



PATIENT PRESENTING CLINICAL SIGNS

Abby Lewis History: Continual on and off again diarrhea. Was diagnosed with giardia-treated. Was then diagnosed with hypothyroidism, currently controlled. P still has diarrhea on and off again. Bland diet and probiotics with and without multiple rounds of metro not helping. P had US last oct 2021.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Current Medications Thyroxine 0.8mg Radiographic Findings Elected for US first

BREED

Labrador

SEX

Spayed Female

AGE

14 Years

WEIGHT

85 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

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. The left kidney measured 6.6 cm in length. The right kidney measured 6.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.70 cm width at the cranial pole. The right adrenal gland measured 0.78 cm.

IMAGING PERFORMED BY

Sara Hansen

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Pawsitive Wellness VC

REFERRING VET

Dr. Hardy

Liver

The liver exhibited mild generalized enlargement and previously noted non-homogeneous to discreetly nodular parenchyma with mild variable parenchyma echogenicity. Solitary, mildly non-homogeneous macronodule to small mass was noted in the caudal aspect of the left liver, measuring 4.5 cm in diameter.

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The gallbladder was non-distended in size with mildly prominent hyperechoic walls with potential wall mineralization. Primarily anechoic luminal content with mild nonmineralized luminal debris. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

DATE

3/21/22

Gastrointestinal



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The stomach presented intact yet subjective prominent wall layering. The lumen of the stomach was empty with mild luminal gas. No evidence of retained gastric ingesta, fluid or foreign material. The ventral gastric body wall measured 0.66 cm.

SPECIES

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. The jejunum wall measured 0.48 cm.

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The visualized colon exhibited sonographically unremarkable wall layering, containing subjective semi-formed feces.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

85 Pounds

- Mildly progressive, non-homogeneous to discretely nodular liver with solitary mildly non-homogeneous caudal left intraparenchymal macronodule to small mass.
- Subjective static mild chronic cholecystitis pattern
- Static mild chronic renal changes
- Pancreatic parenchymal remodeling- age-related pancreatic changes, remodeling owing to previous inflammation or persistent low-grade to chronic pancreatitis possible
- Overtly normal small bowel with subjective static intact, mildly prominent gastric walls

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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The current hepatic presentation may correlate with previous cytology (i.e., nonspecific vacuolar hepatopathy), although potential for other hepatopathy, including inflammatory/immune mediated disease, nodular/regenerative hyperplasia, hematopoiesis, fibrosis, small lipogranuloma or even potential for emerging neoplasia cannot be excluded. Correlation with hepatic enzyme reassessment +/- resampling could be considered.

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In patients with intermittent to chronic gastrointestinal signs, mild to chronic pancreatitis, dysbiosis, dietary intolerance/food hypersensitivity, structurally insignificant inflammatory bowel disease or intestinal neoplasia (considered less likely in this case) may be possible. Some patients may still have diarrhea on a bland diet. A novel protein or hydrolyzed diet with continued high colony count probiotic and empirical deworming (i.e., Panacur 50 mg/kg Po SID for at least 5 consecutive days) may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Compounded tylosin trial could be considered given the lack of response to previous metronidazole.

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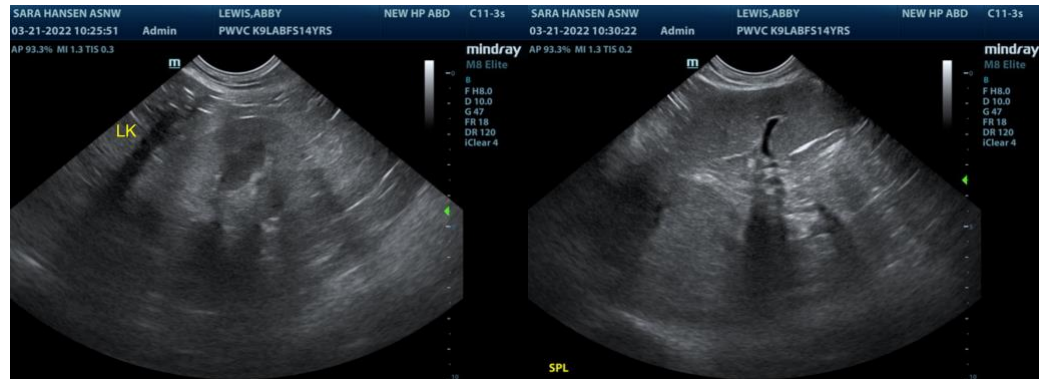
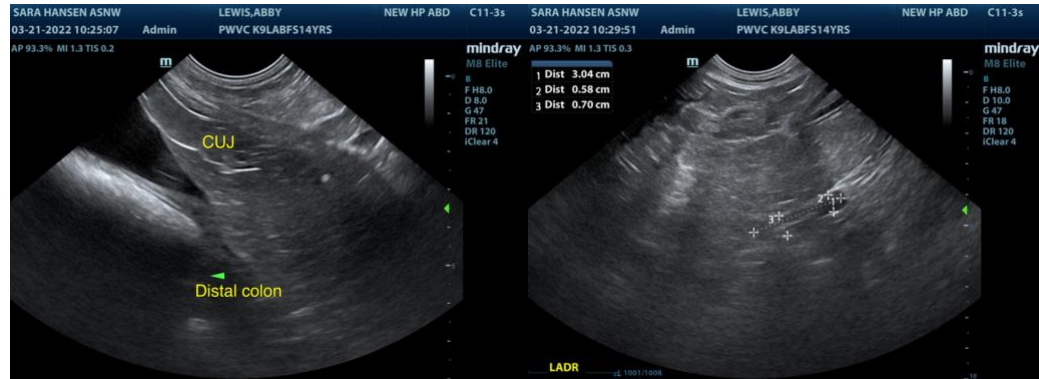
Dr. Hardy

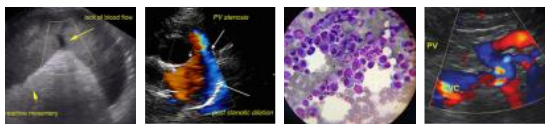
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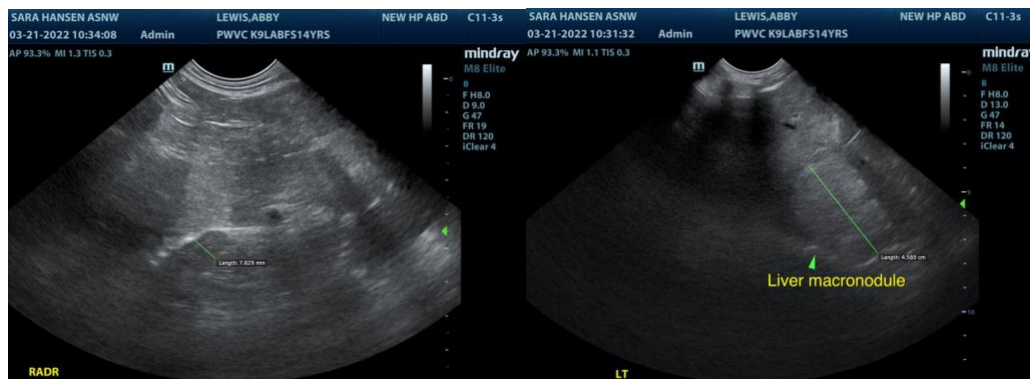
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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