

**PATIENT PRESENTING CLINICAL SIGNS**

Abu Lamont Mild sedation midazolam/torb-History \* Chronic diarrhea for 3-4 weeks. Probiotics, bland diet, Metronidazole did not help. Rectal Exam WNL. Hx of seizures, last one was 2 years ago. No changes in appetite. No vomiting. Working diagnosis Ultrasound in order to r/o IBS, Lymphoma.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: No recent LABs- No heart murmur-

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Chihuahua

**Urinary System**

**SEX**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 was noted.

M/N

**AGE**

The residual prostate was free of pathology.

7 years

Focal medial iliac lymph node, not consistent with inflammatory or neoplastic criteria, was present and considered incidental. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.9 cm in diameter.

**WEIGHT**

1 kg

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 2.8 cm in length. The right kidney measured 2.9 cm in length.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

**Adrenal Glands**

Loetitia Saint-Jacques, RVT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 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 0.28 cm width at the caudal pole.

**HOSPITAL NAME**

Pine Creek VC

**Spleen**

**REFERRING VET**

Dr. Dayna Mills

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.

**INVOICE**

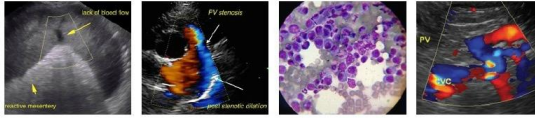
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**Liver/ Gallbladder**

**DATE**

3/22/23

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



**PATIENT**

Abu Lamont

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.

**Gastrointestinal**

**SPECIES**

Canine

The stomach presented sonographically normal visualized gastric walls. The lumen of the stomach contained mild to moderate, variably echogenic, nonshadowing ingesta, sonographically consistent with food without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

**BREED**

Chihuahua

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No signs of an obstructive pattern or foreign material were noted. Intermittent, discrete, nonspecific, hyperechoic mucosal speckling was present. Mild segmental nonshadowing intestinal ingesta / chyme was present.

**SEX**

M/N

Normal visible colon wall layers were present with subjective semi-formed fecal matter consistent with patient history.

**AGE**

7 years

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 were evident.

**WEIGHT**

1 kg

**Free Abdomen**

No omental masses, overt or significant omental lymphadenopathy, or evidence of peritoneal effusion were noted.

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DABVP (Canine and Feline)

**ULTRASONOGRAPHIC FINDINGS**

- Gastric ingesta
- Mild enterocolitis pattern exhibiting discrete pinpoint hyperechoic intestinal mucosal speckling
- Sonographically unremarkable pancreas

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No sonographic evidence of significant visceral, specifically gastroenterocolic pathology was present.

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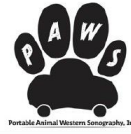
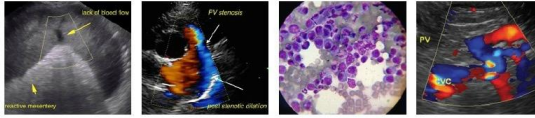
At times, the gastroenterocolic presentation may not correlate with a history of chronic gastrointestinal signs. The discrete intestinal mucosal speckling is nonspecific, yet at times has been associated with underlying, potentially mild, inflammatory intestinal criteria. Dietary intolerance / food allergy, even on a bland diet, dysbiosis, mild inflammatory intestinal process i.e., mild IBD, low-grade to chronic pancreatitis, which may present as sonographically normal, occult parasitism, occult Addison's Disease, and infiltrative intestinal neoplasia (less likely), are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a change to a hydrolyzed diet trial, continued high colony count probiotic (Provable), empirical deworming, cobalamin supplementation pending assessment of cobalamin levels, and as-needed supportive care with an assessment of gastrointestinal response pending additional diagnostics would be reasonable. A resting cortisol level to rule out occult Addison's Disease is suggested.

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Portable Animal Veterinary Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

**PATIENT**

Abu Lamont

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

M/N

**AGE**

7 years

**WEIGHT**

1 kg

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DABVP (Canine and Feline)

