



**PATIENT**

Sophie Lewandowski

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

103 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush VC

**REFERRING VET**

Dr. Lori Milot

**INVOICE**

12846

**DATE**

12/6/21

**PRESENTING CLINICAL SIGNS**

History: obese, vomiting on/off for weeks, tried famotidine - did not help, diarrhea on/off as well  
Abnormal PE/Chem/CBC/UA Results:BW is 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the left kidney. The left kidney measured 6.1 cm in length. The right kidney measured 6.5 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 0.89 cm width at the caudal pole and 0.92 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 0.62 cm width at the caudal pole and 0.89 cm width at the cranial 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 yet subjective mild prominent wall layering with mild retained anechoic fluid present in the pylorus. The pylorus wall measured 0.60 cm.

The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent muscularis layer as well as mildly prominent to echogenic submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.60 cm.

Normal visible colon wall layers were present with apparent subjective formed to semi-formed feces and luminal gas. The colon wall measured 0.3 cm.



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**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.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Labrador Retriever

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Mild retained gastric fluid- potential for mild gastric stasis/gastritis
- Inflammatory enteropathy pattern, suspect probable IBD
- Bilateral chronic renal changes with mild left kidney pyelectasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

10 Years

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The small intestine exhibited mild mural changes, specifically mildly prominent muscularis and echogenic to prominent submucosa, which tends to be more prominent in dogs with underlying IBD. Endoscopic intestinal biopsies would be required for a definitive diagnosis. Omeprazole may prove more effective as a gastroprotectant. 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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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Although considered unlikely, given the subjectively normal bilateral adrenal glands, resting cortisol could be considered to rule out Addisons disease.

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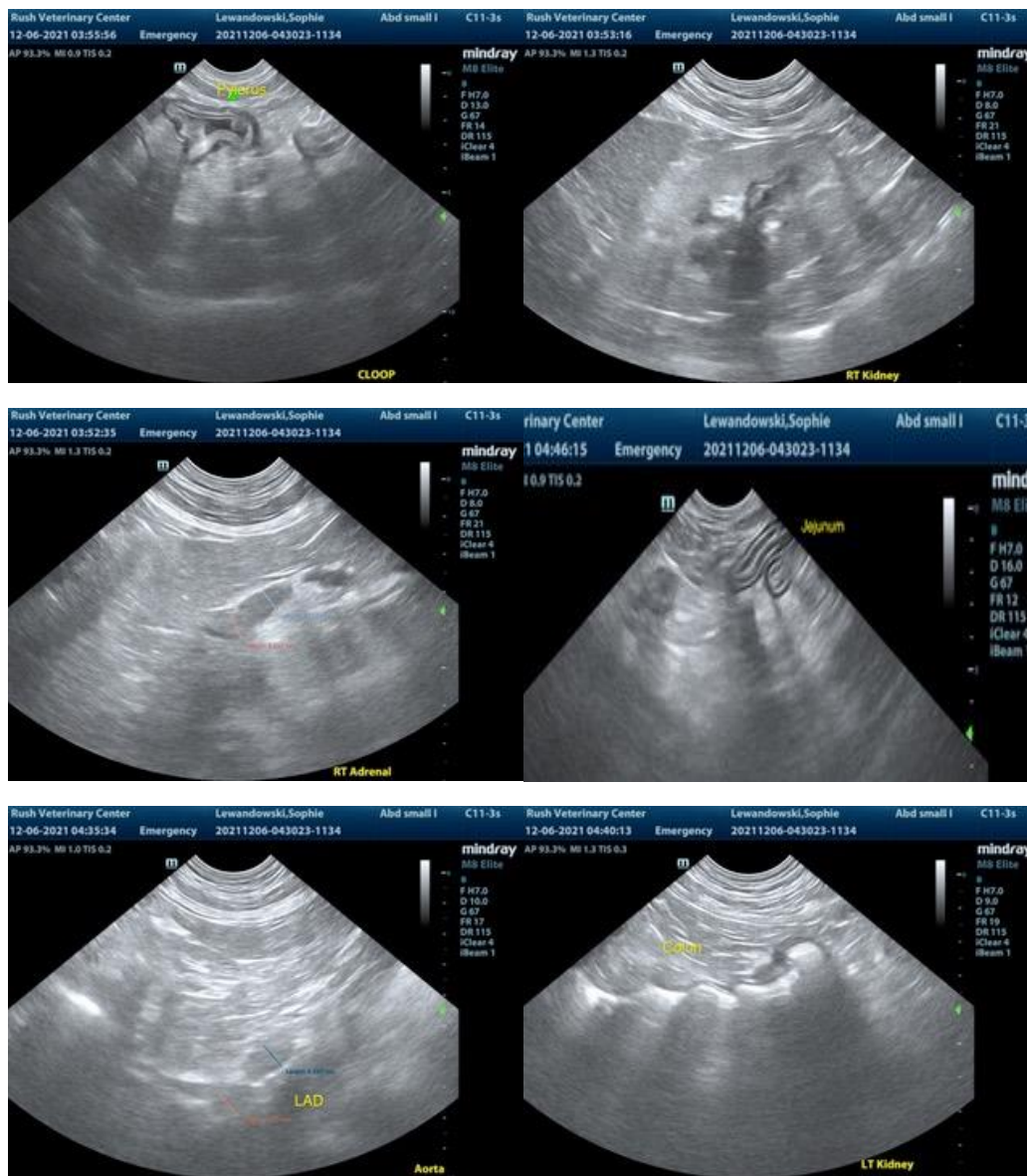
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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