



PATIENT

Bella Bristol

PRESENTING CLINICAL SIGNS

History: WEIGHT LOSS Anorexia Diarrhea, melena
Abnormal PE/Chem/CBC/UA Results: Blood work-WNL CPLI-WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Poodle

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

SEX

Female

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 cm in length. Pinpoint medullary mineralization was noted in both kidneys.

AGE

10 Years

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.33 cm at the cranial pole and 0.31 cm at the caudal pole.

WEIGHT

4.8

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland subjectively measured 0.42 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen was normal in size and contour with maintained finely textured primarily homogenous parenchyma. A solitary discrete nondisruptive hypoechoic nodule was noted in the cranial lateral spleen, measuring 0.36 cm in diameter.

IMAGING PERFORMED BY

Dr. Sharkaway

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.

HOSPITAL NAME

Kew Gardens AH

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Sharkaway

Gastrointestinal

The stomach presented intact mildly prominent gastric wall layering. The lumen of the stomach contained mild nonshadowing ingesta/chyme without evidence of mechanical pyloric outflow obstruction. The ventral gastric body wall measured 0.28 cm.

INVOICE

19065

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. A discrete segmental to generalized duodenojejunal mucosal speckling, along with segmental to generalized nonshadowing intestinal ingesta/chyme without evidence of an obstructive pattern or loss of intestinal wall layering. The duodenum wall measured 0.39 cm. The jejunum wall measured 0.30 cm.

DATE

12/6/22



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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft fecal matter was present in the colon lumen with lumen dilation.

Pancreas

SPECIES

Canine

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.

BREED

Poodle

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Female

- Gastroenterocolitis pattern- suspect inflammatory bowel
- Mild age-related renal changes with pinpoint medullary mineral

AGE

10 Years

- Nonspecific yet likely benign nondisruptive splenic nodule- suspect focal discrete lymphoid hyperplasia, hematopoiesis, small hematoma or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

4.8

The gastrointestinal and colon presentation is suggestive of inflammatory criteria without evidence of overt neoplastic criteria or definitive ulceration. Considerations may include suspected inflammatory bowel with dietary intolerance/food allergy, occult parasitism, dysbiosis, occult Addison's disease or less likely infiltrative neoplasia possible.

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(Canine and Feline)

Further assessment may include fresh fecal analysis to rule out parasitic ova/giardia, GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level.

IMAGING PERFORMED BY

Dr. Sharkaway

Empirically, a hydrolyzed diet trial with likely long term dietary therapy high colony count probiotic, broad spectrum deworming even with negative fecal testing (i.e., Panacur at 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks), cobalamin supplementation pending assessment of cobalamin levels, as needed gastrointestinal support and assessment of clinical response and potential recheck sonogram if weight loss and GI signs progress despite empirical therapy.

