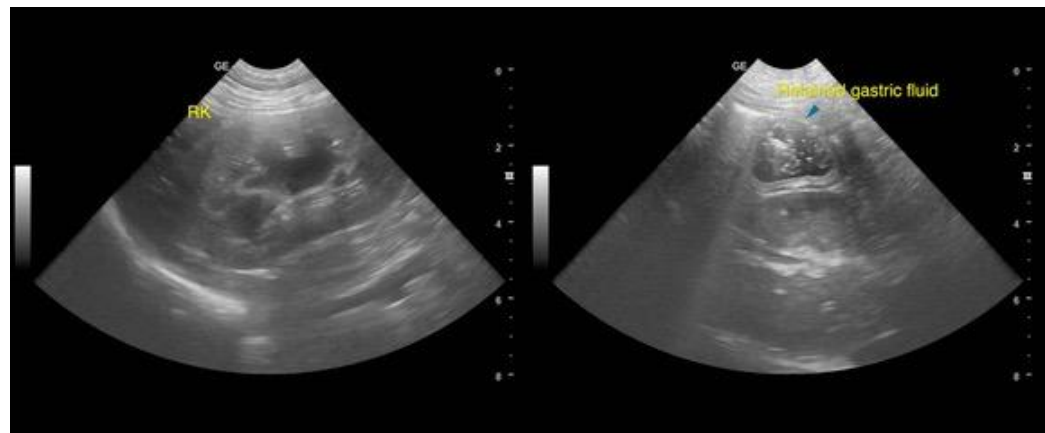
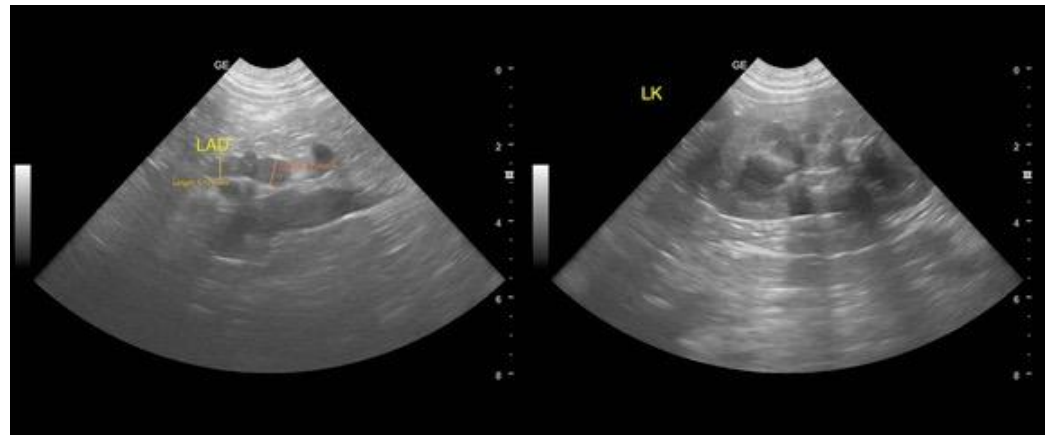
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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