



PATIENT PRESENTING CLINICAL SIGNS

Tooev Chamberlain

History: Patient has presented with ongoing gastrointestinal issues. will not eat at times. Abdominal Abnormal Palpation ABNORMAL CONDITION Comments: Mildly distended, not tense, non painful

SPECIES

Abnormal PE/Chem/CBC/UA Results: previous blood work showed no abnormal values (April 2021) had ultrasound Jun 22

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Toy Poodle

Urinary System

SEX

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

Neutered male

AGE

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

9 years

WEIGHT

The residual prostate was free of pathology.

5.9 kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

Adrenal Glands

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 0.61 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole.

IMAGING PERFORMED BY

Spleen

Kelly Reschny

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

Burlington Lakeshore
VH

REFERRING VET

Liver

Dr. Aziz

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.

INVOICE

Gastrointestinal

10101ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach presented moderate ingesta exhibiting subtle progressive distal acoustic shadowing.

DATE

03/02/2022



PATIENT
Tooey Chamberlain
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. Intermittent minor nonspecific jejunal mucosal speckling was observed.

SPECIES

Canine

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

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.

BREED

Toy Poodle

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

- Overtly normal gastrointestinal tract with mild nonspecific jejunal mucosal speckling.
- Gastric ingesta-likely post prandial presentation.

Secondary finding:

WEIGHT

5.9 kg

- Early mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No overt evidence of abdominal; specifically gastrointestinal or pancreatic, pathology.

IMAGING PERFORMED BY

Kelly Reschny

Unfortunately, the overall normal presentation of the gastrointestinal tract and the pancreas does not always correlate with chronic gastrointestinal signs. In patients with chronic gastrointestinal signs, mild to low grade pancreatitis (which may present sonographically normal), dysbiosis, food intolerance/dietary hypersensitivity, structurally insignificant inflammatory bowel disease or underlying metabolic disease (which may be considered less likely given the unremarkable blood work) may be possible.

HOSPITAL NAME

Burlington Lakeshore
VH

If not recently done, a GI panel to include PLI/TLI/Cobalamin/Folate, a fresh fecal analysis to rule out parasitic ova/giardia +/- adrenal screen with resting cortisol could be considered.

REFERRING VET

Dr. Aziz

If documented NPO the presence of gastric ingesta may suggest some degree of metabolic gastric hypomotility or delayed gastric emptying.

INVOICE

10101ag

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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

DATE

03/02/2022



PATIENT

Tooley Chamberlain

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered male

AGE

9 years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burlington Lakeshore
VH