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**HOSPITAL NAME**

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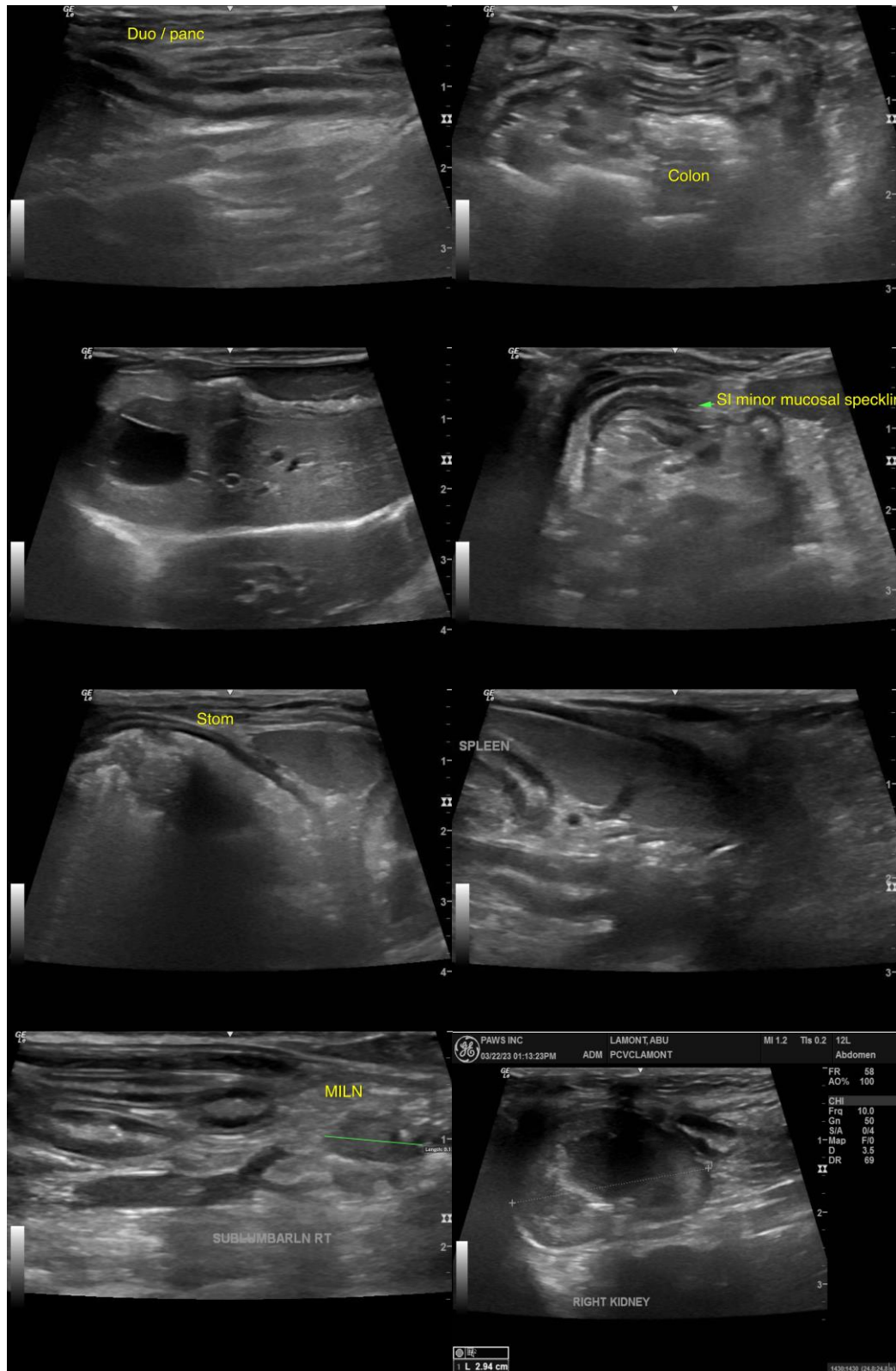
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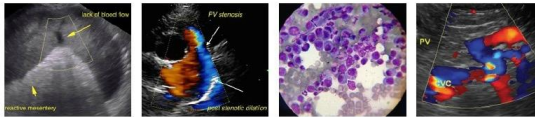
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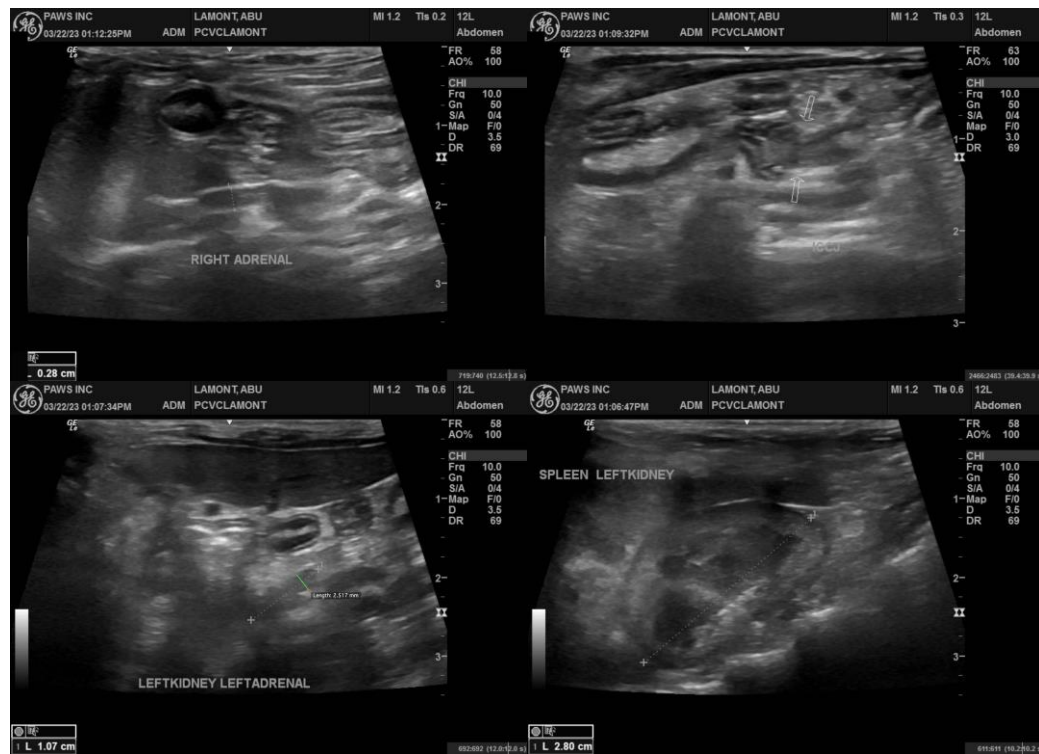
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com