



PATIENT

Coco Coyne

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

11yr

WEIGHT

54.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Fearing

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. Fearing

INVOICE

12903ag

DATE

02/06/2023

PRESENTING CLINICAL SIGNS

Dad said since Christmas he has been having some liquid diarrhea. dad mentioned she was giving diarrhea medication and parasite meds and it helped clear it up for a few days , then it came back. Have given P metronidazole panacur and providable, O said that is has not helped at all.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent hyperechoic mildly shadowing sand to macrocalculi along with mild nondependent sediment. The sediment may indicate concurrent cellular debris / protein, crystalline debris, lipid, or mucus. 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 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. Bilateral pinpoint to minor medullary mineral was present. The left kidney measured 6.7 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.43 cm width at the caudal pole.

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 presented enlarged in size. A solitary well demarcated non-homogenous mass was present in the mid to left deep liver measuring 7-7.5 cm in diameter. The remainder of the parenchyma of the liver was subjectively normal in echogenicity with moderate coarse echotexture and evidence of minor remodeling. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild dependent hyperechoic sediment. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

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 apparent semi formed feces in lumen.

SPECIES

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Pancreas

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 or overt lymphadenopathy was present.

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A very small pocket of scant free fluid was present in the left lateral abdomen adjacent to the caudal spleen.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Overtly normal GI tract and colon with semi formed/soft feces
- Non-homogenous liver mass-non-specific
- Gallbladder debris-not consistent with mucocele criteria
- Mild urinary bladder dependent mineral and non-dependent sediment
- Mild chronic renal changes with pinpoint medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At times the sonographic presentation of the gastrointestinal tract may not correlate with reported recurrent gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, occult Addison's disease, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or less likely occult infiltrative neoplasia. A fresh fecal analysis is recommended to rule out parasitic ova/giardia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

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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 (Provable or Visbiome), cobalamin supplementation, +/- fiber supplementation and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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Assuming normal clotting status and if accessible a liver mass FNA for screening cytology is warranted for further assessment. Core surgical biopsy may be required for definitive diagnosis.

