



PATIENT	PRESENTING CLINICAL SIGNS
Molly Keyvani	Chronic history (since puppy) of on and off vomiting and diarrhea. Recently mild weight loss. Appetite remains intact, except on mornings when patient is feeling ill. A lot of gurgling from stomach is also reported. Fed strict HP diet.
SPECIES	
Canine	Current Medications None, but does give a probiotic supplement
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Poodle	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
FS	The area of the aortic trifurcation was free of pathology.
AGE	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 3.3 cm in length. The right kidney measured 3.9 cm in length.
WEIGHT	Adrenal Glands
3.4 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm length x 0.51 cm width at the caudal pole.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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
Kelly Reschny	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.
HOSPITAL NAME	Gastrointestinal
Chippawa AH	
REFERRING VET	
Dr. Van Leeuwen	
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16150	
DATE	
2/14/23	



PATIENT

Molly Keyvani

The stomach presented intact mildly prominent wall layering primarily in the area of the antrum and pylorus without evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The pylorus wall width measured 0.45 cm. The stomach contained a mild to moderate amount of retained primarily anechoic fluid with minor hyperechoic ingesta and luminal gas.

SPECIES

Canine

The small intestine presented intact generalized mild to variably thickened wall layering exhibiting intact yet altered wall layer ratio primarily owing to propensity for generalized variably prominent muscularis and submucosa layer. The duodenum wall measured 0.39 cm width. The jejunum wall measured 0.35 cm width. No evidence of loss of intestinal wall layering, intestinal masses, or small intestinal mechanical obstructive pattern with minor segmental nonobstructive duodenojejunal ileus noted.

BREED

Poodle

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

SEX

FS

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.

AGE

5 years

Free Abdomen

Intermittent mid-abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example lymph node measured 1.7 cm x 0.6 cm. An intermittent small pocket of scant peri intestinal free fluid was noted.

WEIGHT

3.4 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach
- Intact generalized thickened small bowel walls with minor nonobstructive duodenojejunal ileus
- Normal pancreas
- Intermittent minor subjective benign / reactive mesenteric lymph nodes

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal appearance was suggestive of inflammatory criteria such as IBD or other inflammatory etiology. Early infiltrative round cell intestinal neoplasia is considered a less likely differential diagnosis with potential contributing factors including dysbiosis, low-grade to chronic pancreatitis, occult parasitism, less likely occult Addison's Disease, or dietary intolerance / food allergy given reported strict hydrolyzed protein diet. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal biopsies would be required for a definitive diagnosis. Empirically, continued hydrolyzed diet, high colony count probiotics such as Provable, cobalamin supplementation pending cobalamin levels assessment, empirical deworming (Panacur 50 mg/kg PO SID for 5 consecutive days with possible repeat protocol in 3 weeks even with negative fecal testing),

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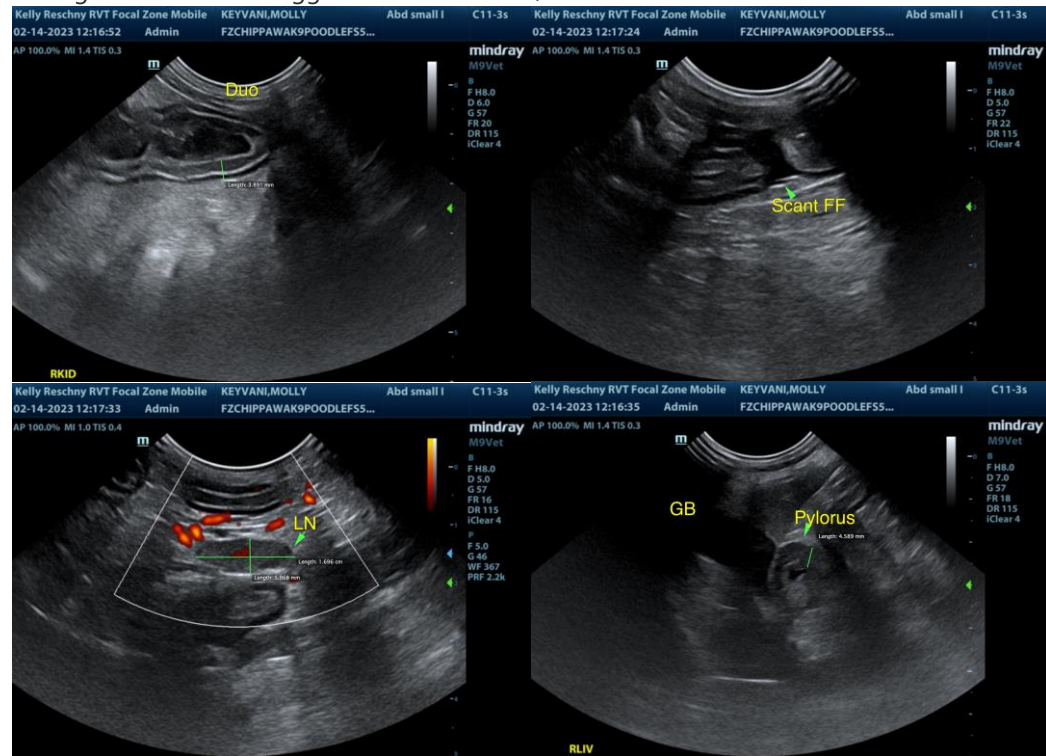
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as-needed gastrointestinal support +/- empirical IBD protocol if biopsies are not possible or elected with an assessment of clinical response and monitoring of bodyweight going forward would be reasonable. However, biopsies are likely required for definitive guidance and treatment in this case. A resting cortisol level is suggested to screen for / rule out occult Addison's Disease.





