



PATIENT PRESENTING CLINICAL SIGNS

Gunpowder Futyna Intermittent diarrhea ~10 months

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

BREED

Great Pyrenees Mix

SEX

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

MN

The area of the aortic trifurcation was free of pathology.

AGE

2015

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 6.8 cm in length. The right kidney measured 7.6 cm in length.

WEIGHT

73

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.74 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm length x 0.84 cm width at the caudal pole.

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

Rebekah Jakum, CVT
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HOSPITAL NAME

Simmonds VH

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. Cougar

INVOICE

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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.

DATE

3/31/22



PATIENT

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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.

Normal visible colon wall layers were present containing formed to semi-formed feces in lumen.

SPECIES

Pancreas

Canine

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.

BREED

Great Pyrenees Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

- Sonographically unremarkable abdomen

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2015

No sonographic evidence of abdominal visceral specifically gastroenterocolic or pancreatic pathology as a definitive or obvious cause of the patient's recurrent diarrhea. At times, a patient's chronic gastrointestinal signs will not always correlate with the gastrointestinal sonographic presentation. In patients with chronic gastrointestinal signs, dysbiosis / antibiotic responsive diarrhea (may be considered a primary differential diagnosis in this case, given the positive response to antibiotic therapy), dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant Inflammatory bowel or other enterocolonopathy could be present.

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A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for or rule out parasitic ova / Giardia (if not done), +/- resting cortisol to rule out occult Addison's Disease which is thought less likely, could be considered.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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 (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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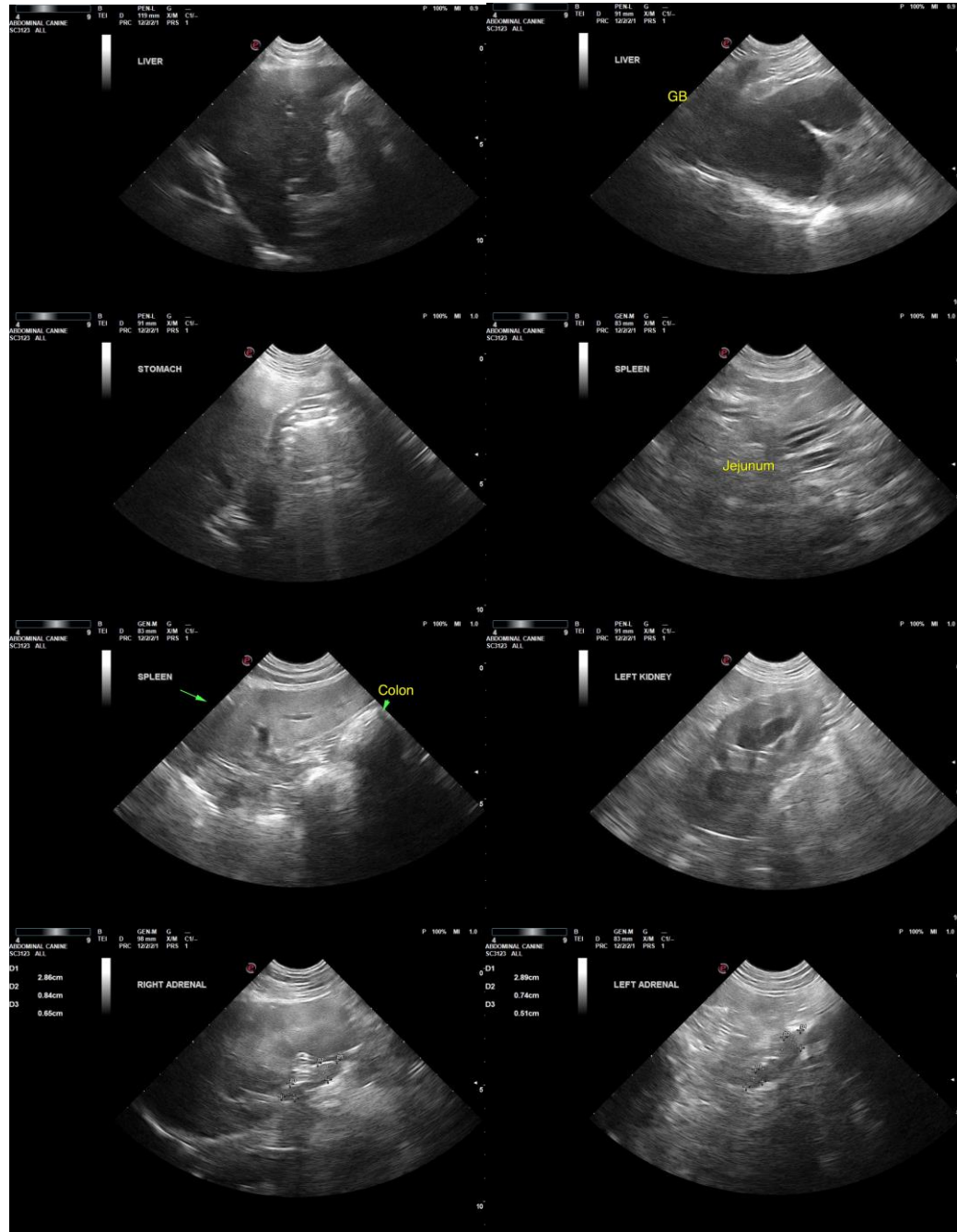
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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