



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Takoda Shekalo	<p>P was presented on BNVC on March 21 for vomiting twice that morning. Has a ongoing history of recurrent pancreatitis and was recently treated for it by rDVM. Recheck bloodwork on March 11 showed improvement of cPLI. On OVC on 2016 when was very sick O reported at that time they did an endoscopy and Ultrasound. Currently getting a homecooked diet as per recommendation from rDVM. Current diet is Big Country Raw but O cooks this: Cabbage, rapini, cooked carrots, and shitake mushrooms Cooked turkey Does not like kibble and stops eating He does get Krumps Sweet Potato treats, and Krumps dried apple slices; also get chaga tincture (liver cleansing?) and salt and pepper, and turmeric Meal plan created by a "holistic vet" in Newmarket. Seemed to do well on this diet plan for years. This was done after discharge from OVC in 2016 when he was particularly sick * called Yesterday and O reported that noticed some blood in her stools, said it was 90 % feces and attached a bit of blood. Stools form and soft. Had to go twice at 4 am and 4:30am. Cytopoint given in February. On Sulcrate and Omeprazole.</p> <p>Abnormal PE/Chem/CBC/UA Results: 03-11-22 at 11:44a: CBC is within normal except MCH and Retic:Hgb still both sl. decreased but improved from last time. Biochem and lytes within normal, including Amylase. spec cPL is normal at 197 ug/L (0-200), down from 507 February 4/22.</p>
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Bouvier	
<b>SEX</b>	
MN	
<b>AGE</b>	
5.5 years	
<b>WEIGHT</b>	
43 kg	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP	<p><b>Urinary System</b></p> <p>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.</p> <p>The area of the aortic trifurcation was free of pathology.</p> <p>Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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 5.6 cm in length. The right kidney measured 6.1 cm in length.</p>
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Crystal Hill	<p>The left adrenal gland exhibited overtly normal structure, size, and position measuring 0.58 cm in width. The right adrenal gland was indistinctly visualized owing to patient conformation without overt pathology subjectively measuring 0.82 cm width at the caudal pole.</p>
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Simcoe AH	<p>The spleen was folded upon itself. This is not consistent with underlying splenic pathology and likely incidental or a patient variant. 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.</p>
<b>REFERRING VET</b>	<b>INVOICE</b>
Aliaga-Leyton	13558
<b>DATE</b>	<b>DATE</b>
3/25/22	3/25/22



**PATIENT**

***Liver/ Gallbladder***

Takoda Shekalo

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.

**SPECIES**

Canine

***Gastrointestinal***

**BREED**

Bouvier

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach was otherwise normal.

**SEX**

MN

The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with subjective segmental propensity for subtly prominent submucosa layer.

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

**AGE**

***Pancreas***

5.5 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**

43 kg

***Free Abdomen***

Solitary mid-ventral abdominal mesenteric lymph node was present. 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 3.1 cm x 1.2 cm. No other evidence of intra-abdominal lymphadenopathy was noted. No peritoneal effusion was noted.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING**

**PERFORMED BY**

Crystal Hill

- Sonographically unremarkable stomach containing mild ingesta / chyme

- Probable mild chronic inflammatory enteropathy

**HOSPITAL NAME**

Simcoe AH

- Sonographically unremarkable pancreas

- Solitary subjectively benign / reactive mesenteric lymph node - hyperplasia or minor reactive lymphadenitis suspected, not consistent with neoplastic criteria

**REFERRING VET**

Aliaga-Leyton

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

13558

In patients with chronic gastrointestinal signs, low-grade to chronic pancreatitis, dysbiosis, dietary intolerance / food hypersensitivity, IBD, may be possible. No evidence of gastrointestinal neoplastic criteria was evident. Subjectively, the small intestine exhibited subtle mural changes such as a propensity for subtly prominent to echogenic submucosa layer which may suggest inflammatory bowel disease. Some degree of possible metabolic gastric stasis may be possible if documented NPO prior to the ultrasound.

**DATE**

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Correlation with previous intestinal histopathology is suggested.