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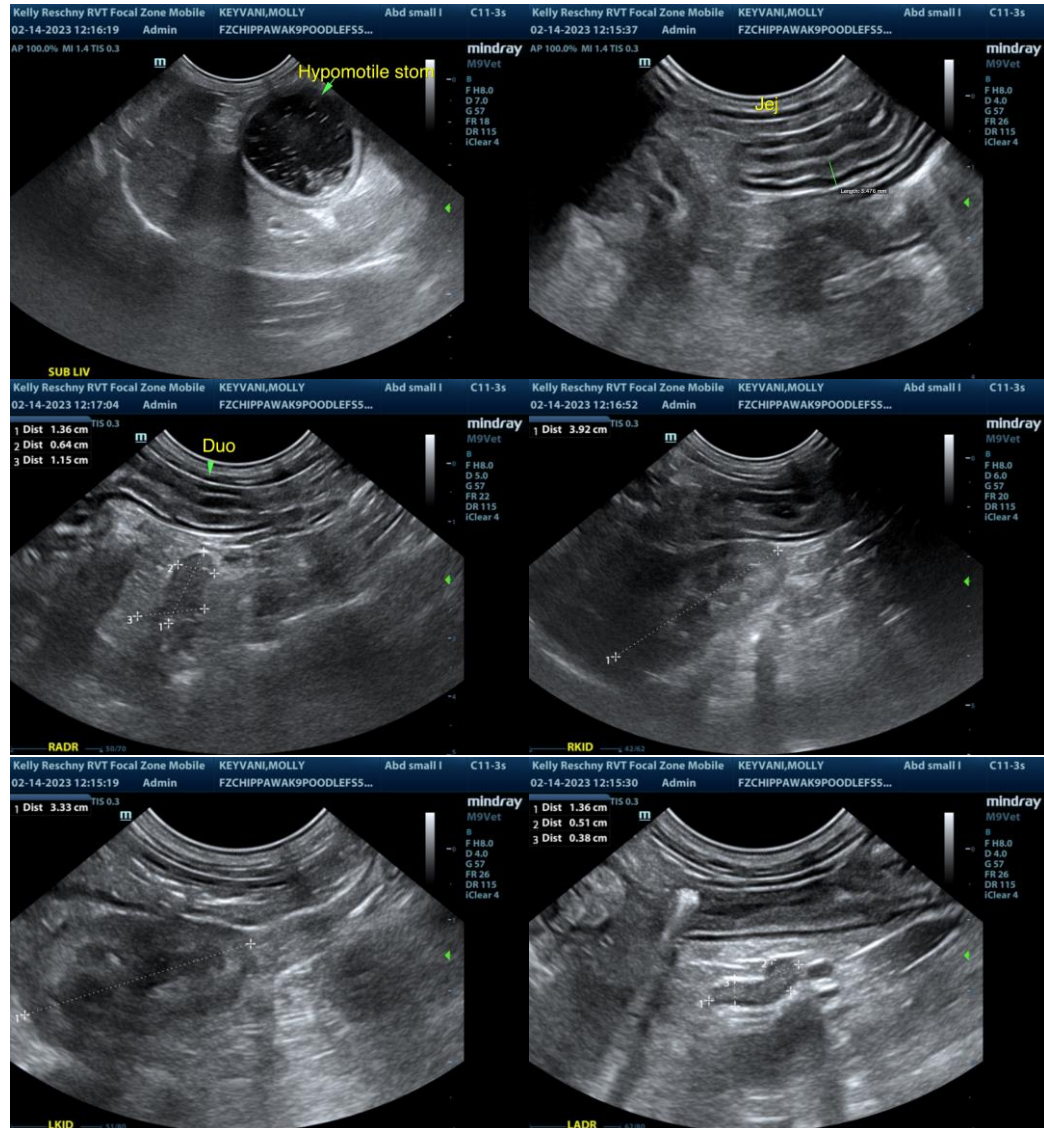
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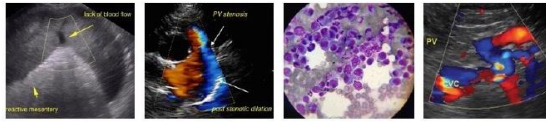
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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