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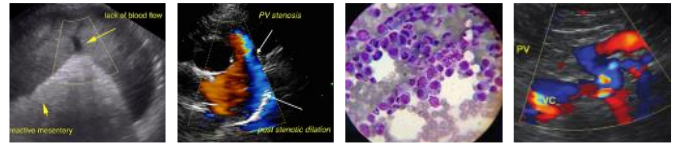
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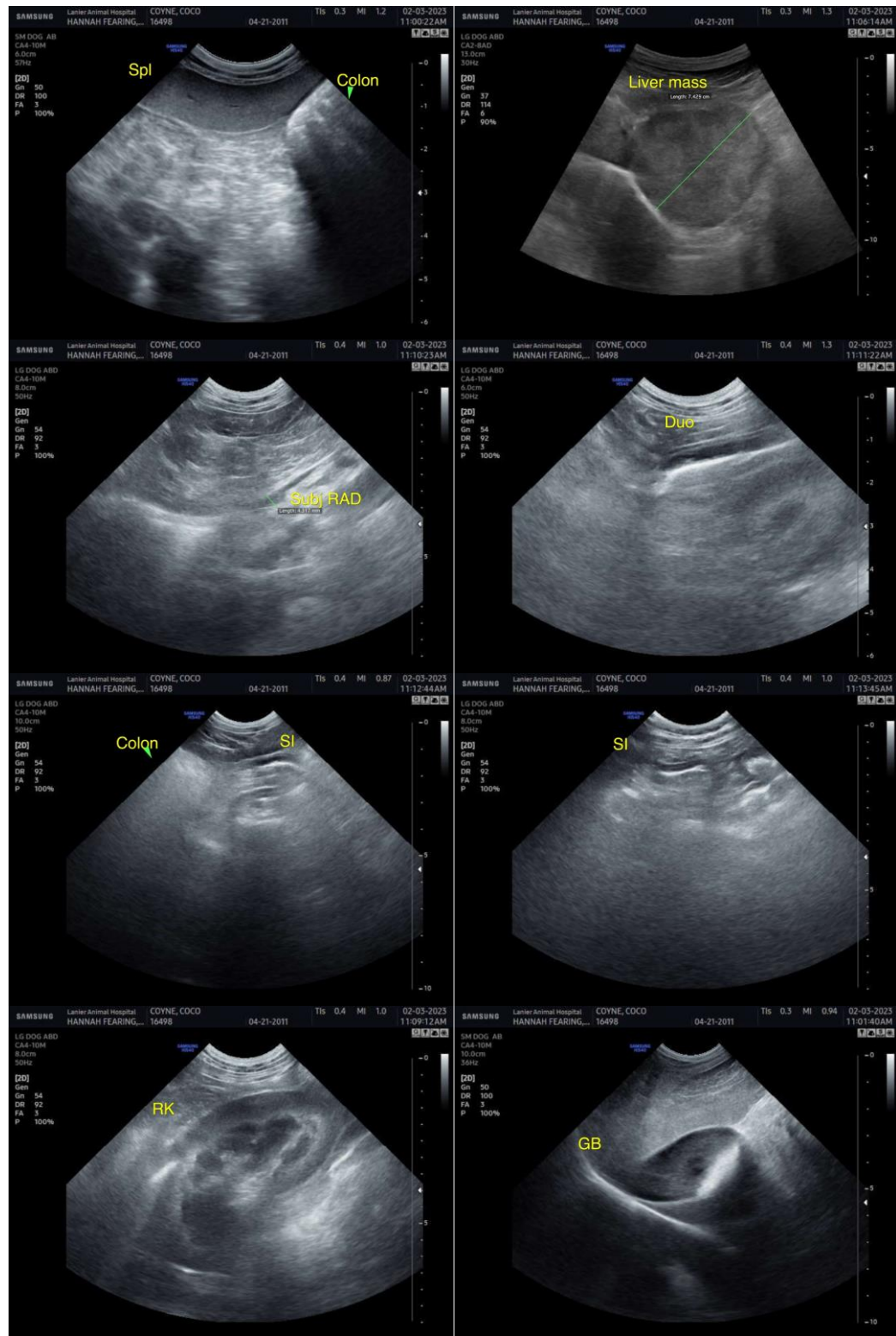
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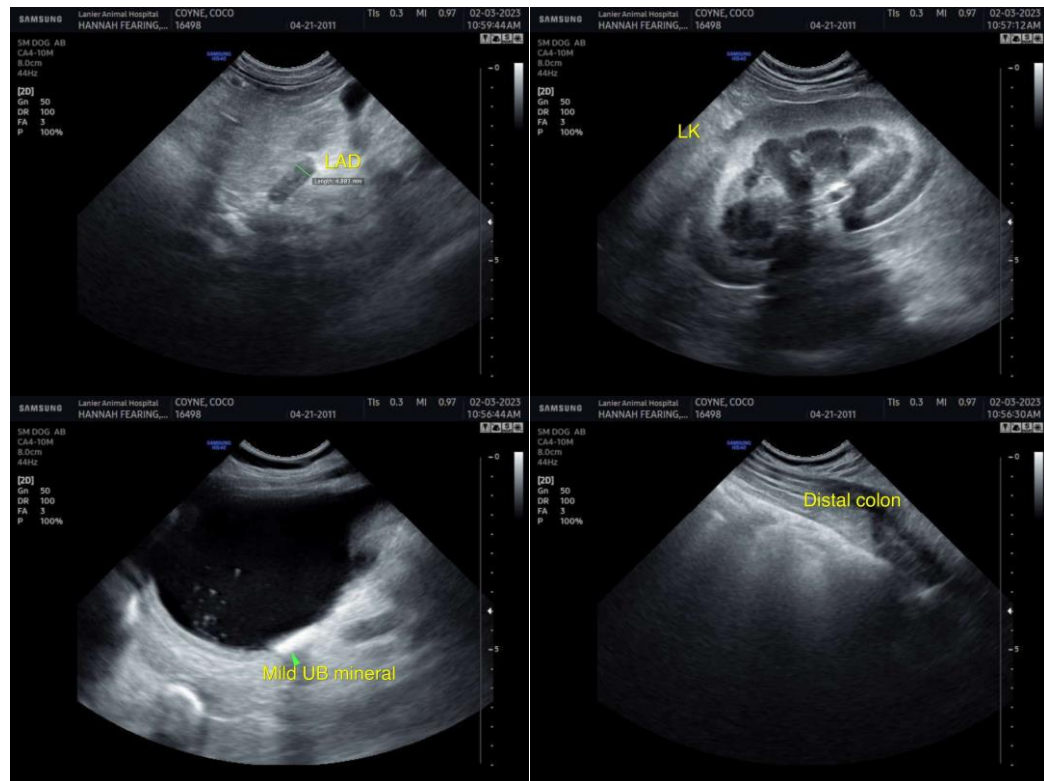
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

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