



PATIENT

Penelope Rathbone

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

14 months

WEIGHT

18.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

13550

DATE

3/2/22

PRESENTING CLINICAL SIGNS

Penelope has been having intermittent diarrhea since 4/21. She had giardia several times (eating stool) and responded to Panacur/Metronidazole/Drontal appropriately. Currently, she's had watery shooting diarrhea for over 3 months, with no response to metro, Tylan, probiotic and most recently diet change to hydrolyzed ZD. (Actually made it worse for the last 2 weeks) Lab work showed normal baseline cortisol, chemistries and CBC/UA/T4. The albumin is the only low value, at 2.1.

Abnormal PE/Chem/CBC/UA Results: Albumin at 2.1 Fecal last week - NPS Diarrhea PCR 4 months ago: Campylobacter, Circo virus, Corona virus. Low amounts of clostridium. Diarrhea PCR last week: Negative for except low amounts of clostridium.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

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 4.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.53 cm width at the cranial pole. The right adrenal gland was not definitively visualized without evidence of overt pathology.

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. Moderate, nondependent yet nonorganized gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.



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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.

The small intestine presented intact wall layering with generalized propensity for prominent duodenojejunal mucosa layer. The duodenum wall width measured 0.47 cm. The jejunum wall width measured 0.47 cm.

The colon walls presented intact yet mildly prominent wall layering with mildly thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon, consistent with diarrhea with lumen dilation. The descending colon wall width measured 0.38-0.40 cm.

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 were evident.

Free Abdomen

Intermittent 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 lymph node measured 0.78 cm width. No peritoneal effusion was noted. Subtle evidence of peri intestinal, pericolic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate generalized colitis
- Suspect concurrent or primary inflammatory enteropathy
- Intermittent benign / reactive mesenteric lymph nodes
- Moderate gallbladder debris - nonspecific and likely incidental, potentially secondary to fasting or nonclinical cholestasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Depending on the pattern of diarrhea, primary mild to moderate chronic colitis or possible primary inflammatory enteropathy may be contributing to this patient's clinical signs. The potential for mixed pattern diarrhea is also possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, given the lack of response to previous hydrolyzed diet trial, an alternative novel protein diet with potential for added fiber or higher fiber diet with possible empirical cobalamin supplementation and high colony count probiotic such as Provable would be reasonable with an assessment of clinical response and potential long-term dietary therapy. Gastroenterocolic endoscopic biopsies for histopathology, as well as possible tissue culture and sensitivity, may be indicated if persistent clinical signs nonresponsive to conservative therapy continue.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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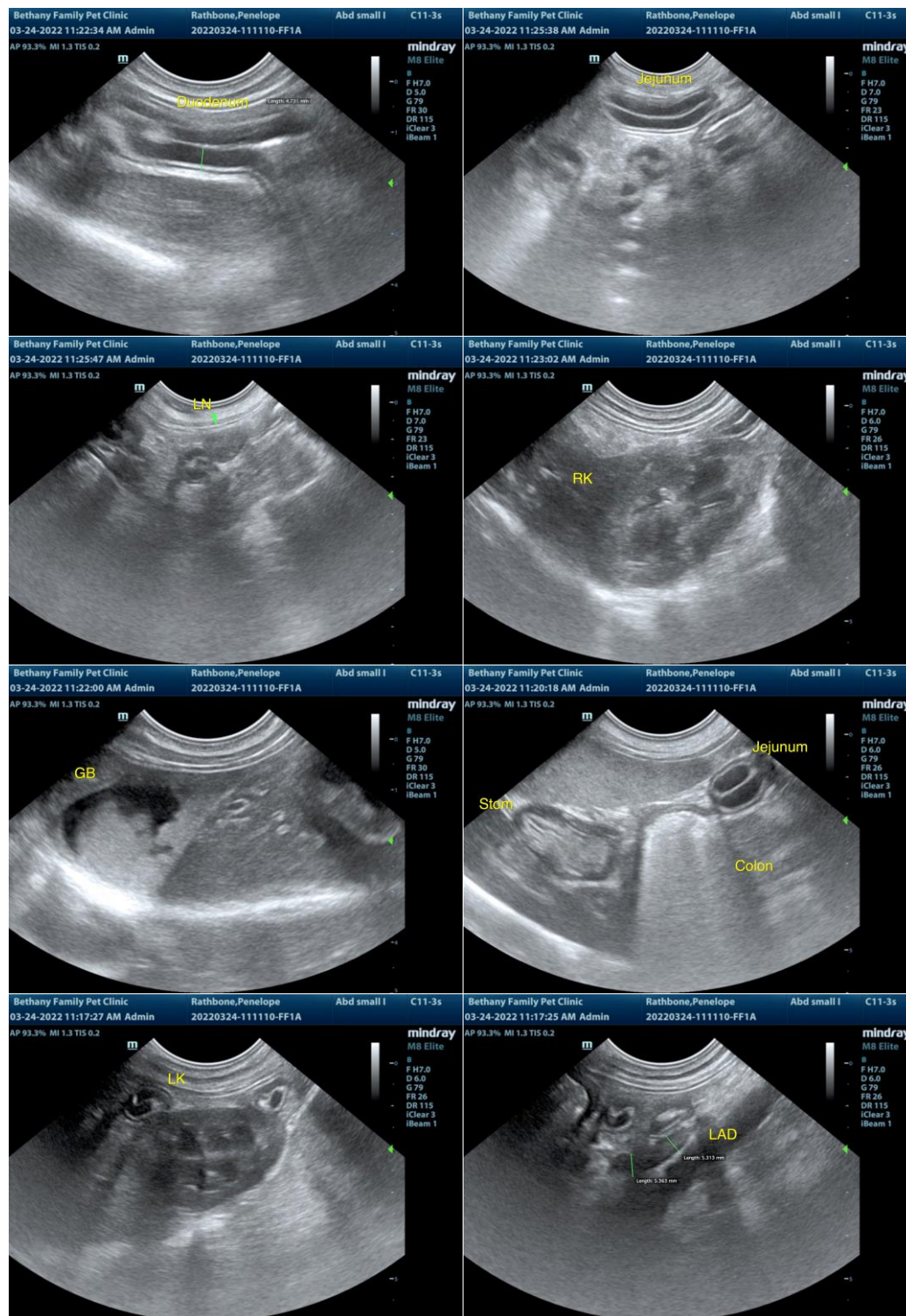
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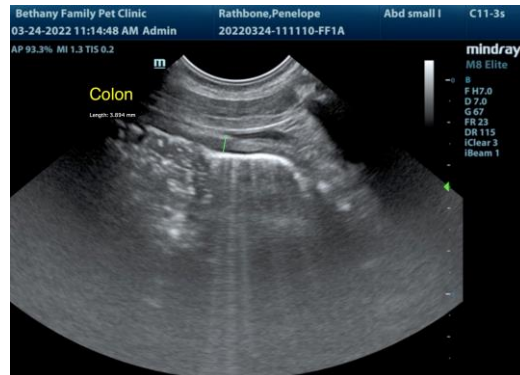
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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