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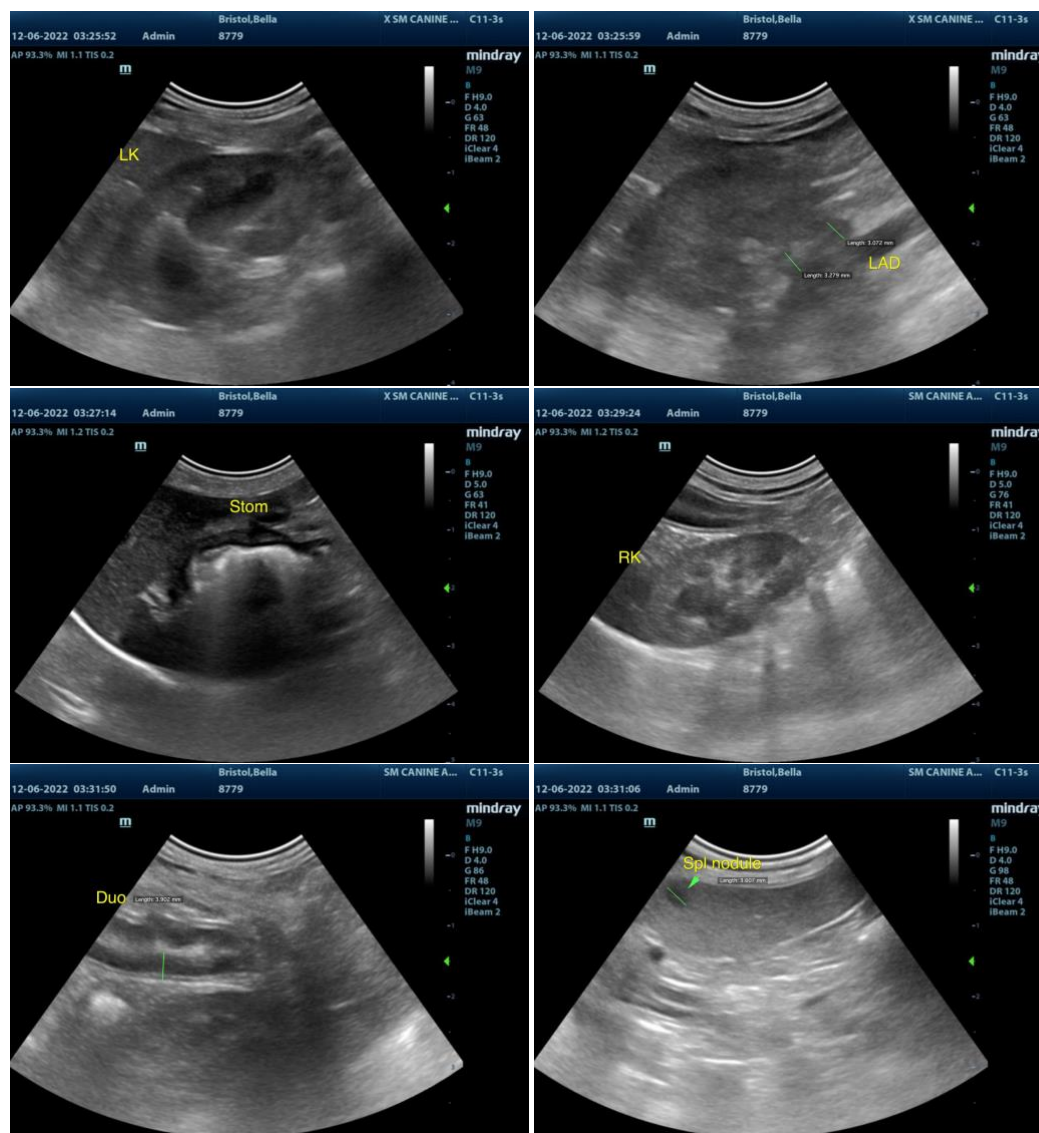
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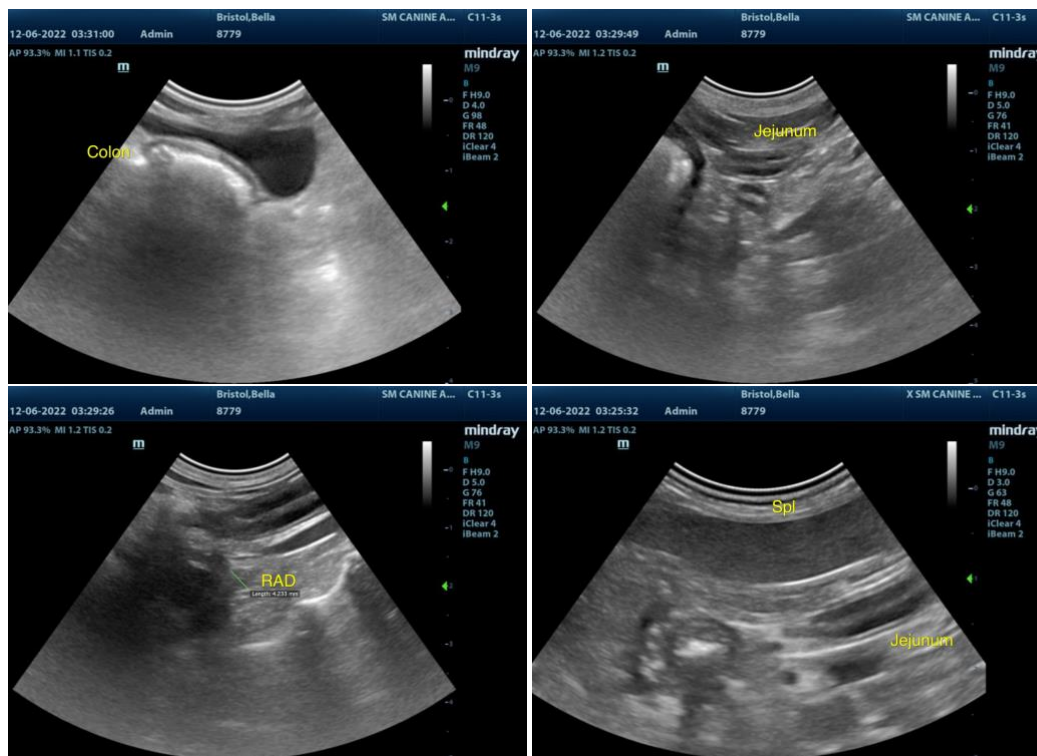
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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