



PATIENT	PRESENTING CLINICAL SIGNS
Daphne Townsend	Intermittent GI signs including chewing drywall at corners in house. Sedated with DexDom and Butorphanol
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALT 177, chronic Anaplasma positive.
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Coonhound	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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	
FS	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 6.4 cm in length. The right kidney measured 6.3 cm in length.
AGE	
12yr	The area of the aortic trifurcation was free of pathology.
WEIGHT	Adrenal Glands
70lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 2.5 cm length.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver/Gallbladder
Dr. Ebersole	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 with mild echogenic non-organized debris. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Scanvet	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
REFERRING VET	
Dr. Cote	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
INVOICE	
12949ag	
DATE	
02/13/2023	



PATIENT

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

Daphne Townsend

Pancreas

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Coonhound

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Overtly normal GI tract with gastric and minor segmental intestinal ingesta/chyme
- Low-grade benign hepatopathy
- Minor gallbladder debris (non-mucocele)
- Mild age related renal changes

AGE

12yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a largely mild geriatric abdomen with no overt evidence of significant abdominal visceral specifically GI/pancreatic pathology as a definitive cause of the patient's clinical signs. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs or pica. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or other are possible.

WEIGHT

70lb

INTERPRETED BY

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

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING PERFORMED BY

Dr. Ebersole

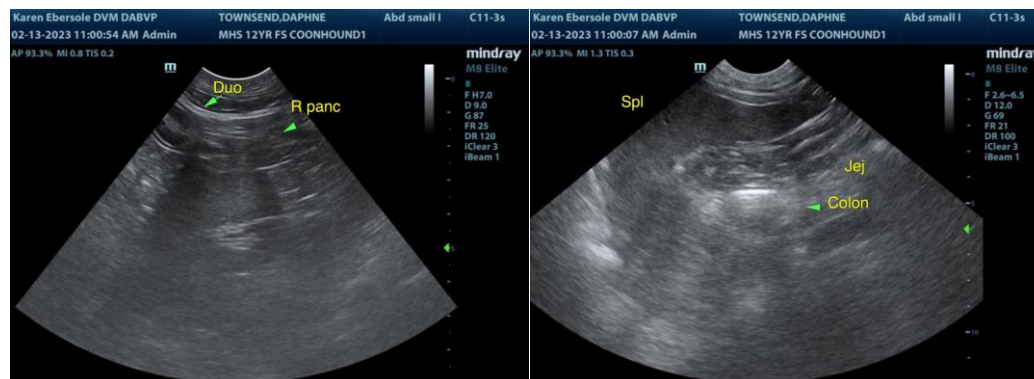
Empirically if not currently instituted, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), and high colony count probiotic (Proviale or Visbiome) if evidence of diarrhea may prove beneficial. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease may be considered.

HOSPITAL NAME

Scanvet

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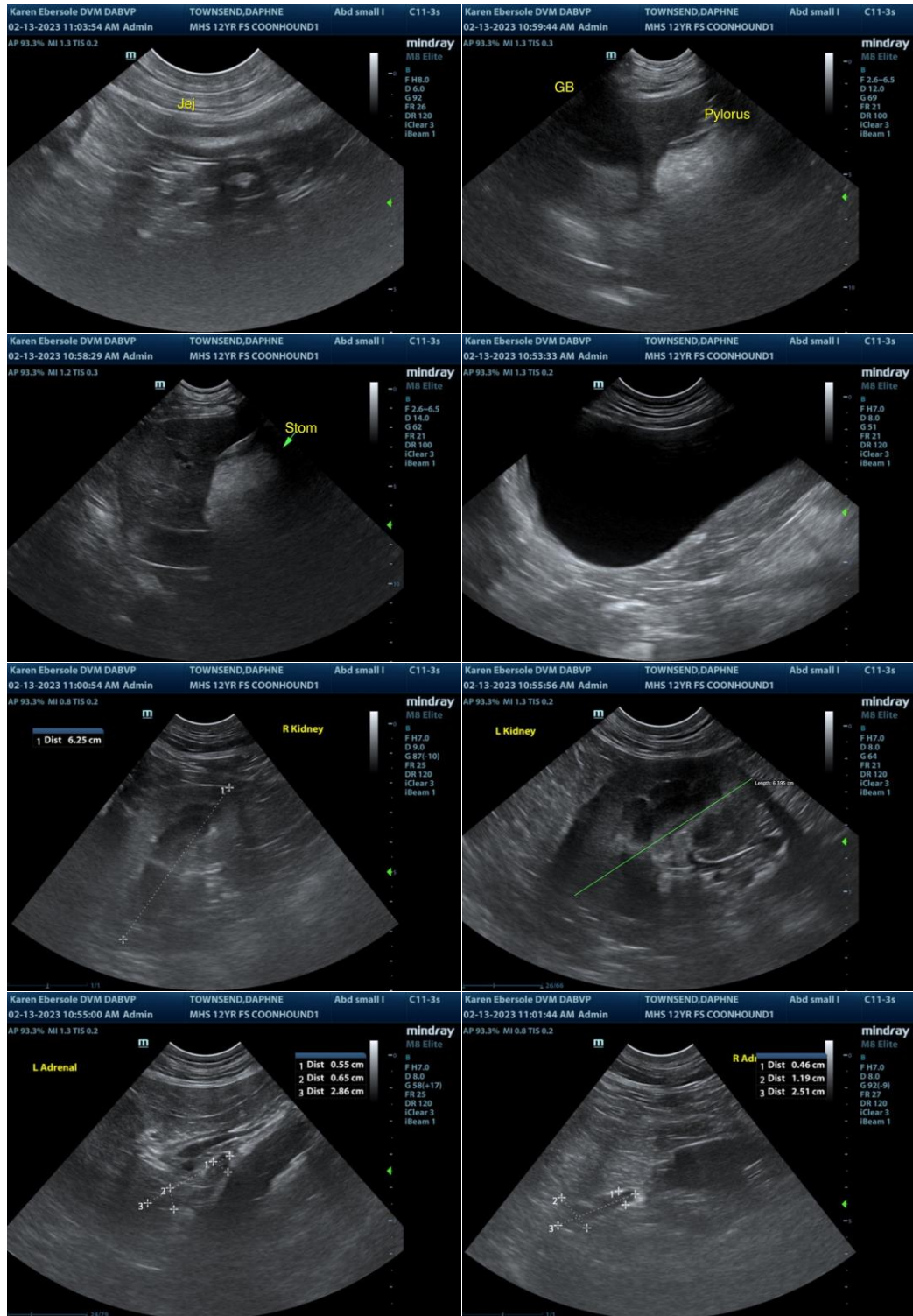
Dr. Cote

INVOICE

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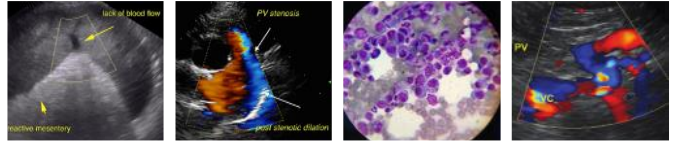
DATE

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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



PATIENT

can be of any further assistance, please contact me.

Daphne Townsend

SPECIES

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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Coonhound

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FS

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