



**PATIENT**

Lupin Blackstone

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

NM

**AGE**

12.5 years

**WEIGHT**

75 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Robyn Lantz

**HOSPITAL NAME**

Eastgate VC

**REFERRING VET**

Dr. Robyn Lantz

**INVOICE**

16314

**DATE**

2/24/23

**PRESENTING CLINICAL SIGNS**

Patient currently being managed for IVDD, CDI, CHF. Last few months has been having intermittent chronic diarrhea and straining to defecate, ear infections and recently periocular pyodermitis. Rectal exam wnl. On: Pimobendan, Lasix, Enalapril, Spirinolactone, Gabapentin, TCVM herbal formula for IVDD, desmopressin, Tylan powder, RC Hydrolyzed diet, Credelio and Interceptor.

Abnormal PE/Chem/CBC/UA Results: Cholesterol slightly elevated, MG and NA slightly decreased. Rest of senior labwork including cPL wnl. \*\*\*2 weeks previous to senior labwork - fasted GI panel sent out. TLI, PrecisionPSL (>500), Cobalamin and Folate all elevated Infectious diarrhea pcr panel was all negative for infection Fecal float for parasites NPS, previously treated with panacur and metronidazole and virbantel for possible occult parasitosis.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 no overt pathology associated with the residual prostate, although indistinctly visualized.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.66 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

**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.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta without signs of obstruction or foreign material.

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.

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

***Pancreas***

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

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable gastrointestinal tract / colon with mild gastric ingesta
- Mild heterogeneous pancreas
- Mild age-related kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no sonographic evidence of significant overt visceral, specifically gastroenterocolic or pancreatic pathology was noted.

The elevated TLI and Precision PSL may suggest some degree of microscopic or possibly chronic pancreatic inflammation. No evidence of significant or active pancreatitis was noted. The elevated folate is of unclear clinical significance in a dog.

Food allergy, intermittent to recurrent dysbiosis, inflammatory bowel disease, low-grade to chronic pancreatitis, less likely occult Addison's Disease, or infiltrative neoplasia are all potentials. Continued hydrolyzed diet with long-term dietary therapy, a high colony count probiotic such as Provable, antibiotic therapy if strong suspicion for dysbiosis with consideration for possible long-term effects on normal gastrointestinal flora, +/- a resting cortisol level is suggested. Potential allergic component to the gastrointestinal signs, given the history of ear infections and pyodermitis, could be possible.

Upper and lower endoscopic biopsies may be considered if evidence of persistent or recurrent gastrointestinal signs despite supportive care and/or weight loss is noted.



