



PATIENT

Darla Vaugeois

SPECIES

Canine

BREED

Bernadoodle

SEX

F/S

AGE

5

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Cranston VC

REFERRING VET

Dr. Paracello

INVOICE

16163

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea
Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 5.0 cm in length. The right kidney measured 4.6 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 0.61 cm width at the caudal pole and 0.44 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 0.43 cm width at the caudal pole and 0.42 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 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/ Gallbladder

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The pylorus wall width measured 0.51 cm. The ventral gastric body wall width measured 0.35 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.26 cm width.



PATIENT

Darla Vaugeois

Normal visible colon wall layers were present with apparent formed to possible semi formed fecal matter.

SPECIES

Canine

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 were evident.

BREED

Bernadoodle

Free Abdomen

Intermittent mesenteric nodes were present. The lymph nodes were mildly prominent to isoechoic compared to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No peritoneal free fluid was noted.

SEX

F/S

AGE

5

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract / colon with subjective formed to semi-formed fecal matter
- Intermittent minor benign / reactive mesenteric lymph nodes

WEIGHT

25 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Sonographically, no evidence of significant visceral pathology, specifically gastroenterocolic or pancreatic pathology as an obvious contributing factor to the patient's clinical signs. At times, the gastroenterocolic presentation may not always correlate with history of chronic gastrointestinal signs. Considerations may include; dietary intolerance / food allergy, dysbiosis, inflammatory bowel disease, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, occult parasitism, occult Addison's Disease, and infiltrative neoplasia (less likely).

IMAGING PERFORMED BY

Dr. Belan

Further assessment may include fresh fecal analysis to rule out parasitic ova / giardia as well as A GI panel to include PLI/TLI/Cobalamin/Folate. 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 with consideration for possible long term adverse effects on normal gastrointestinal flora 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. A resting cortisol level to rule out occult Addison's Disease is suggested, although considered less likely given the normal adrenal presentation. Intestinal biopsies may be indicated if gastrointestinal signs continue or weight loss is noted despite empirical therapy.

HOSPITAL NAME

Cranston VC

REFERRING VET

Dr. Paracello

INVOICE

16163

DATE

2/15/23



PATIENT

Darla Vaugeois

SPECIES

Canine

BREED

Bernadoodle

SEX

F/S

AGE

5

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Cranston VC

REFERRING VET

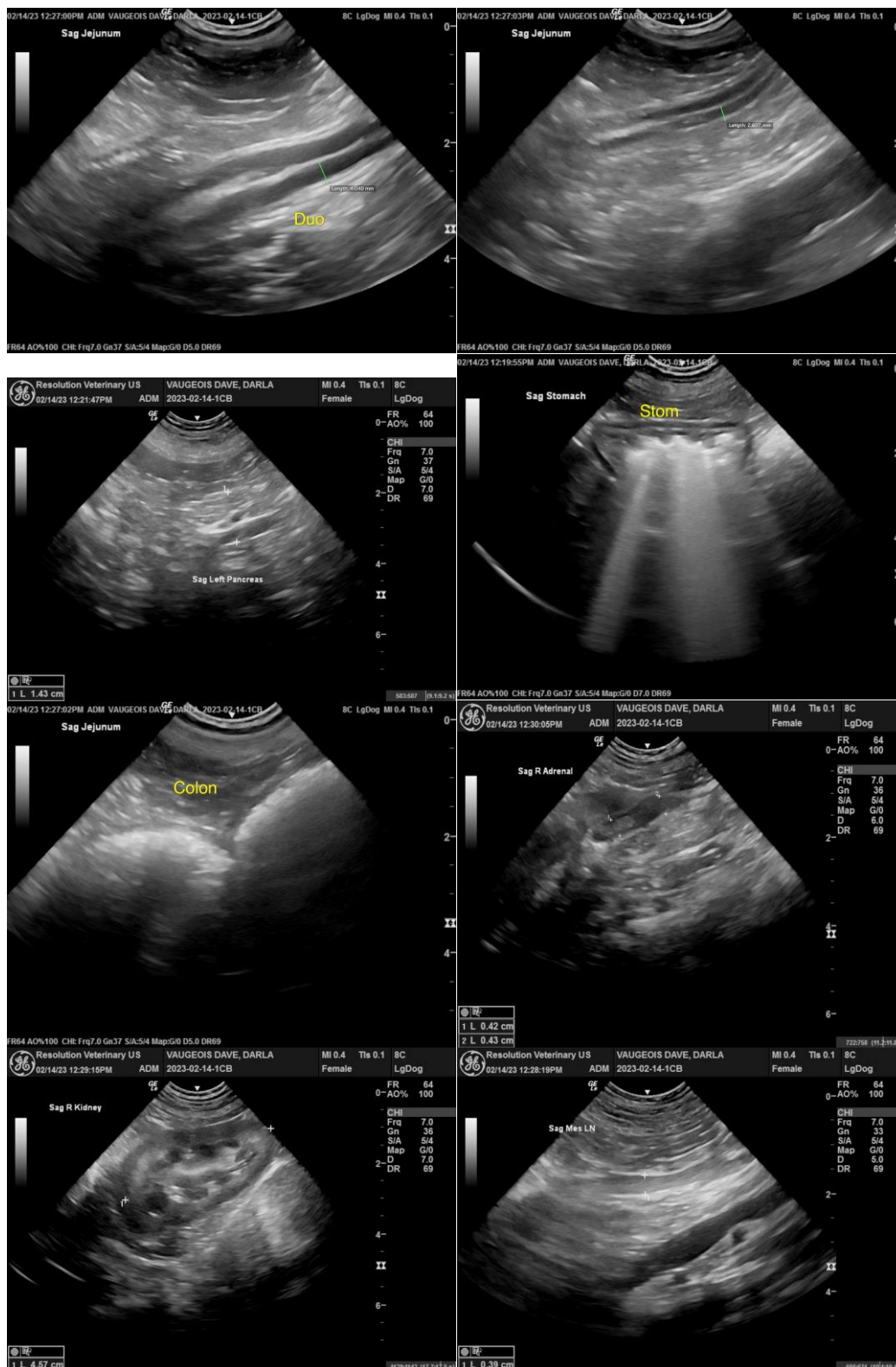
Dr. Paracello

INVOICE

16163

DATE

2/15/23





PATIENT

Darla Vaugeois

SPECIES

Canine

BREED

Bernadoodle

SEX

F/S

AGE

5

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Cranston VC

REFERRING VET

Dr. Paracello

INVOICE

16163

DATE

2/15/23



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 can be of any further assistance please contact me.

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