



**PATIENT**

Annie McKay

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

10

**WEIGHT**

25.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Alastair Westcott

**HOSPITAL NAME**

Dr. Alastair Westcott

**REFERRING VET**

Dr. Alastair Westcott

**INVOICE**

45553

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea and persistent weight loss for past 4 to 6 weeks. This did not improve with dietary change. There has not been a metronidazole trial.

Abnormal PE/Chem/CBC/UA Results: Stress lymphopenia Normal TT4 Thoracic radiographs are unremarkable

**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 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 6.3 cm. The right kidney measured 6.6 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm at the caudal pole and 0.64 m at the caudal pole. No evidence of adrenal pathology or subnormal size in conjunction with stress lymphopenia.

**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**

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 mild, non-organized debris. No evidence of inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Minor gastric ingesta/chyme present.

The small intestine presented intact yet mildly prominent wall layering owing to propensity for mildly prominent duodenojejunal mucosa including discreet segmental duodenojejunal mucosal speckling. No obstructive pattern, loss of intestinal wall layering, or intestinal masses.

Normal visible colon wall layers were present with generalized non-formed fecal matter extending from the proximal colon into the descending colon.



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**Pancreas**

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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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**ULTRASONOGRAPHIC FINDINGS**

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- Intact small bowel walls exhibiting discreet non-specific mucosal speckling
- Normal colon containing generalized non-formed fecal matter
- Heterogeneous pancreas
- Mild gallbladder debris (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Dietary indiscretion/food intolerance, dysbiosis, malassimilation/maldigestive disorder, IBD, low-grade/chronic pancreatitis (which may present sonographically normal), occult parasitism, infiltrative neoplasia (less likely) are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted.

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Cobalamin supplementation pending assessment of cobalamin levels is recommended. Antibiotic trial (i.e., Metronidazole or Tylosin) with consideration for possible long-term effects on normal gastrointestinal flora with as-needed gastrointestinal support and assessment of clinical response may prove beneficial. Upper and lower intestinal endoscopic biopsies may be considered if gastrointestinal signs continue despite empirical therapy.