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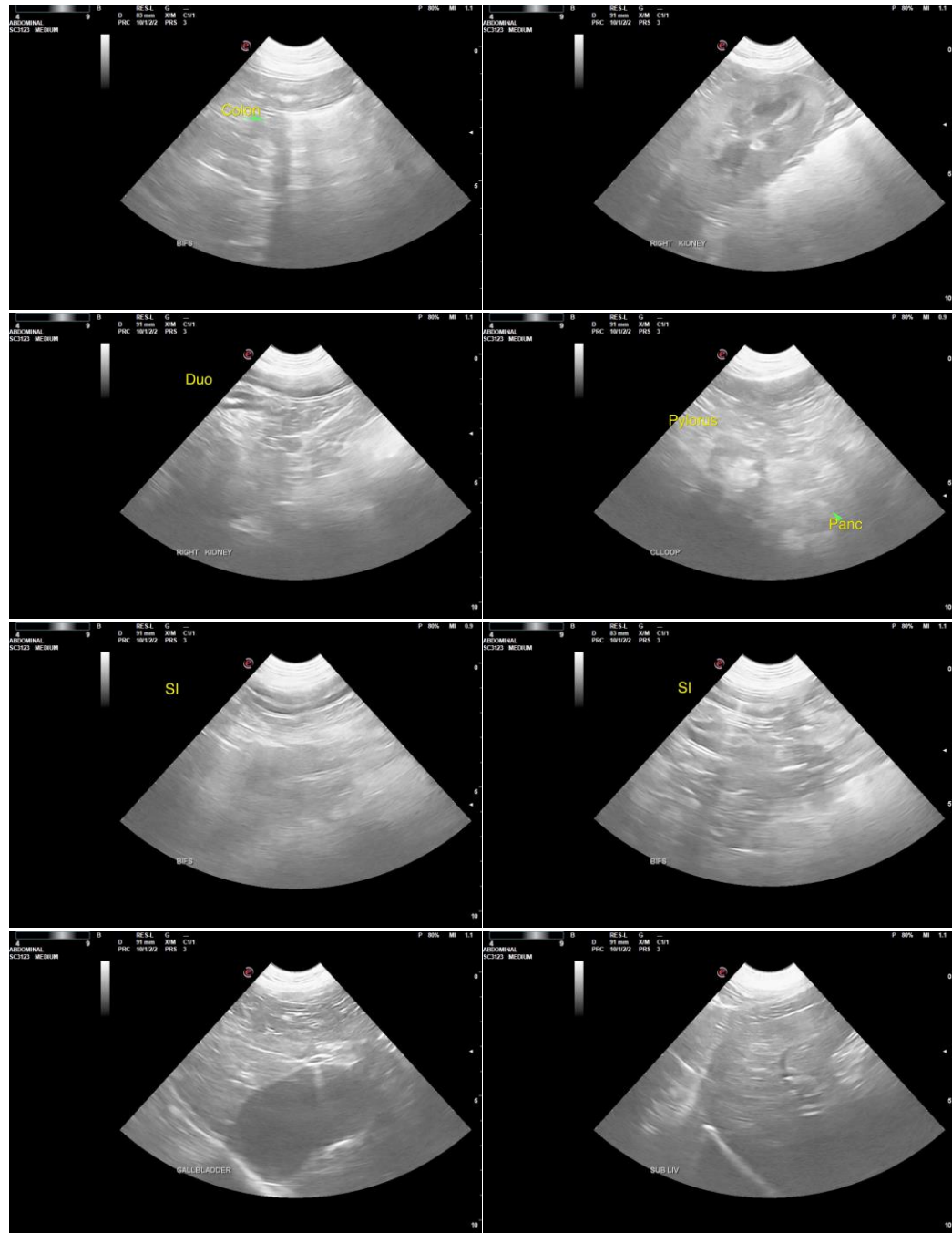
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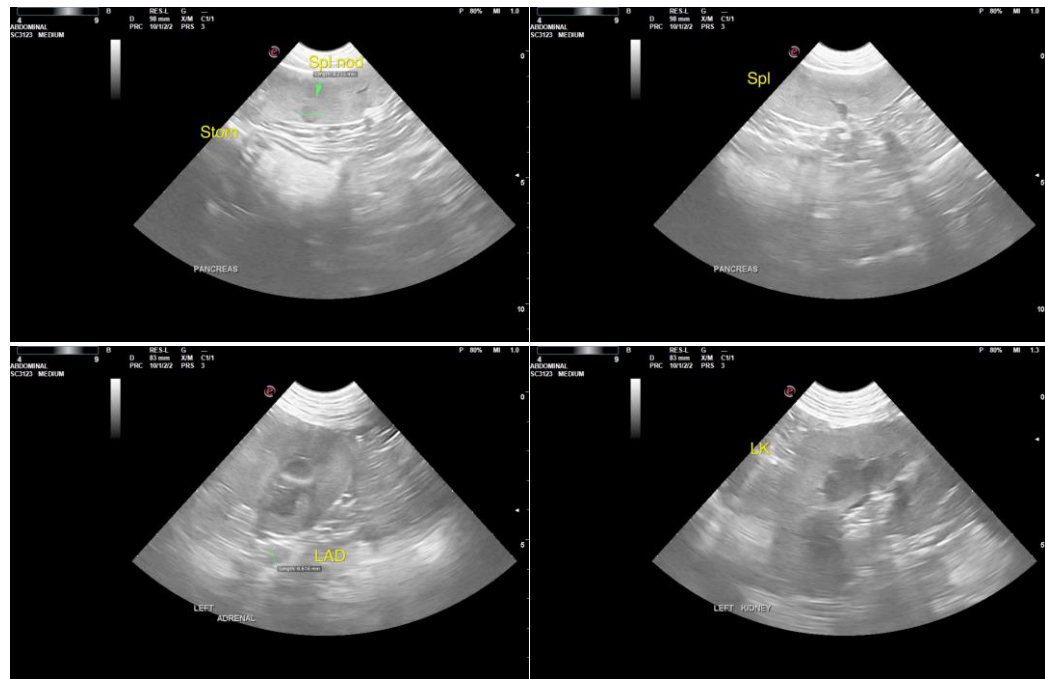
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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