


PATIENT PRESENTING CLINICAL SIGNS

LEXA YOUNG
 History: Weight loss, was 121 lbs a few months ago, now 96lbs with loss of muscling over spine. Decreased appetite, seems to burp more and "spit up" or regurgitate often. Depressed and has decreased energy. New pup in home as well.

SPECIES

Canine
 Abnormal PE/Chem/CBC/UA Results: Calcium Low, T.Protein low, Albumin low, ALT low, ALB/GLOB ratio low, Creatine Kinase elevated, Platelets high, Spec cPL normal,

BREED

Cane Corso

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Spayed Female

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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. No evidence of medial iliac or sublumbar lymphadenopathy.

AGE

7 Years

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 7.8 cm in length. The right kidney measured 8.0 cm in length.

WEIGHT

96 Pounds

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape, subjectively measuring 0.5 cm in width at the caudal pole.

INTERPRETED BY

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

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

Spleen
IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Smithville AH

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.

REFERRING VET

Dr. Hulzebosch

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

INVOICE

19055

Gastrointestinal

The stomach presented intact sonographically unremarkable visualized wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of progressively shadowing ingesta without evidence of mechanical pyloric outflow obstruction.

DATE

12/6/22



PATIENT

Lexa Young

The small intestine exhibited segmental intact wall layering with maintained 1:3 muscularis/mucosa ratio, along with segmental mild to variably thickened small intestine, exhibiting hypoechoic mural echogenicity and indistinct loss of discernable segmental intestinal wall layer detail. Normal intact small intestinal wall measured 0.44 cm, by comparison, mild to variably thickened small intestinal wall measured 0.61 cm wall width respectively. Associated segmental mild metabolic to potential paralytic intestinal ileus without evidence of definitive obstructive pattern, foreign material or obstructive intestinal mural pathology, i.e., intestinal masses.

SPECIES

Canine

BREED

Cane Corso

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

Pancreas

SEX

Spayed Female

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

AGE

7 Years

Mild regional periintestinal hyperechoic to reactive mesentery primarily around mildly thickened intestinal segments was noted. No overt evidence of significant lymphadenopathy. No evidence of peritoneal free fluid.

WEIGHT

96 Pounds

ULTRASONOGRAPHIC FINDINGS

- Segmental mild to variably thickened small intestine exhibiting decreased mural echogenicity and indistinct loss of discernable segmental wall layer detail
- Associated segmental nonobstructive metabolic to potential paralytic intestinal ileus
- Sonographically unremarkable stomach, containing mild progressively shadowing nonspecific ingesta

INTERPRETED BY

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DABVP (Canine and
Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Crystal Hill

Underlying segmental intestinal disease, which may include inflammatory etiologies/IBD, protein losing enteropathy, neoplastic infiltrative enteropathy or other, appear to be the primary contributing factor to the patients GI signs, weight loss and lab work abnormalities. Strong concern for segmental intestinal neoplasia, given this presentation, is warranted, although not definitive. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

HOSPITAL NAME

Smithville AH

Urinalysis is suggested to rule out potential for proteinuria, given the decreased albumin levels. Resting cortisol level is suggested to rule out potential for occult Addisons disease. Pending additional screening diagnostics, intestinal biopsies via laparotomy would be required for definitive histopathological diagnosis and suggested, if possible, for potential guidance of therapy. Empirical IBD protocol with as needed gastrointestinal support would be reasonable if recommended biopsies are not possible or elected, with sonographic monitoring of the intestinal tract, as well as clinical response. Guarded prognosis.

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HOSPITAL NAME

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REFERRING VET

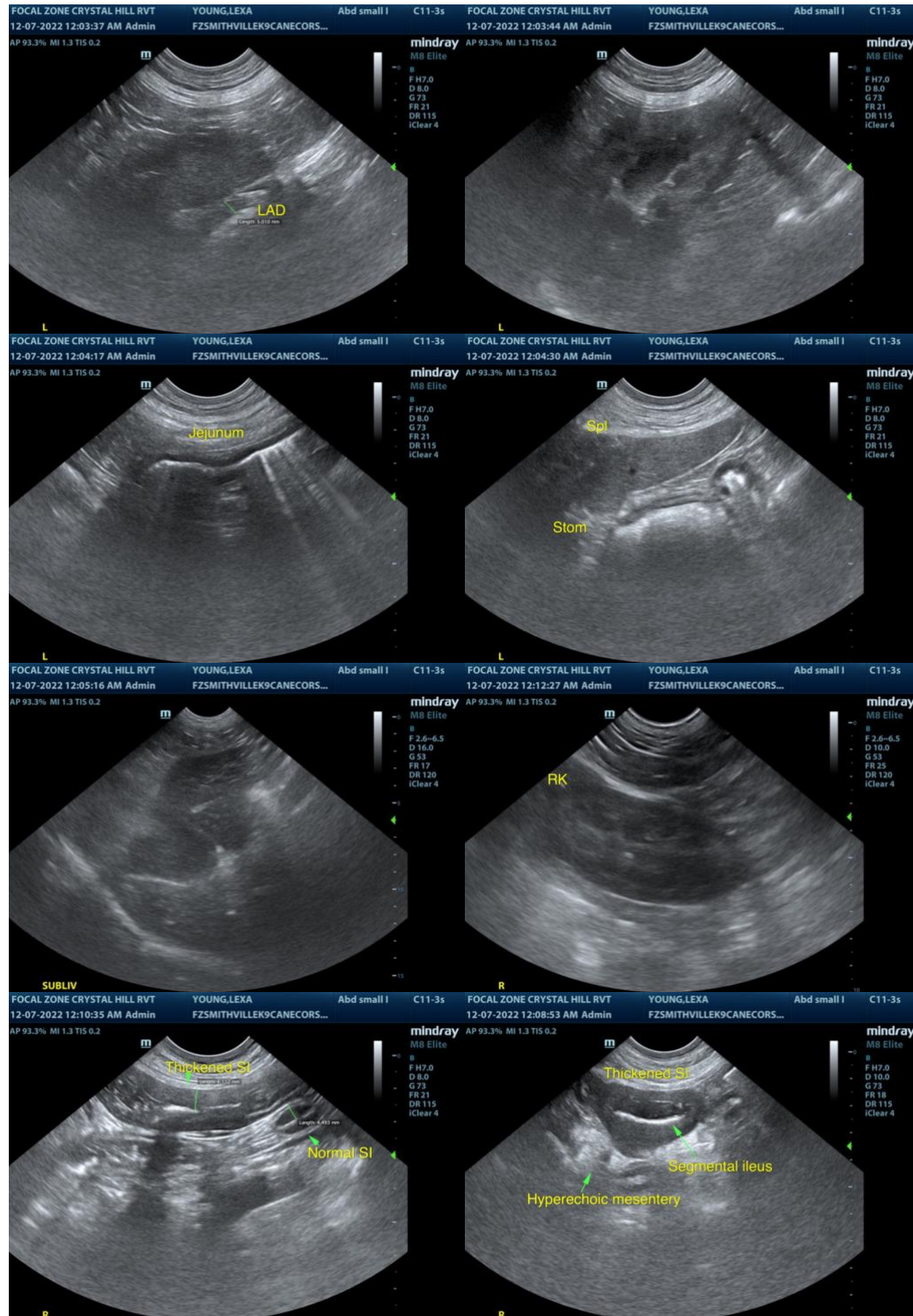
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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