

**PATIENT**

Beans Crouse

**PRESENTING CLINICAL SIGNS**

History: Diarrhea

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Electrolyte imbalances, Clostridium in diarrhea PCR Painful abdomen

**BREED**Yorkshire  
Terrier/Poodle Mix**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 were noted. Aortic trifurcation was normal.

**SEX**

Spayed Female

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 3.4 cm in length. The right kidney measured 3.8 cm in length.

**AGE**

7 Years

**Adrenal Glands**

No overt pathology in the left or right adrenal glands.

**WEIGHT**

8 Pounds

**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.

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal****REFERRING VET**

Dr. Rigg

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured –cm width. Mild gastric distension with minor retained anechoic fluid was present. No evidence of retained ingesta or foreign material. The gastric body wall measured 0.43 cm.

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The small intestine presented intact wall layering with generalized propensity for prominent to mildly hypoechoic mucosa. Intermittent, duodenojejunal mucosal speckling was present. A focal area of duodenal corrugation noted. No evidence of mechanical obstruction or small intestinal masses. The duodenum wall measured 0.53 cm. The jejunum wall measured 0.43 cm.

**DATE**

2/28/22

**PATIENT**

Beans Crouse

The colon exhibited intact and sonographically unremarkable wall layering with diffuse variable to moderate colon distention containing non-formed feces consistent with diarrhea.

***Pancreas*****SPECIES**

Canine

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

***Free Abdomen*****BREED**Yorkshire  
Terrier/Poodle Mix

Generalized reactive mesentery along with small pockets of primarily periintestinal free fluid was noted. No evidence of significant lymphadenopathy noted.

**SEX**

Spayed Female

- Intact yet prominent small bowel wall layering owing to propensity for generalized prominent mucosa, concurrent mild gastritis

**AGE**

7 Years

- Diffuse colon distention with non-formed feces, consistent with diarrhea
- Heterogeneous pancreas- potential for low-grade to chronic pancreatitis, parenchyma remodeling owing to previous inflammation or patient variant. The overall appearance of the pancreas is not consistent with active pancreatitis or neoplastic criteria.

**WEIGHT**

8 Pounds

- Generalized reactive mesentery with minor primarily periintestinal free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)

The overall gastrointestinal tract exhibited mural changes which may suggest, although not definitive, underlying inflammatory gastroenteropathy. Generally, in patients with chronic gastrointestinal signs, such as chronic diarrhea, mild pancreatitis, dysbiosis, dietary hypersensitivity/food intolerance, inflammatory bowel disease, PLE, or intestinal neoplasia may be possible. Further assessment may include a GI panel, to include PLI, TLI, cobalamin and folate as well as resting cortisol to rule out occult Addison's disease. The mild peritoneal free fluid may be secondary to intestinal and/or omental inflammation, assuming normal albumin levels.

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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 (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Ultimately, endoscopic upper and lower intestinal biopsies may be indicated if GI signs continue despite empirical therapy and if albumin levels >2.0.

