



PATIENT PRESENTING CLINICAL SIGNS

Coco Sepulveda Chronic diarrhea and weight loss. Has been treated with Baytril due to positive Campylobacter but no improvement. Has also been on Aventi GI probiotic.

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC/chem wnl, Na:K 30 spec cPL wnl Please see attached lab results.
Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Husky Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

MN 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 5.5 cm in length. The right kidney measured 5.6 cm in length.

AGE

4yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

25lb

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was not visualized owing to patient confirmation/compliance.

Spleen

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Creditview Eglington
AH

Liver/Gallbladder

REFERRING VET

Dr. Ghobrial

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.

Gastrointestinal

INVOICE

12876ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild luminal anechoic fluid with no signs of ileus, obstruction or foreign material.

DATE

02/03/2023

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 semi formed to soft feces in lumen.



PATIENT *Pancreas*

Coco Sepulveda 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 was evident.

SPECIES *Free Abdomen*

Canine No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

Husky Mix • Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX Overall, there is no overt evidence of significant abdominal visceral specifically structural gastrointestinal pathology as a definitive cause of the patient's clinical signs.
MN At times the sonographic presentation of the gastrointestinal tract may not correlate with reported chronic gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, infectious disease, dysbiosis, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal, or occult Addison's disease are possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

AGE 4yr

WEIGHT 25lb 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 (Provable or Visbiome), empirical cobalamin supplementation, Tylosin trial given positive campylobacter PCR and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended. Endoscopic intestinal biopsies are likely required if GI signs continue despite empirical therapy.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Creditview Eglington
AH

REFERRING VET

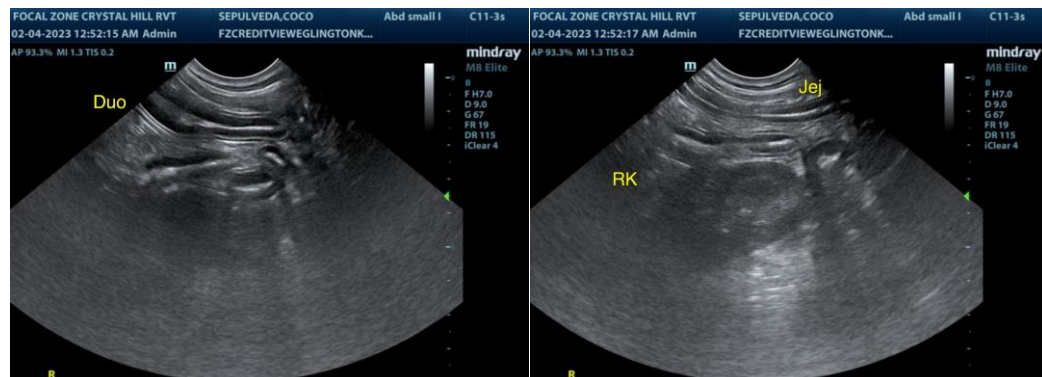
Dr. Ghobrial

INVOICE

12876ag

DATE

02/03/2023





PATIENT

Coco Sepulveda

SPECIES

Canine

BREED

Husky Mix

SEX

MN

AGE

4yr

WEIGHT

25lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Creditview Eglington
AH

REFERRING VET

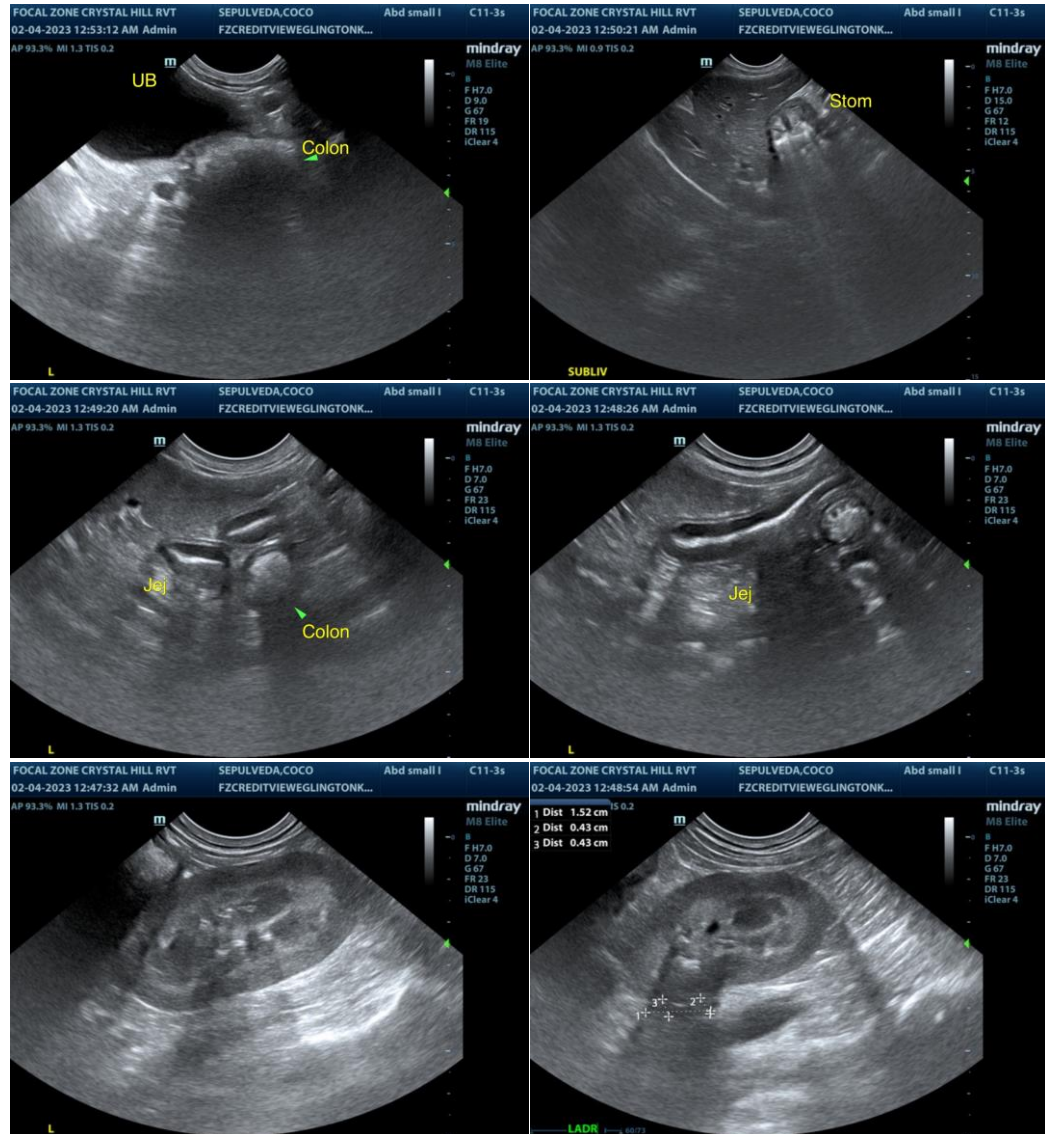
Dr. Ghobrial

INVOICE

12876ag

DATE

02/03/2023



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