



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Hope Salvatore
SPECIES Canine
BREED Golden Retriever Mix
SEX FS
AGE 9yr
WEIGHT 58.5lb

P had wellness panel at annual in January due to Apoquel usage. Total protein was 4.5 (albumin 2.2, globulin 2.3) History of intermittent diarrhea, but not a problem at the time. Some vomiting. Discontinued Apoquel and repeated total protein panel 2 weeks later, still low (alb 2.4, glob 2.4). Re-started Apoquel due to no change and patient very itchy. Started HP diet. Rechecked TP 1 month later (6 weeks since first visit)- no change. 2 weeks later measured cobalamin - very good 619. NOTE: no vomiting or diarrhea since starting hydrolyzed diet.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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. Very scant left kidney pyelectasia present and considered incidental.

The left kidney measured 6.3 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.57 cm width at the cranial pole.

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.

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 with very minor echogenic luminal debris which is considered incidental if no evidence of cholestasis. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County Veterinary Service

REFERRING VET

Dr. McCabe

INVOICE

13274ag

DATE

03/23/2023



PATIENT

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The small intestine presented intact variably prominent wall layering with a variably prominent duodenojejunal mucosa. Segmental to generalized non-uniform hyperechoic duodenojejunal mucosa exhibiting hyperechoic speckling and ill-defined striations was present. No evidence of loss of wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED

Golden Retriever Mix

The parenchyma of the pancreas base and right pancreatic limb was mildly hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if there is a previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SEX

FS

Free Abdomen

No omental masses or peritoneal effusion was present.

AGE

9yr

Intermittent mildly prominent to enlarged 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 2.0 cm x 0.59 cm.

WEIGHT

58.5lb

ULTRASONOGRAPHIC FINDINGS

- Intact mild to variably prominent small intestinal walls exhibiting segmental to generalized non-uniform hyperechoic mucosa.
- Hyperechoic pancreatic remodeling-chronic pancreatitis or fibrosis possible.
- Intermittent mild benign/reactive mesenteric lymphadenopathy.
- Mild age-related renal changes.

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DABVP (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal appearance is suggestive of chronic inflammatory enteropathy with potential for inflammatory bowel disease, infiltrative neoplastic criteria is considered less likely. Borderline PLE criteria given the persistent low-grade hypoproteinemia could be possible.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Given the current static clinical GI presentation and normal cobalamin levels, continued monitoring with recently initiated hydrolyzed diet and assessment for evidence of GI signs, progressive hypoproteinemia and/or weight loss going forward would be reasonable.

