



**PATIENT**

Rocco Squires

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

10.5 Years

**WEIGHT**

101 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vasquez

**HOSPITAL NAME**

New Bridge VP

**REFERRING VET**

Dr. Abina Glennon

**INVOICE**

20946

**DATE**

2/3/23

**PRESENTING CLINICAL SIGNS**

History: Chronic diarrhea. No current meds.

Abnormal PE/Chem/CBC/UA Results: Maldigestion panel: Creat. 1.7, folate 3.8, cobalamine < 150. U/A: WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The area of the residual prostate appeared normal and free of pathology, measuring 1.1 cm in width.

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 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 6.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.55 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.9 cm caudal pole width.

**Spleen**

The spleen was normal in size with areas of minor capsule asymmetry. Mild generalized parenchyma heterogeneity with intermittent discrete nondisruptive hypoechoic nodules. The splenic nodules exhibit nondisruptive to discrete sonographic criteria and tend to trend benign with considerations including discrete hyperplasia, hematopoiesis, small hematomas, focal splenitis or similar. Neoplastic criteria is considered unlikely. An example of splenic nodule measured 0.9 cm in diameter. Splenic vascularity was normal. No tumors were present.

**Liver**

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 subjective mild to benign 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.

**Gastrointestinal**



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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.

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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 subjective formed fecal matter.

***Pancreas***

**BREED**

Labrador Retriever

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.

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***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable gastrointestinal tract/colon
- Discrete subjective benign splenic nodules
- Minor hepatic parenchymal remodeling- benign
- Mild age-related kidneys

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely geriatric abdomen without evidence of significant visceral pathology.

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At times the gastroenterocolic sonographic appearance may not correlate with history of chronic gastrointestinal signs. The decreased cobalamin levels suggest distal small intestinal/ileal disease.

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Hydrolyzed diet trial with likely long term dietary therapy, high colony count probiotics, injectable or oral cobalamin supplementation (with appropriate dose based on body weight), empirical deworming (i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential for repeat protocol in 3 weeks even if fecal testing is negative), and as needed gastrointestinal support with assessment of clinical response is recommended.

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Screening resting cortisol level is recommended.

