



PATIENT PRESENTING CLINICAL SIGNS

Dagobah McKay DECREASED APPETITE, 3 MONTH DURATION INTERMITTENT VOMIT/DIARRHEA

Unremarkable CBC, Chemistry Panel- Albumin 2.6, ALT 135, Spec cPL 519

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pug X

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.

SEX

No evidence of pathology was noted in the area of the residual prostate.

MN

The area of the aortic trifurcation was free of pathology.

AGE

2013

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 5.1 cm in length. The right kidney measured 5.1 cm in length.

WEIGHT

26.4

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.33 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 0.49 cm width at the caudal pole and 0.80 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild parenchymal remodeling. 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.

REFERRING VET

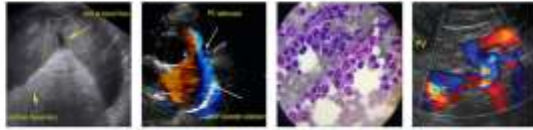
Dr. Meyer

INVOICE

13411

DATE

2/24/22



PATIENT

Gastrointestinal

Dagobah McKay

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 0.40 cm.

SPECIES

Canine

The small intestine exhibited intact wall layering with segmental mild mural hypertrophy owing to subjective prominent mucosa. Areas of nonspecific hyperechoic duodenojejunal mucosal speckling were present.

BREED

Pug X

The colon walls presented intact yet prominent wall layering with mildly thickened to echogenic submucosa. The colon was non-distended with non-formed feces.

SEX

MN

Pancreas

The pancreas exhibited subjective mild prominent size with hyperechoic to mildly nonuniform parenchyma.

AGE

2013

Free Abdomen

Regional peripancreatic to segmental peri intestinal hyperechoic mesentery with minor pockets of scant peri intestinal free fluid. No evidence of significant lymphadenopathy was present.

WEIGHT

26.4

ULTRASONOGRAPHIC FINDINGS

- Segmental enteropathy exhibiting intact yet prominent wall layering owing to prominent mucosa with hyperechoic mucosal speckling, concurrent mild colitis
- Hyperechoic pancreas with parenchymal remodeling
- Associated peripancreatic to segmental peri intestinal reactive, potentially mildly inflamed mesentery
- Low-grade hepatopathy - suspect reactive or low-grade inflammatory hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic findings are most suggestive of segmental inflammatory enteropathy / IBD with concurrent chronic to potential mixed pattern pancreatitis. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Fresh fecal analysis to rule out parasitic ova/Giardia as a potential contributing factor to the diarrhea, could be considered.