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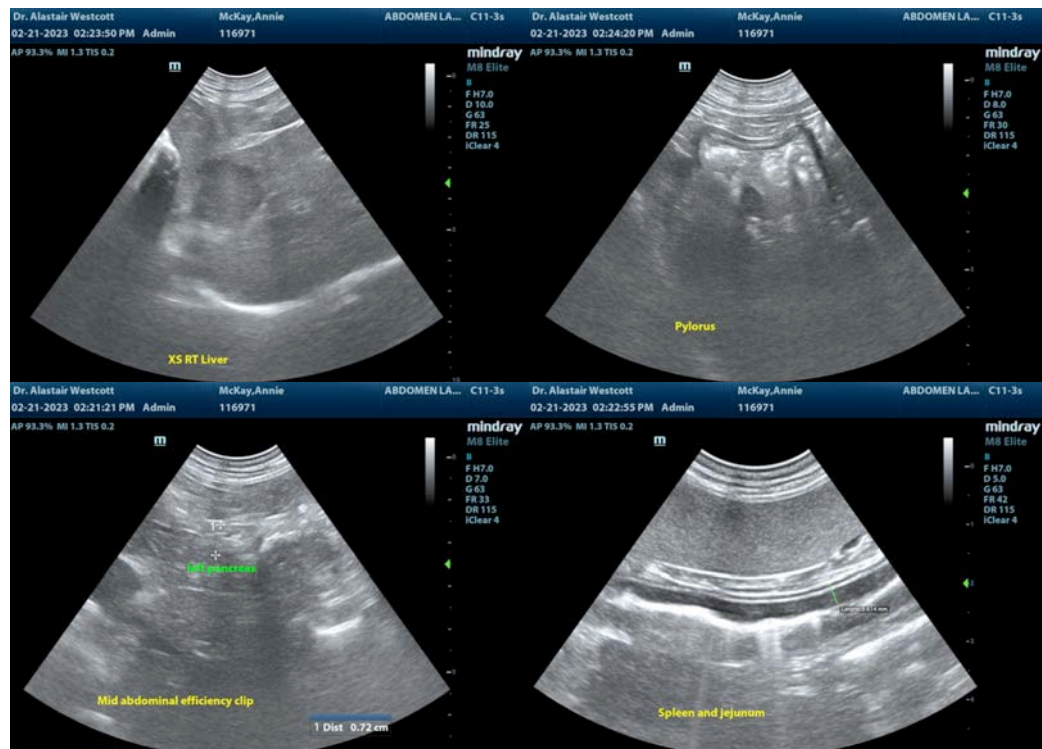
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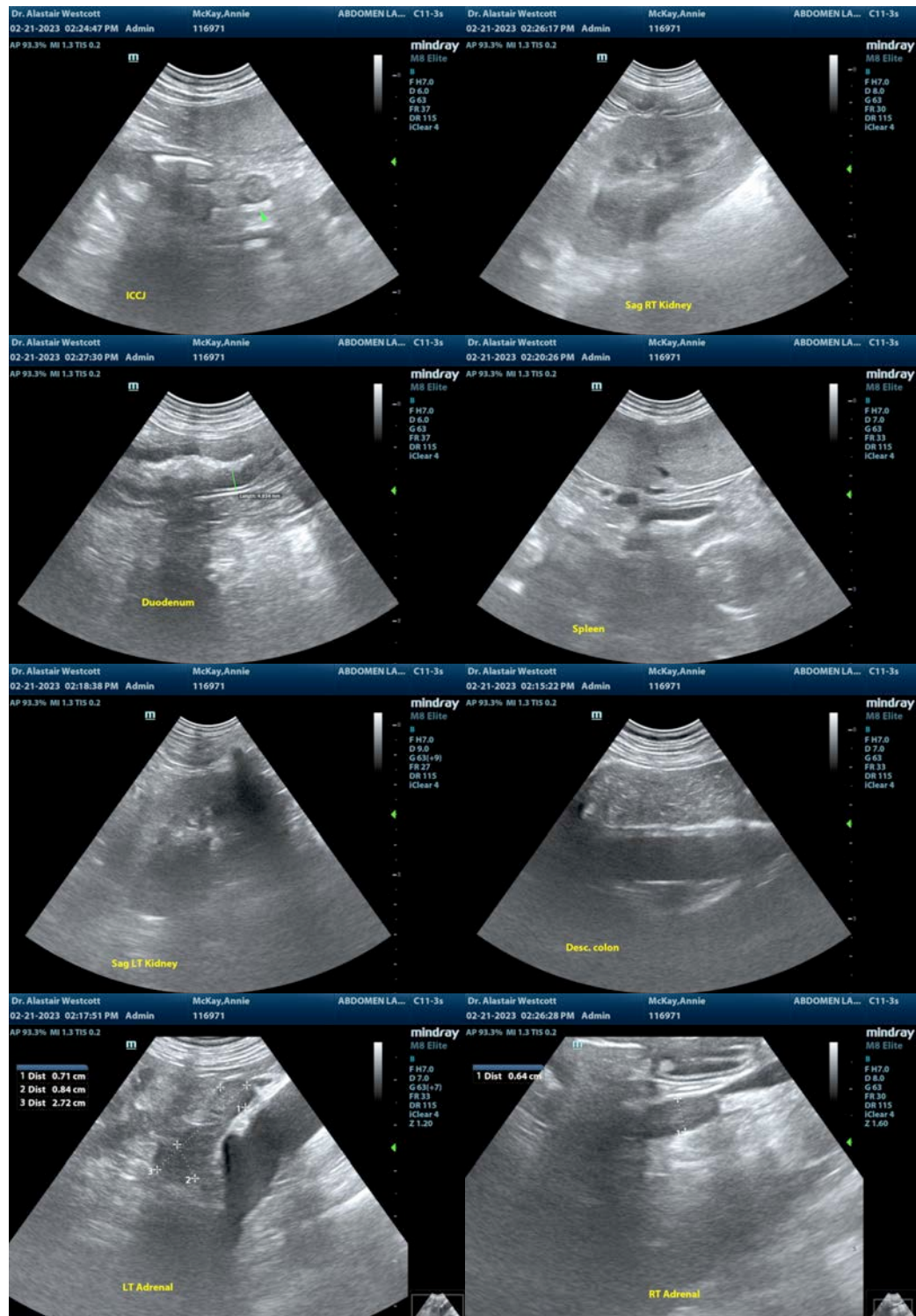
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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