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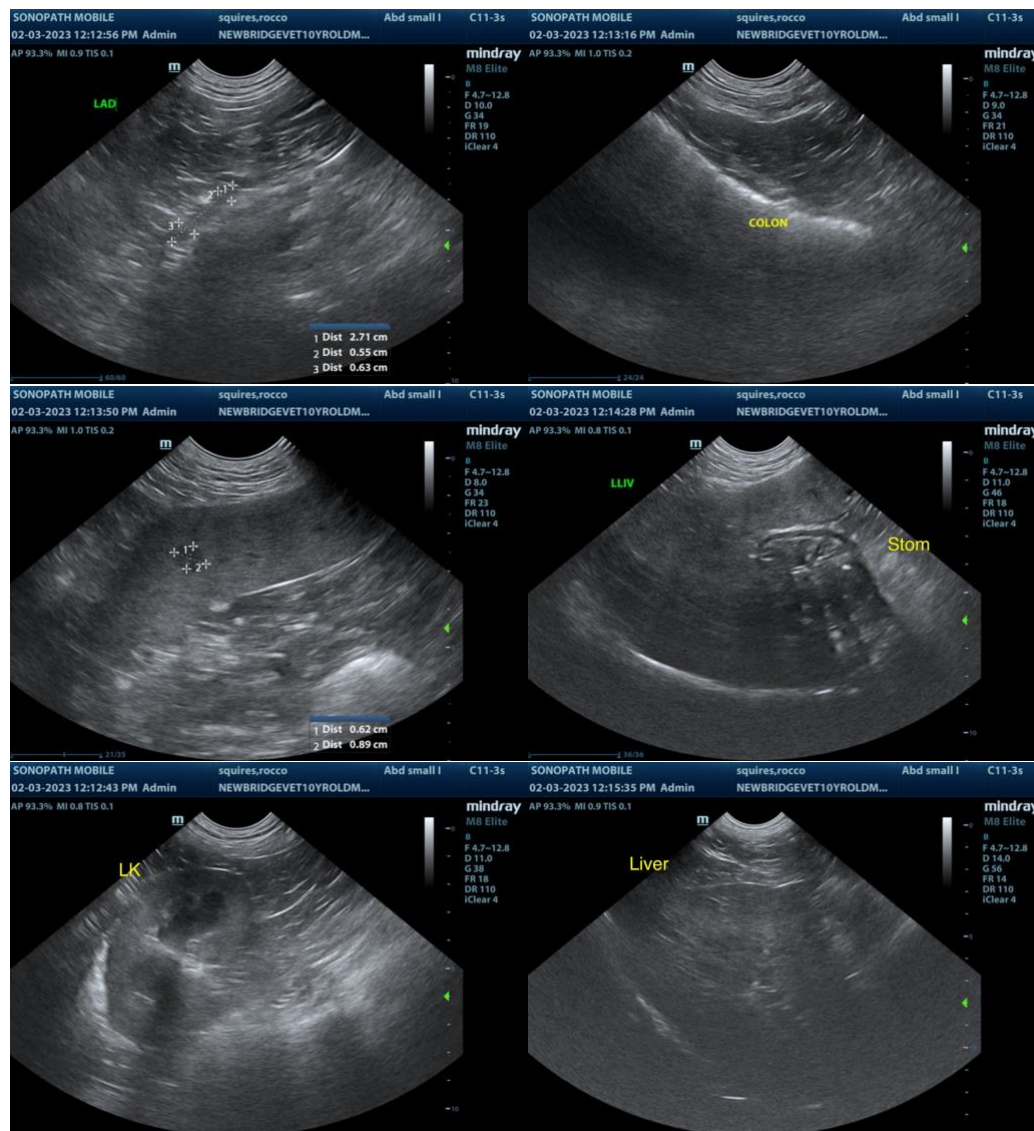
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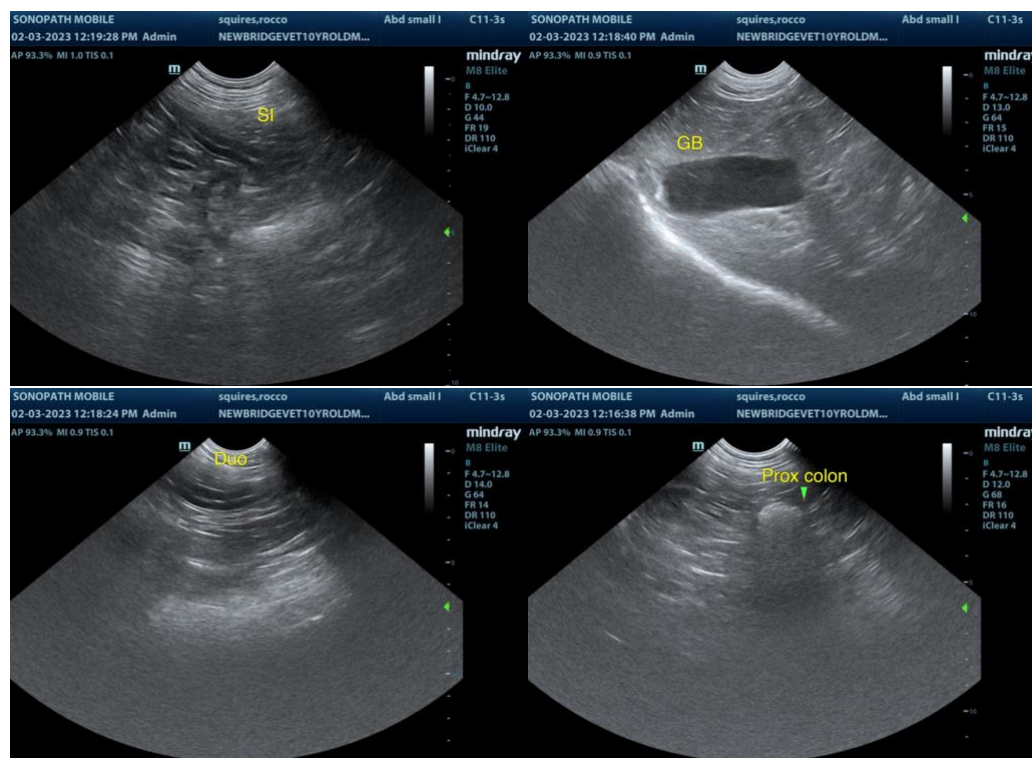
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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