



PATIENT	PRESENTING CLINICAL SIGNS
Libby Sinclair	History: P presents for weight loss (58 to 54 in 2 months) and chronic diarrhea. Responded well to probiotics and metronidazole but recurred. Frequent, productive, liquidy stools with no evidence of hematochezia/melena.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: CBC/Chem 17: Mild ALT increase. Rest WNL. Fecal floatation: negative
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Golden Doodle	Urinary System
SEX	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.
Spayed Female	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 6.4 cm in length. The right kidney measured 5.8 cm in length.
AGE	
14 Years	
WEIGHT	Adrenal Glands
54.5 Lbs.	The left adrenal gland was indistinctly visualized, yet without evidence of pathology, subjectively measuring 0.44 cm at the cranial pole and 0.45 cm at the caudal pole.
INTERPRETED BY	The right adrenal gland was not definitively visualized.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Saum Hadi	Liver
HOSPITAL NAME	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.
Bethany Family PC	
REFERRING VET	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Saum Hadi	
INVOICE	Gastrointestinal
13856	The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained minor retained anechoic to echogenic fluid.
DATE	
2/7/22	



PATIENT

Libby Sinclair

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. The duodenum wall measured 0.45 cm. The jejunum wall measured 0.36 cm.

SPECIES

Canine

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

Pancreas

BREED

Golden Doodle

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.

Free Abdomen

SEX

Spayed Female

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

- Low-grade hepatopathy- subjectively benign, suspect low-grade primary versus secondary inflammatory hepatopathy with minor parenchymal remodeling
- Gastroenterocolitis pattern
- Mild chronic renal changes

WEIGHT

54.5 Lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

In patients with chronic gastrointestinal signs and weight loss, low-grade to chronic pancreatitis (which may present sonographically normal), dietary intolerance/food hypersensitivity, dysbiosis/antibiotic responsive diarrhea, IBD or less likely infiltrative gastrointestinal neoplasia may be considered. In this case, given the previous positive response to probiotics and metronidazole, dysbiosis and antibiotic responsive diarrhea may be considered a primary rule out in the face of no hematochezia or melena. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate.

IMAGING PERFORMED BY

Saum Hadi

Empirically, limited protein or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (i.e., Panacur 50 mg /kg SID for at least 5 consecutive days), continued high colony count probiotic, as needed antibiotic with potential for long term antibiotic (at lowest effective dose to control clinical signs) with as needed gastrointestinal support and assessment of clinical response would be appropriate.

HOSPITAL NAME

Bethany Family PC

Although considered less likely, adrenal screening with resting cortisol to rule out occult Addisons disease may be considered.

REFERRING VET

Saum Hadi



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SPECIES

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BREED

Golden Doodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

54.5 Lbs.

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IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

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REFERRING VET

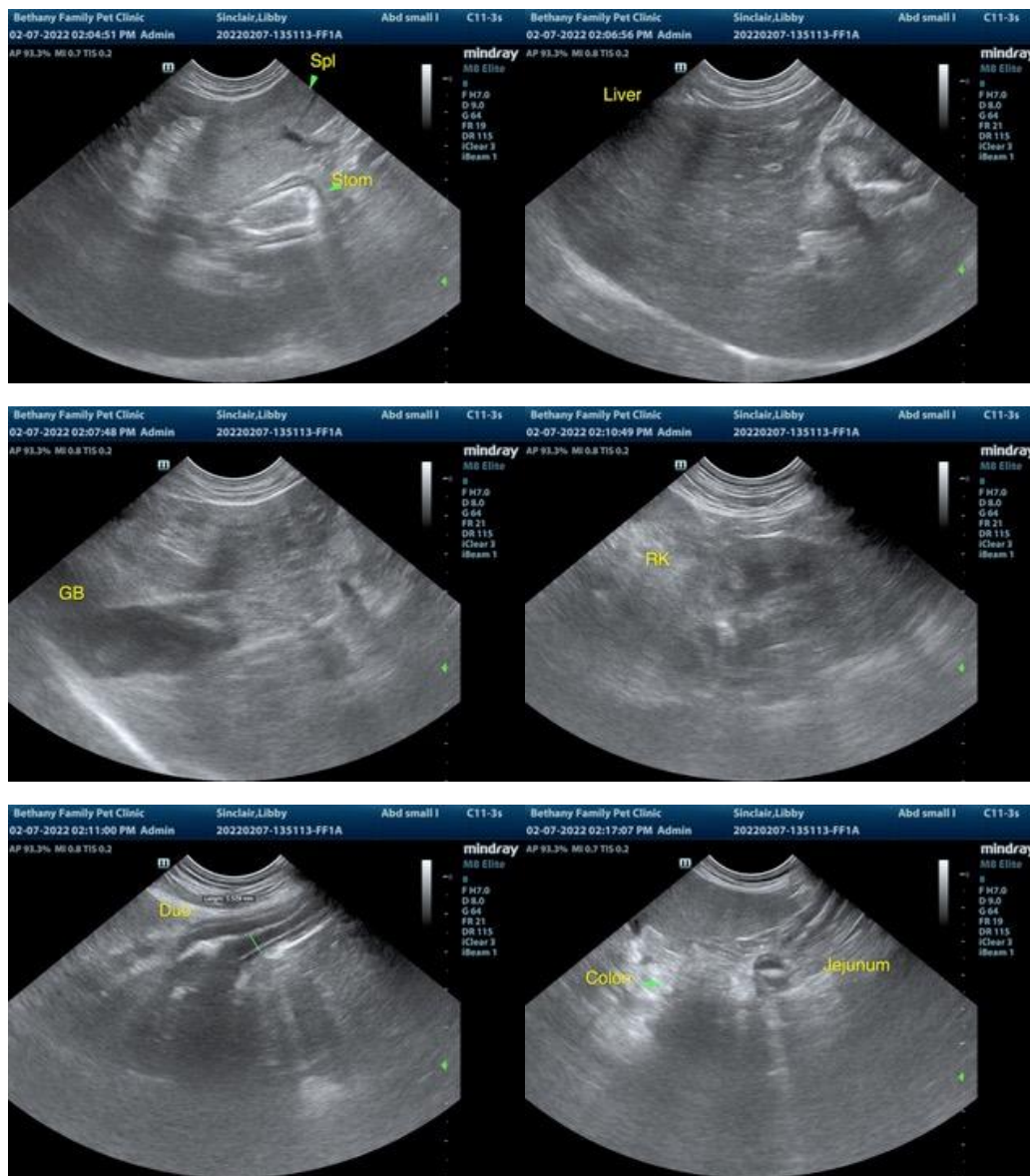
Saum Hadi

INVOICE

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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