

PATIENT

Honey Bear Ogilvie

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

3.5 Years

WEIGHT

17 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Wittenrich

INVOICE

13932

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Weight loss from 24kg in 2020, to 17.2kg today. P was previous breeding dog, has had 4 litters total. Lethargic, eats a lot but not gaining any weight. Stools are soft and clay like in colour often with mucous. Abdomen mild diffuse discomfort with fluid filled loop

Abnormal PE/Chem/CBC/UA Results: Urea 2.1, TP 48, ALB 20, AMYL 434, LIPA 163, K 6.1, Previous U/S from december : ABDOMEN US: The colon contains fluid throughout with suspended echoes. The wall of the colon is normal in thickness and has intact layering. One small intestine segment contains some fluid, a little gas, and has a thin echoic interface along the mucosal margin (blood? mucus?). None of the small intestines are overly distended, and most are empty. The stomach contains a little fluid and gas without distension. The pylorus Findings is not seen. The portion of the pancreas seen is mild hyperechoic, with no regional steatitis. One mesenteric lymph node near the jejunum or ileocolic junction, and a medial iliac lymph node are prominent and rounded, with normal mesenteric fat. The liver is mildly hypoechoic with prominent portal markings. The gallbladder, left adrenal gland (0.4 cm cranial pole; 0.36 cm caudal pole), right adrenal gland (0.38 cm cranial pole; 0.48 cm caudal pole), left kidney (6.53 cm), right kidney (6.89 cm), urinary bladder and ovaries appear normal. The uterine body (0.85 cm), right uterine horn (0.53 cm) and the left uterine horn have a low echoic appearance with prominent walls and possibly a couple of tiny anechoic cyst lesions but not fluid distension. No peritoneal ascites is seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The urinary bladder wall measured 0.64 cm in width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal 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. The urethra was normal to a depth of 3.0 cm.

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 5.2 cm in length. The right kidney measured 5.9 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 0.46 cm width at the caudal pole and 0.39 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 0.46 cm width at the caudal pole and 0.86 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



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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

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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.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing to variably echogenic ingesta and chyme were present. The visualized gastric walls were sonographically normal. The pylorus wall measured 0.42 cm. No overt evidence of mechanical pyloric outflow obstruction.

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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental to generalized non-shadowing digesta/chyme. The jejunum wall measured 0.29 cm.

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

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. The omentum was of uniform echogenicity.

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Free Abdomen

A solitary, mildly prominent to enlarged mid abdominal jejunal or colic lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5) and without evidence of perilymphatic omental reactivity. The lymph node measured 0.65 cm width. No effusion was present.

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Other

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No overt pathology in the area of the previous uterus or bilateral ovaries.

ULTRASONOGRAPHIC FINDINGS

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- Cystitis urinary bladder pattern
- Overtly normal gastrointestinal tract with generalized gastrointestinal ingesta
- Solitary, subjectively benign, mid abdominal jejunal or colic lymph node

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cystitis urinary bladder pattern is of unclear clinical significance given lack of reported abnormal urination pattern. Urinalysis +/- urine culture and sensitivity (if evidence of weight loss) may be considered. In patients with chronic gastrointestinal signs and evidence of weight loss, chronic to low-grade pancreatitis, dysbiosis, structurally insignificant inflammatory bowel, nonspecific maldigestive/malassimilation disorder, occult parasitism, dietary hypersensitivity or, in this case, less

