



PATIENT

Chloe Kugel

PRESENTING CLINICAL SIGNS

Chronic frequent BM, almost always with blood and sometimes diarrhea. Also pica and occasional vomiting. Other dog in the house (also a French Bulldog) has diarrhea.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Chem (1/2023): WNL Diarrhea PCR: pending Fecal (2/2023): Neg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Bulldog

Urinary System

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.

SEX

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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 3.6 cm in length. The right kidney measured 3.6 cm in length.

AGE

9mo

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.9lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 1.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 1.6 cm length.

INTERPRETED BY

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

Spleen

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.

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

Liver/Gallbladder

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.

REFERRING VET

Dr. Porcelli

Gastrointestinal

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.

INVOICE

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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 width. The jejunum wall measured 0.35 cm width.

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03/23/2023



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The descending colon wall exhibited mild irregular thickening with normal echogenicity. The thickened descending colon wall measured up to 0.60 cm in width. Semi formed feces was present generally throughout the colon. Normal appearing proximal, descending and transverse colon wall by comparison measured 0.20 cm.

SPECIES

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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

Bulldog

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

F

ULTRASONOGRAPHIC FINDINGS

- Descending colitis pattern.
- Sonographically unremarkable stomach/small bowel.

AGE

9mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's reported defecation pattern in conjunction with hematochezia and distal colon presentation is consistent with colitis. More generalized inflammatory gastroenteropathy without evidence of GI mural changes could also be possible. Correlation with pending diarrhea PCR is recommended. Assessment of cobalamin and folate levels is warranted for further definition of potential structurally insignificant or occult distal/proximal intestinal disease as a contributing factor.

WEIGHT

10.9lb

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), possible fiber supplementation and assessment of clinical response with sonographic monitoring of the GI tract would be reasonable. Endoscopic biopsies are likely required for a definitive diagnosis.

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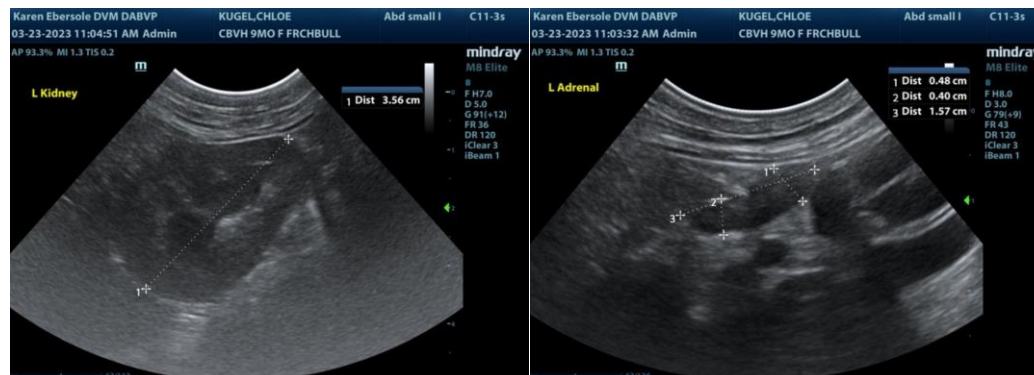
Dr. Porcelli

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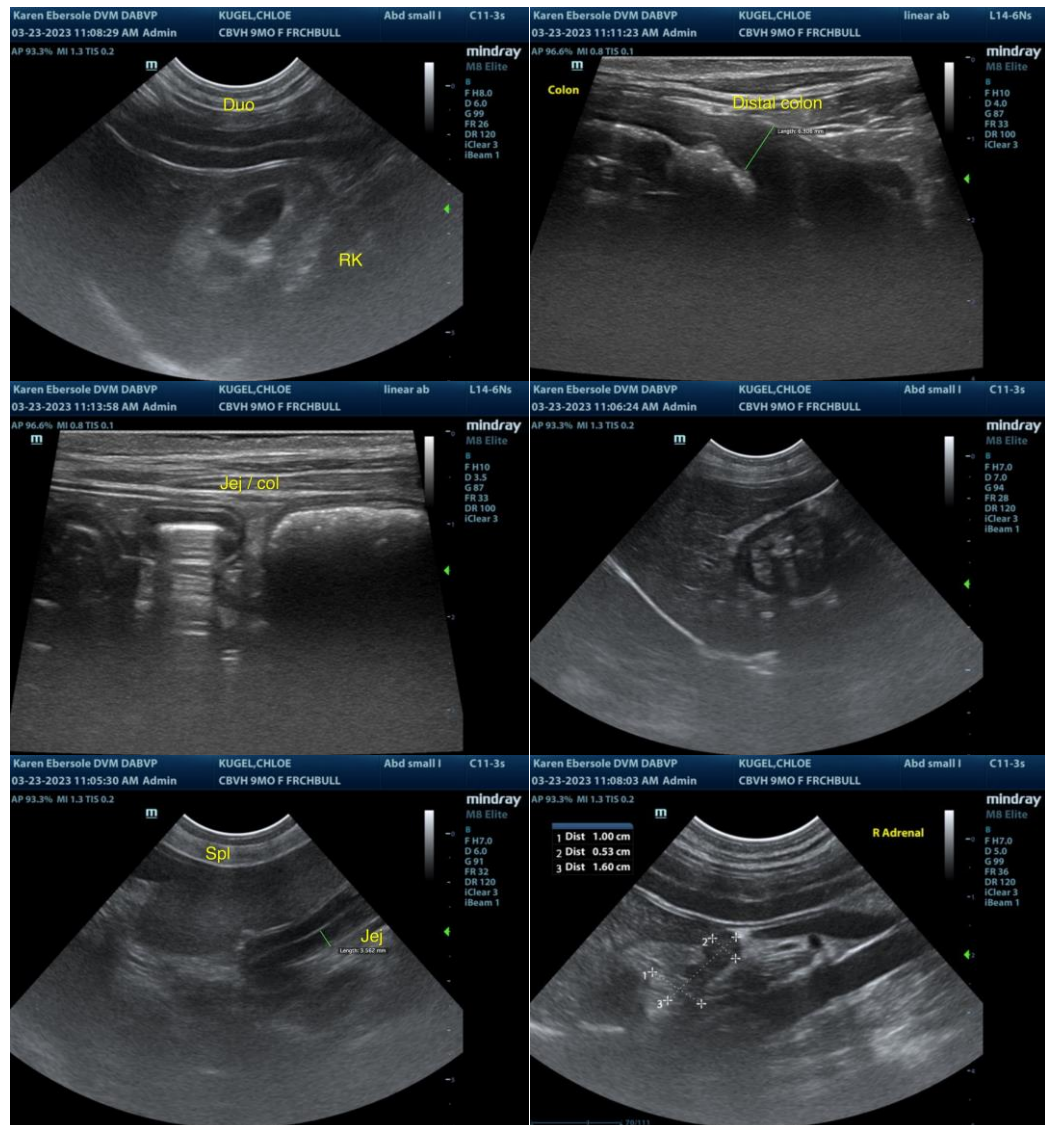
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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