



PATIENT

Nina Van Leeuwen

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

18 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mashpee VH

REFERRING VET

Dr. Mark Oldham,
DVM

INVOICE

13940

DATE

2/11/22

PRESENTING CLINICAL SIGNS

History: Can only eat chicken and rice; otherwise, gets diarrhea. Otherwise, doing well clinically.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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. A small cortical cyst (0.34 cm in diameter) was present in the right kidney. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 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 0.50 cm width at the caudal pole and 0.42 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 0.58 cm width at the caudal pole and 0.57 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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 walls were mildly prominent yet isoechoic in appearance. Primarily anechoic content was present with focal congealed, mildly shadowing luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The lumen of the stomach contained mild gastric ingesta without signs of obstruction or foreign material. The gastric body wall measured 0.46 cm.



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The small intestine exhibited intact yet subjective segmental to generalized prominent wall layering owing primarily to propensity for prominent mucosa. The duodenum wall measured 0.61 cm. The jejunum wall measured 0.36 cm. Mild distal jejunal and ileal ileus was present to the level of the ileocolic junction.

SPECIES

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to soft feces was present in the colon. The descending colon wall measured 0.25 cm.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern with retained gastric ingesta and distal jejunoileal ileus
- Heterogeneous pancreas- age-related variant and pancreatic remodeling, owing to previous inflammation or low-grade chronic to chronic active inflammation possible.
- Bilateral chronic renal changes with right kidney cortical cyst
- Mild focal congealed subtly mineralized gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

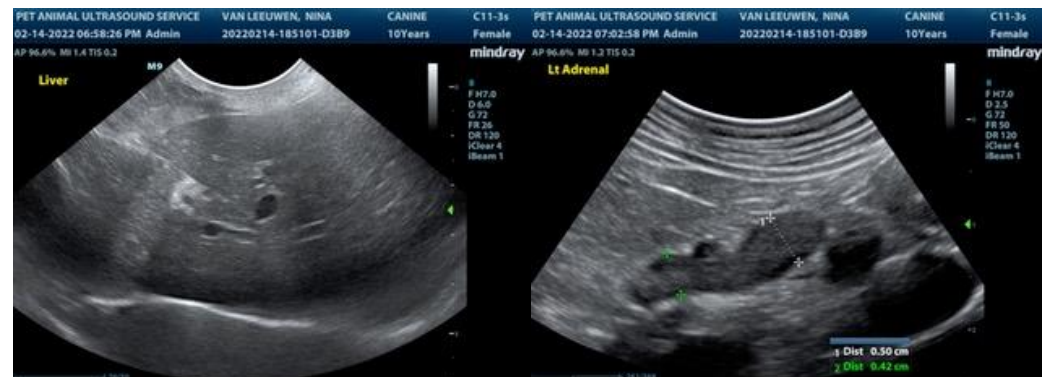
Given the patients history, dietary intolerance/food hypersensitivity or nonspecific chronic inflammatory enteropathy (IBD or other) suspected. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Long-term hydrolyzed diet, potentially chicken and rice based limited protein diet with (as needed) gastrointestinal support, including high colony count probiotics (such as Provable) may prove beneficial.

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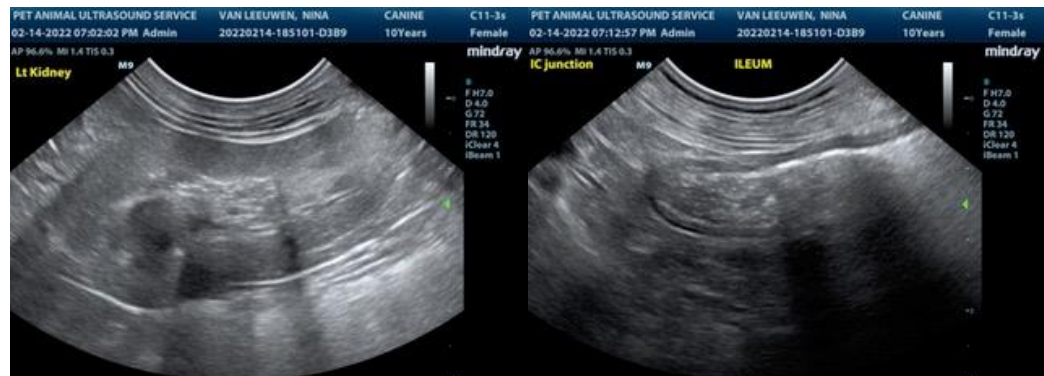
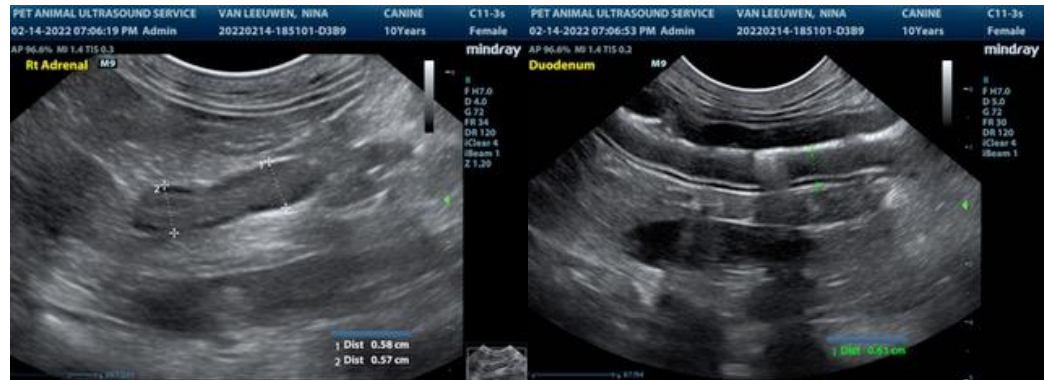
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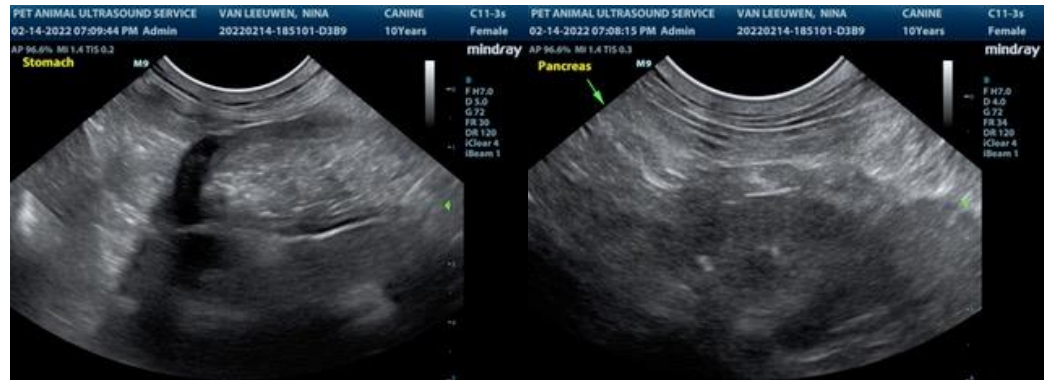
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com