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**SPECIES**

Canine

**BREED**

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**SEX**

MN

**AGE**

5.5 years

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43 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

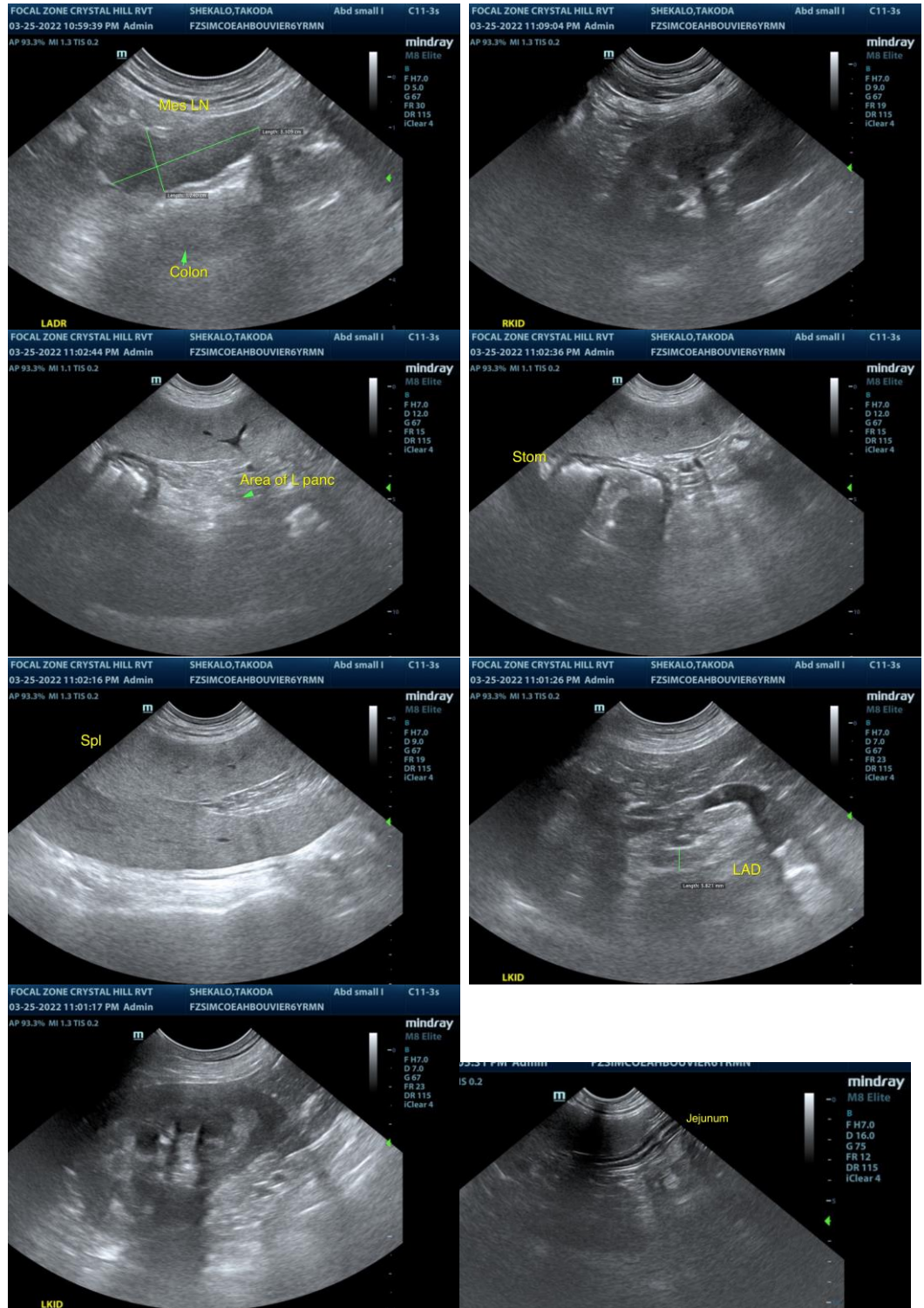
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**DATE**

3/25/22





## PATIENT

Takoda Shekalo

**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.**

## SPECIES

Canine

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.

## BREED

Bouvier

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

## SEX

MN

## AGE

5.5 years

## WEIGHT

43 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

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## REFERRING VET

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## DATE

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