



PATIENT

Jace Rice

SPECIES

Canine

BREED

Boxer

SEX

Intact Male

AGE

1 year

WEIGHT

68

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

16494

DATE

3/29/23

PRESENTING CLINICAL SIGNS

Chronic diarrhea. 25lb Weight loss the past 3 months Good appetite. Tapeworm antigen positive fecal. TX drontal Plus

Abnormal PE/Chem/CBC/UA Results: Moderately elevated Amylase and Lipase

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The prostate gland was of the expected size and presentation for a young intact male canine with no overt pathology.

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 6.5 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized yet overtly normal in size, position, and shape. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland measured 0.50 cm width at the caudal 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. 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.



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The small intestine presented intact wall layering primarily maintaining a 1:3 muscularis/mucosa ratio. Subjective intact mildly prominent wall layering noted in the area of the ileum extending into the proximal colon was noted. No evidence of intestinal mechanical / metabolic ileus or overt visualized intestinal mural pathology was noted.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon contained semi-formed fecal matter.

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

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

ULTRASONOGRAPHIC FINDINGS

- Intact gastroenterocolic wall layering with suspect ileocolitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence was noted of significant visceral, specifically gastroenterocolic mural pathology. No evidence was noted of gastroenterocolic foreign material, intussusception, or obstructive pattern.

At times, the gastroenterocolic presentation may not exhibit overt or significant mural pathology to correlate with chronic gastrointestinal signs. Considerations may include; dietary intolerance / food hypersensitivity, dysbiosis, malassimilation / maldigestive disorder, inflammatory bowel disease, occult parasitism, or occult Addison's Disease. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A resting cortisol level to assess for or rule out occult Addison's Disease is suggested.

No sonographic evidence of active pancreatitis was noted. 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), antibiotic trial such as Tylosin with consideration for possible long term effects on normal gastrointestinal flora and as needed gastrointestinal support with an assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy and pending additional diagnostics.



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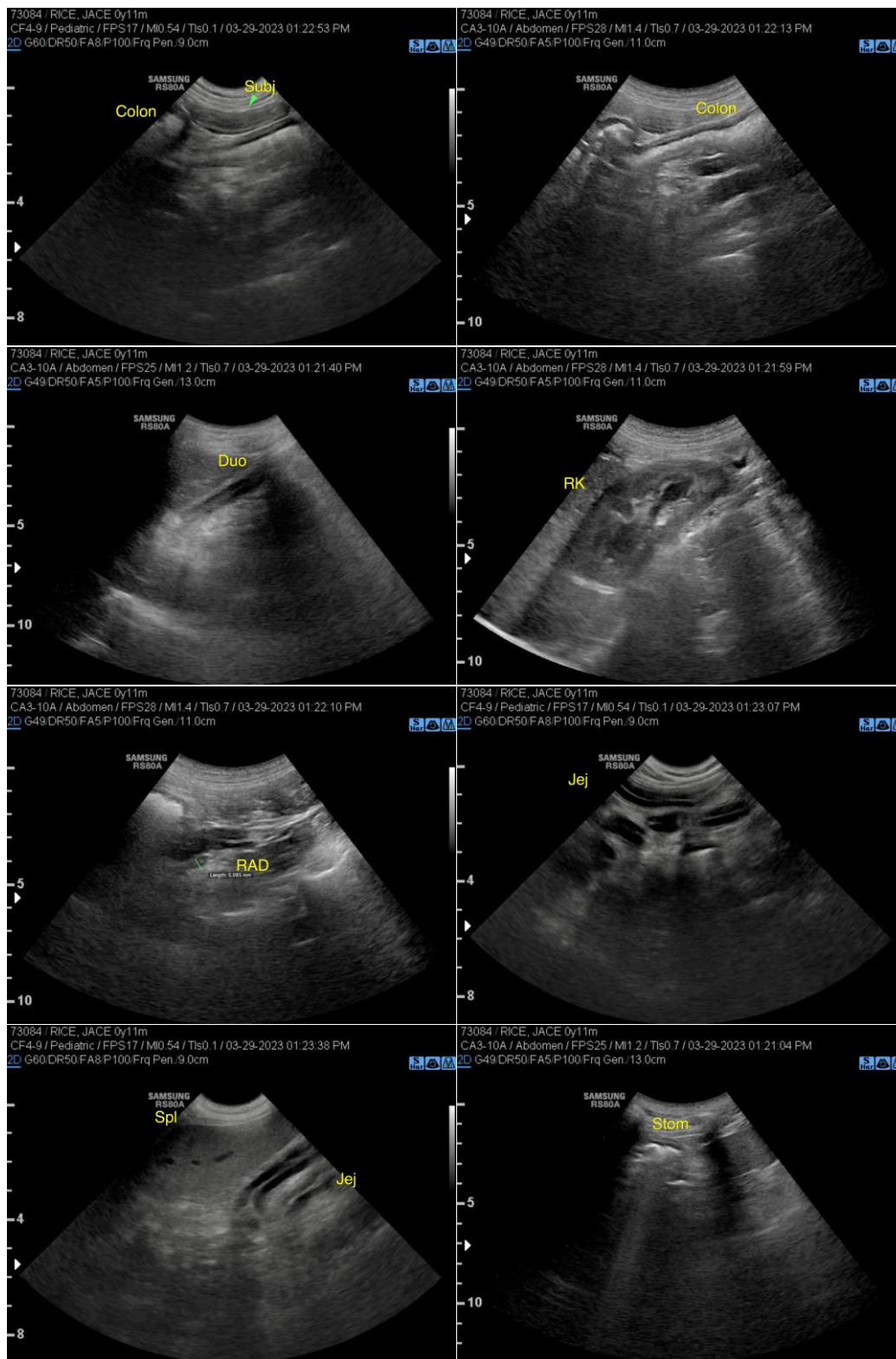
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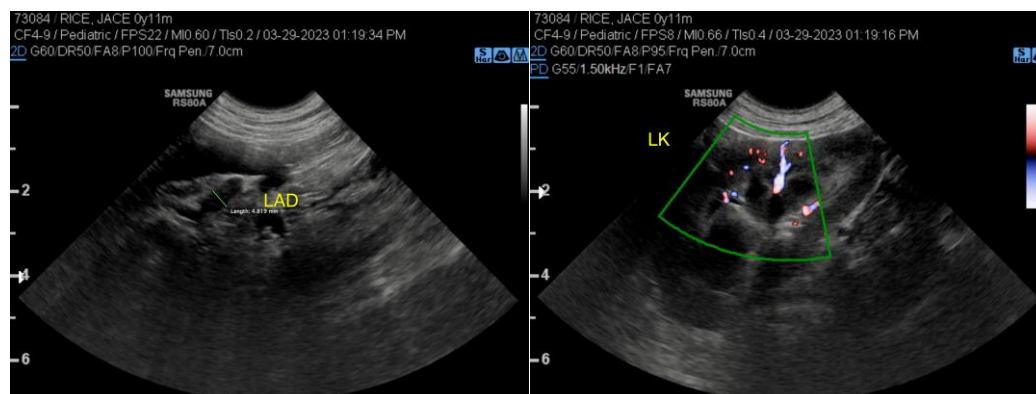
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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