



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Yenor	Presenting for chronic diarrhea that started at the beginning on December. Consistency is cow-patty with orange-yellow coloration. Piles are frequent and even wake P up in the middle of the night. Per O, it seems like she's defecating as much as she's eating. P is also very gassy. P has also lost about 17 lbs. since October despite having a normal appetite. O has stopped taking her outside to play to try to prevent her from losing anymore weight. O states that overall P is doing well. Eating, drinking, and urinating within normal limits. No coughing, sneezing, or vomiting noted by owner. No known allergies to vaccines/ medication. P has no recent travel history.
SPECIES	
Canine	O initially tried changing diets from Taste of the Wild Grain Free to Purina. No change in diarrhea noticed.
BREED	
Labrador Retriever	Current medications: O has given 2-3 doses of Immodium.
SEX	Last night P got into dog food and ate a lot of food. Since then she's been a little more lethargic and more gassy than even before.
FS	
AGE	Abnormal PE/Chem/CBC/UA Results Resting Cortisol – WNL Chem/CBC – unremarkable Parasite PCR - negative for all parasites
3yr	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
WEIGHT	Urinary System
44	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
INTERPRETED BY	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 4.5 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the aortic trifurcation was free of pathology.
IMAGING PERFORMED BY	Adrenal Glands
Dr. Goldfield	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.66 cm width at the caudal pole. No overt pathology in the area of the right adrenal gland.
HOSPITAL NAME	Spleen
Craig Road Animal Hospital	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.
REFERRING VET	Liver/Gallbladder
Dr. Wilson	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
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PATIENT	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.
Daisy Yenor	
	Gastrointestinal
SPECIES	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.
Canine	
	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.
BREED	
Labrador Retriever	Normal visible colon wall layers were present with apparent semi formed feces in lumen consistent with patient history.
	Pancreas
SEX	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.
FS	
AGE	Free Abdomen
3yr	No omental masses or peritoneal effusion was present.
	Focal to intermittent, mildly prominent to enlarged mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.7 cm.
WEIGHT	
44	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Structurally normal GI tract/colon with semi-formed fecal matter
	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	No sonographic evidence of structural gastroenterocolic pathology was present. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported chronic gastrointestinal signs or weight loss.
Dr. Goldfield	In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, non-specific malassimilation/maldigestive disorder, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or other are possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
HOSPITAL NAME	Pending GI panel, 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), and as needed gastrointestinal support with assessment of clinical and GI response is recommended.
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PATIENT

Daisy Yenor

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

3yr

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INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Goldfield

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

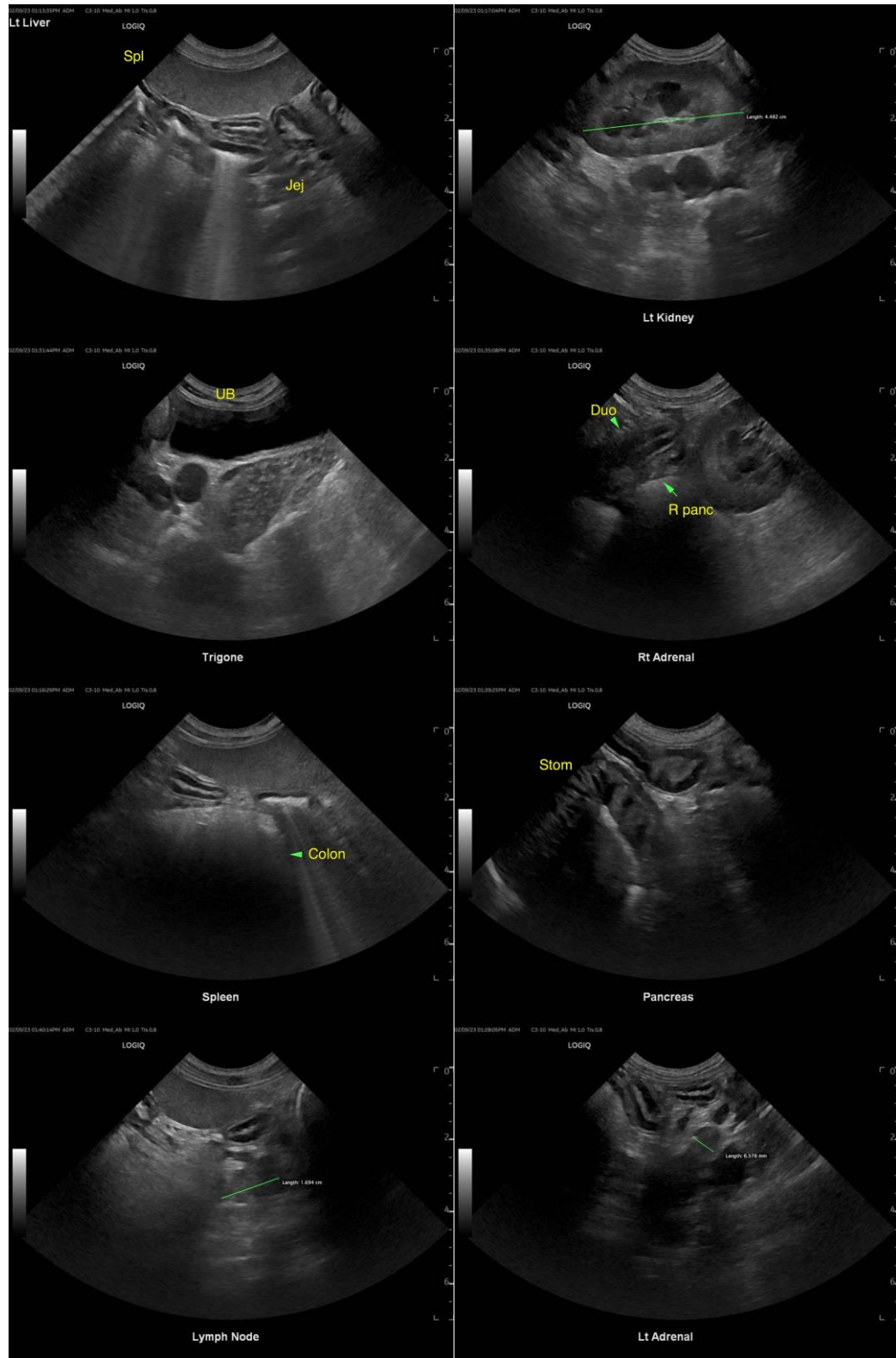
Dr. Wilson

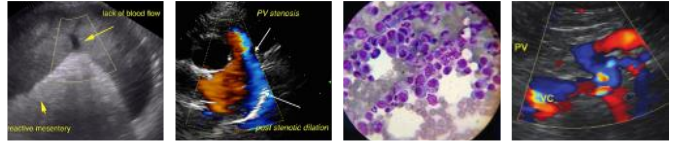
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PATIENT

Daisy Yenor

SPECIES

Canine

BREED

Labrador Retriever



SEX

FS

AGE

3yr

WEIGHT

44

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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