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**SPECIES**

Canine

**BREED**

Yorkshire Terrier/Poodle Mix

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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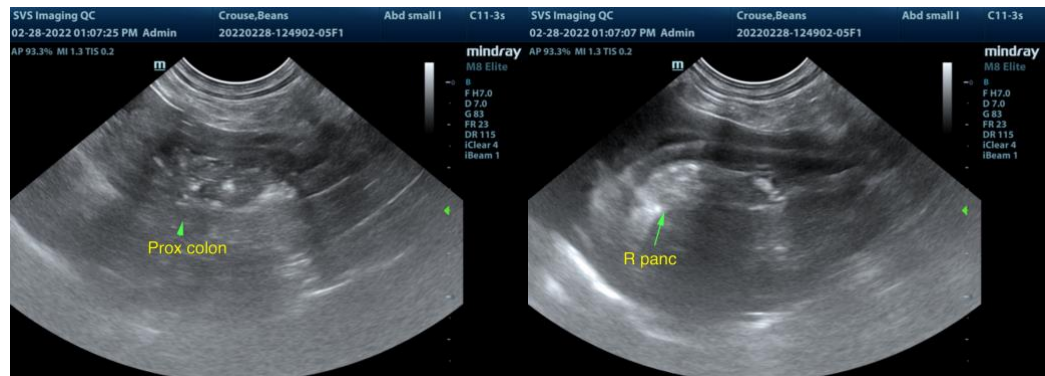
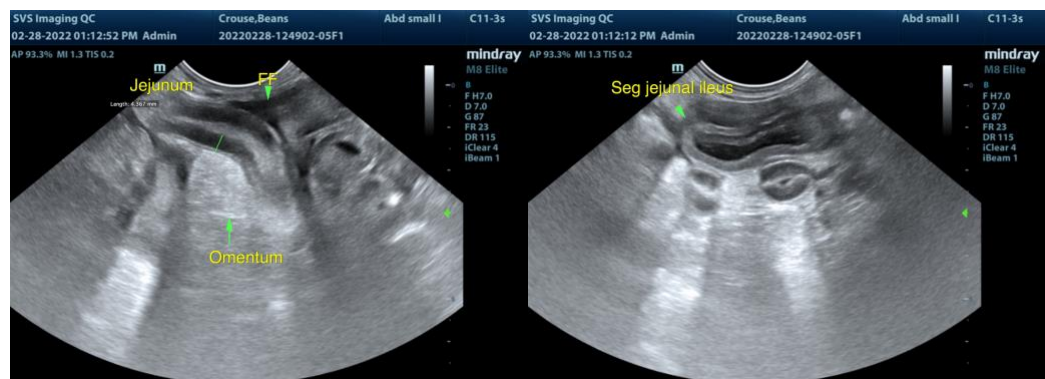
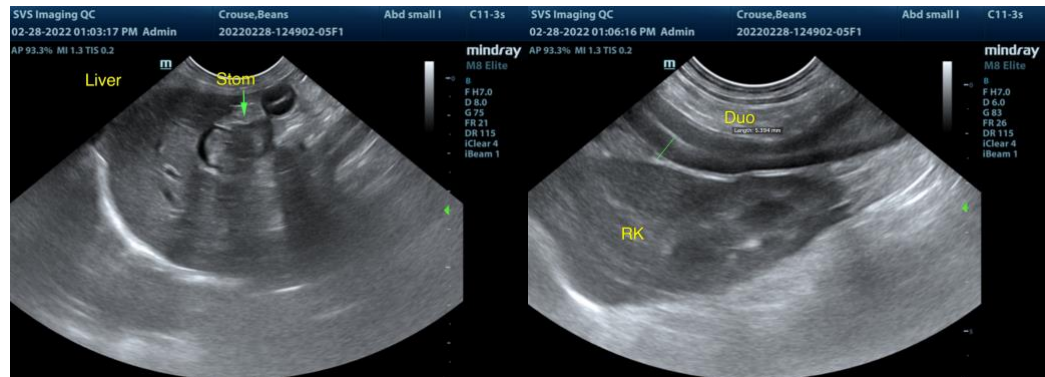
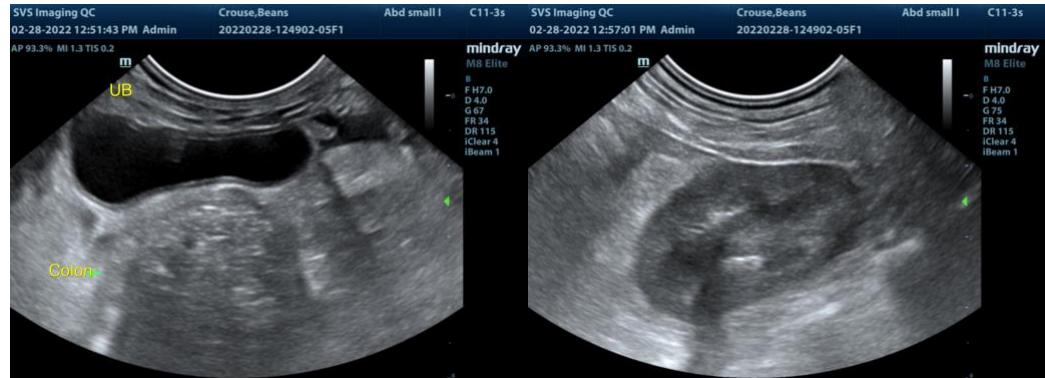
Dr. Rigg

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**DATE**

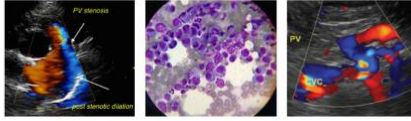
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The information and recommendations provided are based on the images presented by the

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referring veterinarian. 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.

**SPECIES**

Canine

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

**BREED**

Yorkshire  
Terrier/Poodle Mix

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

8 Pounds

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