REFERRING VET

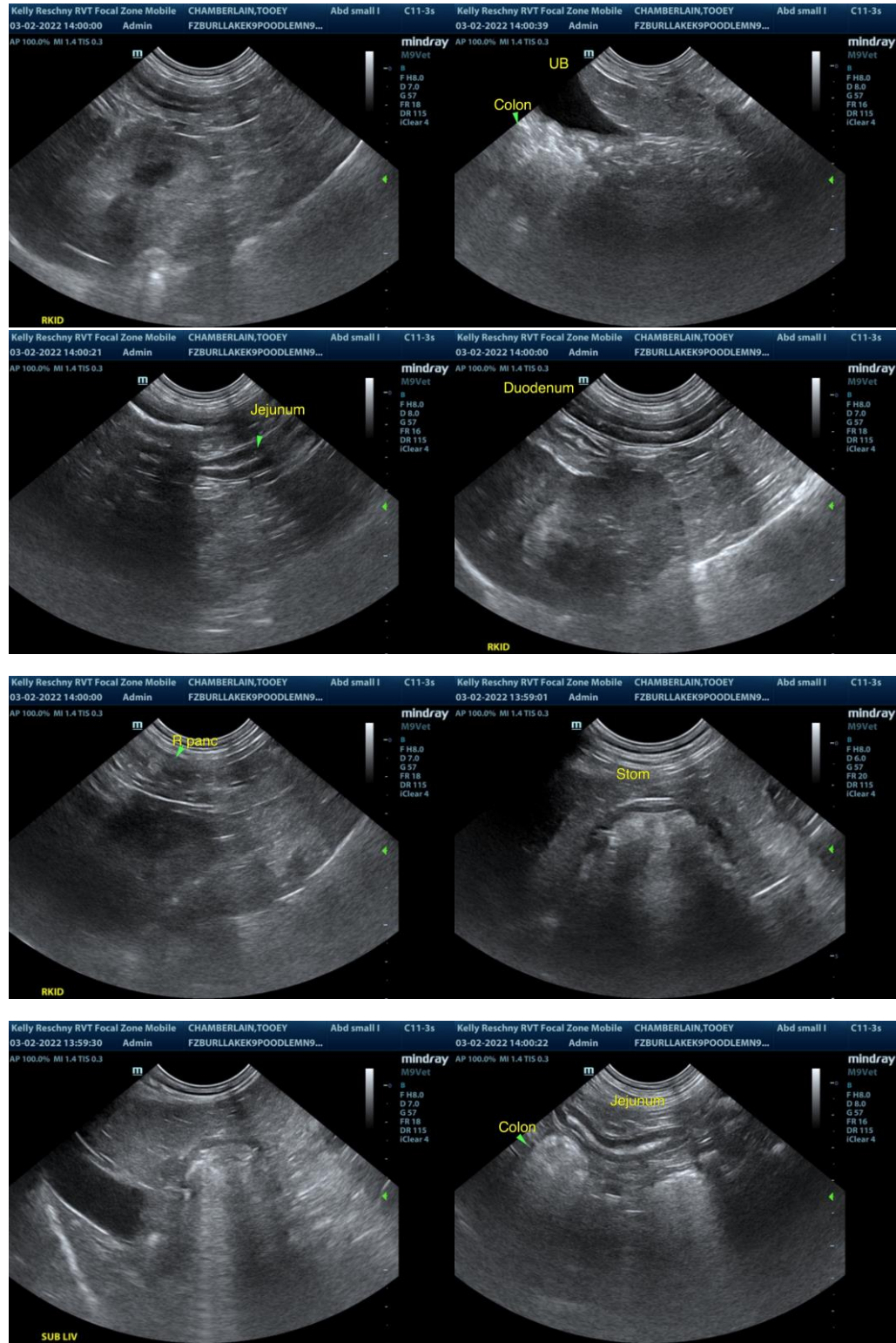
Dr. Aziz

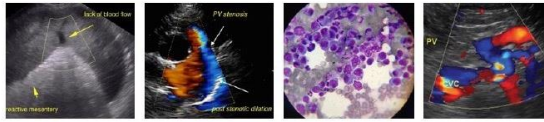
INVOICE

10101ag

DATE

03/02/2022





PATIENT

Tooley Chamberlain

SPECIES

Canine

BREED

Toy Poodle

SEX

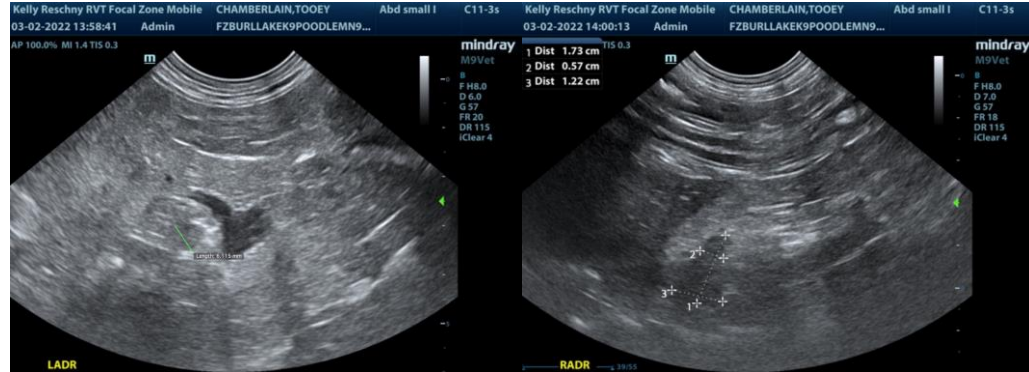
Neutered male

AGE

9 years

WEIGHT

5.9 kg



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

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burlington Lakeshore
VH

REFERRING VET

Dr. Aziz

INVOICE

10101ag

DATE

03/02/2022