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Empirically, a novel protein hydrolyzed or potential low-fat 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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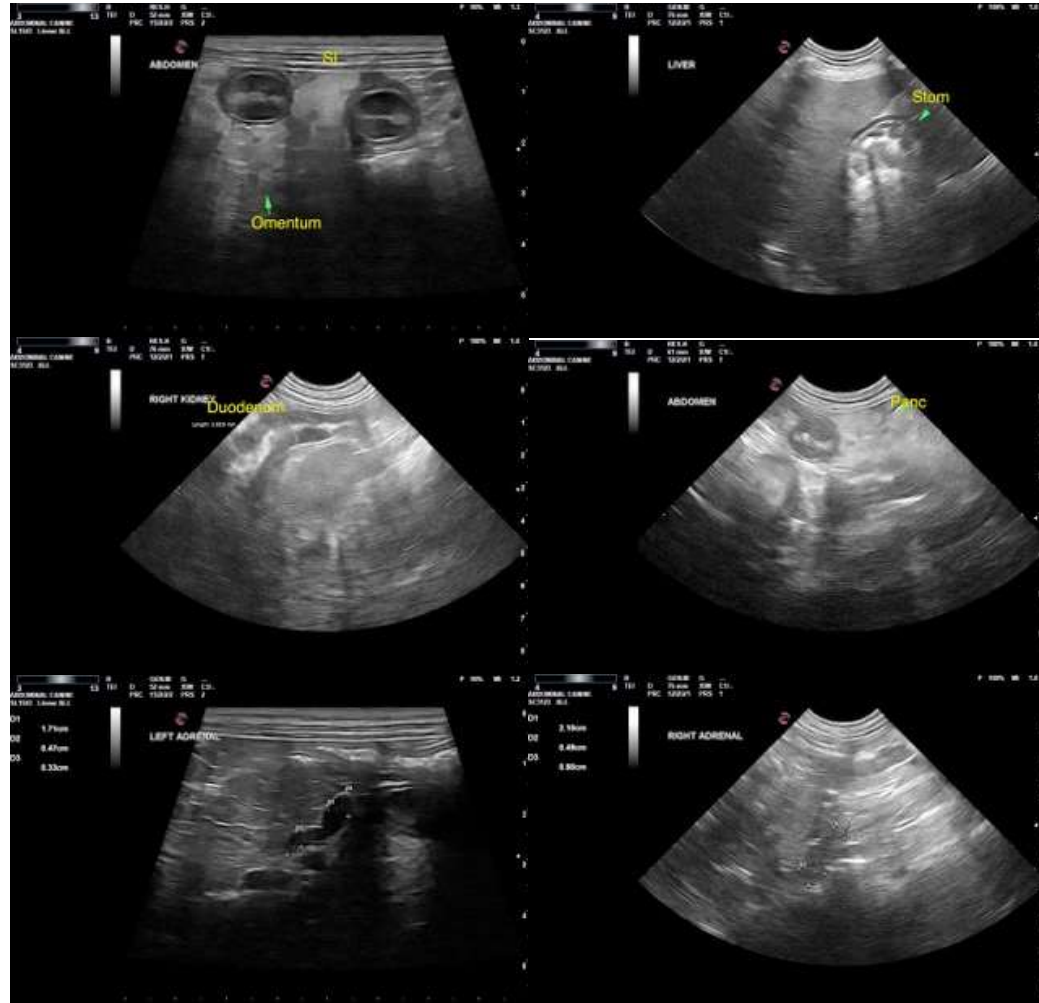
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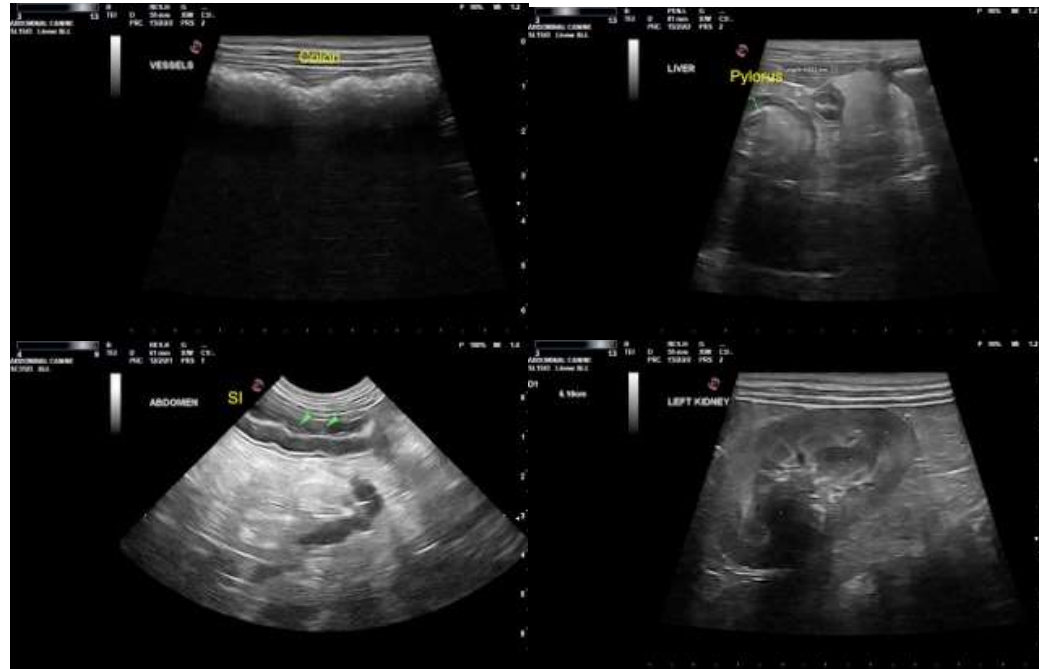
Pug X

SEX

MN

AGE

2013



WEIGHT

26.4

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.

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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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