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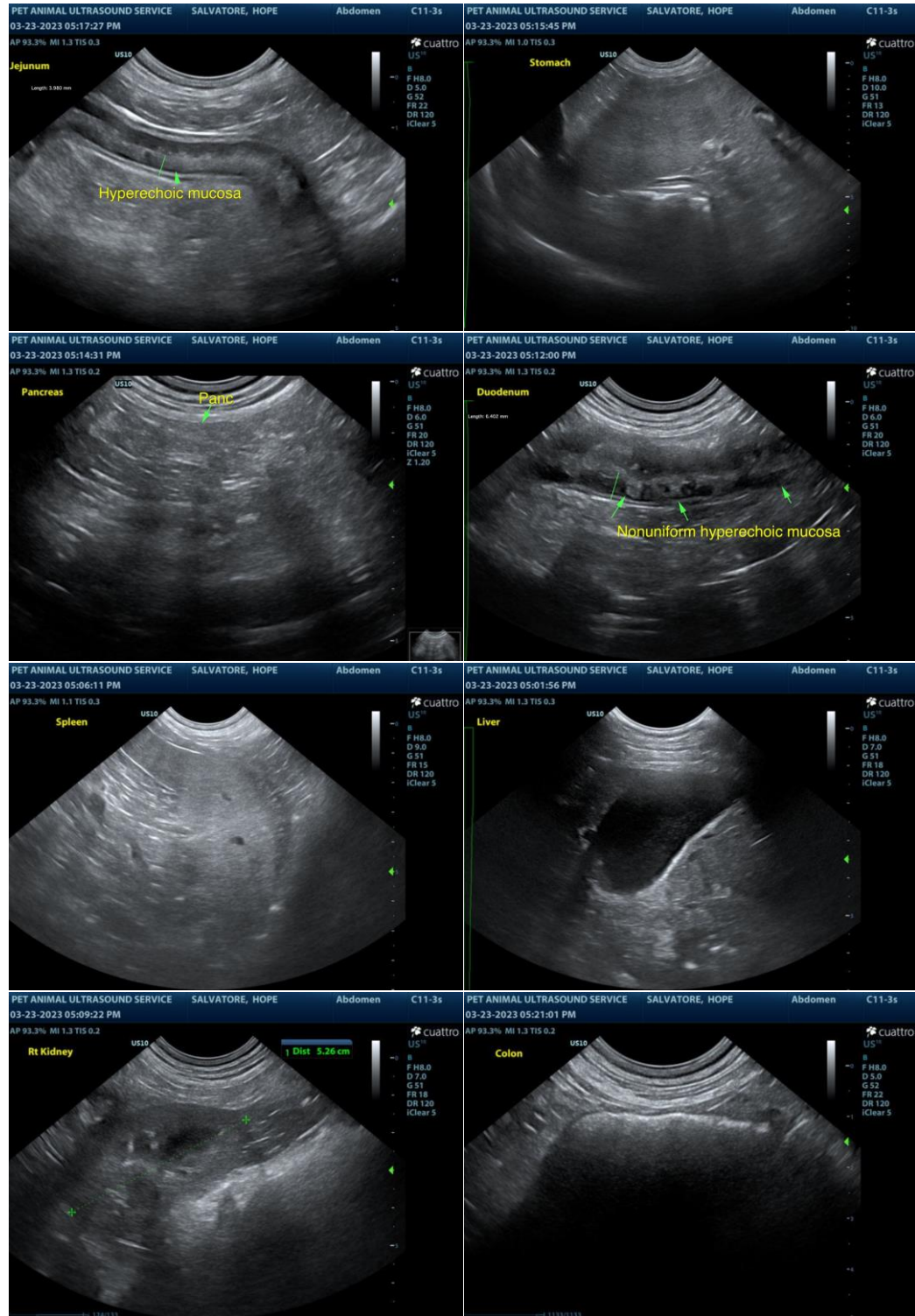
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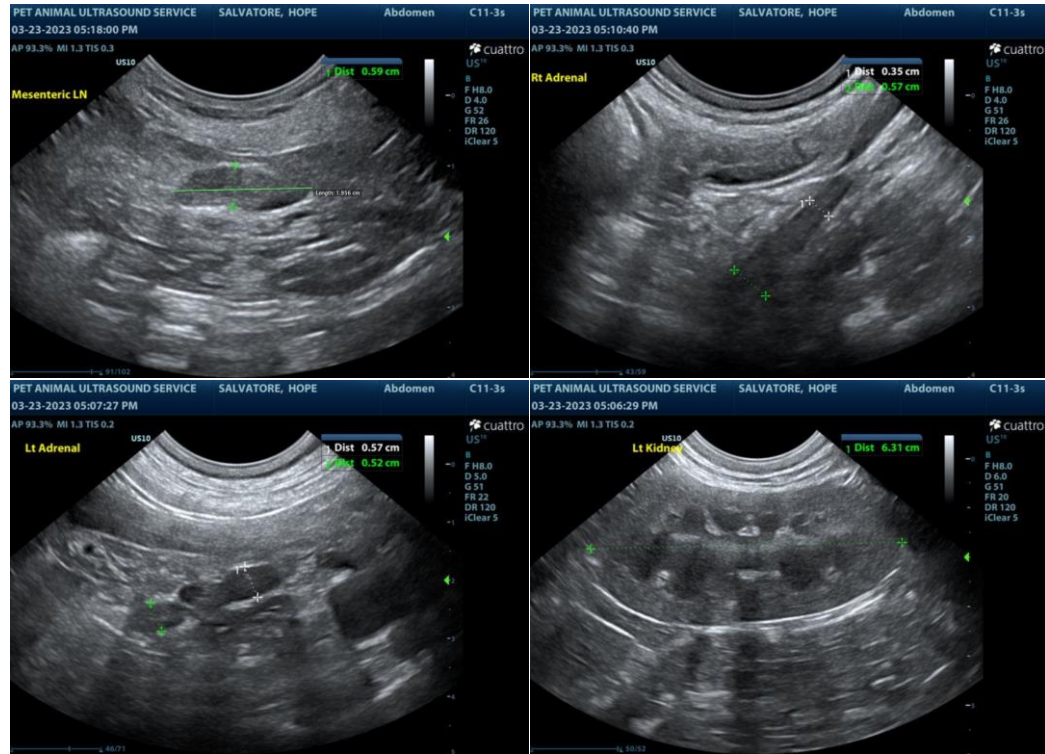
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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