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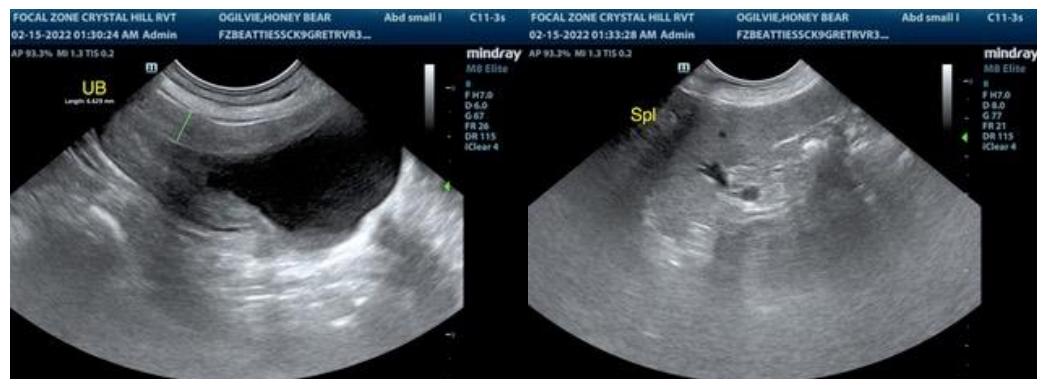
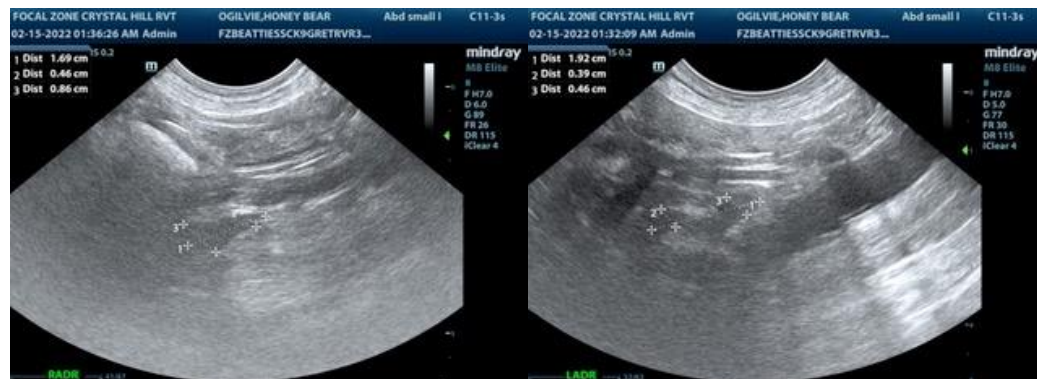
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likely potential for occult infiltrative gastrointestinal neoplasia possible. Further assessment may include GI panel to include TLI, PLI, cobalamin and folate. Resting cortisol level to assess for or rule out occult Addisons disease given the mild hyperkalemia warranted. Three-view chest radiographs suggested, if not done, to rule out occult thoracic pathology. 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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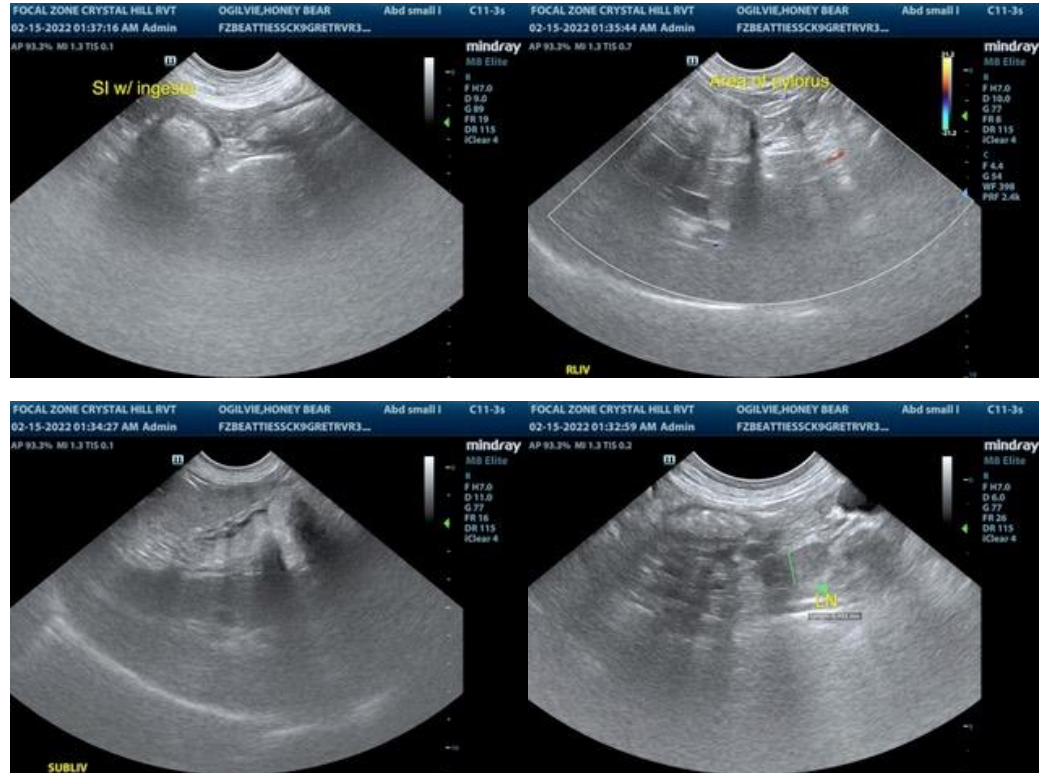
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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