



**PATIENT**

Winston Allery

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Neutered Male

**AGE**

1 Year

**WEIGHT**

63.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios  
SDEP Attendee

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Jason Christensen

**INVOICE**

36632

**DATE**

3/31/22

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea, has had a history of Giardia. Animal had poor nutrition prior to this O adopting him. Currently on Cerenia 60 mg, Sucralfate 1 gm, Metronidazole and Doxycycline just sent home 3/31/22  
Abnormal PE/Chem/CBC/UA Results: On abdominal rads 3/30/22, large amount of gas filled loops of bowel, especially the large intestine. Bloodwork fairly unremarkable, Mild Leukocytosis 3/30/22  
Fecal negative for parasites and Giardia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.85 cm in width.

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 7.2 cm. The right kidney measured 7.5 cm.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 0.79 cm at the cranial pole and 0.55 cm 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**

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 visualized gastric walls were sonographically normal. Ventral gastric body wall measured 0.30 cm. The lumen of the stomach contained moderate non-shadowing ingesta and chyme, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent to mildly echogenic submucosa. Segmental areas of intestinal digesta/chyme were present. No evidence of mechanical obstruction, foreign material, loss of intestinal



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wall layering, intestinal masses, or intussusception. Jejunum wall measured 0.36 cm. Duodenum wall measured 0.46 cm.

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The colon exhibited sonographically unremarkable wall layering, containing semiformed feces and luminal gas.

**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 was evident.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present. The omentum exhibited uniform normal echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Gastric ingesta/chyme
- Subjective mild prominent yet intact small bowel wall layering

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant visceral, specifically gastroenterocolic, pathology. The presentation of the small intestine may be a normal patient variant or may be suggestive of a mild inflammatory process. Unfortunately, the subtle intestinal mural changes do not always correlate with the presentation of chronic gastrointestinal symptoms. Dysbiosis, dietary indiscretion/food hypersensitivity, occult parasitism (even with negative fecal testing), or inflammatory bowel disease could be present. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate.

Although considered unlikely, given the normal adrenal presentation, resting cortisol to rule out occult Addison's disease could be considered. 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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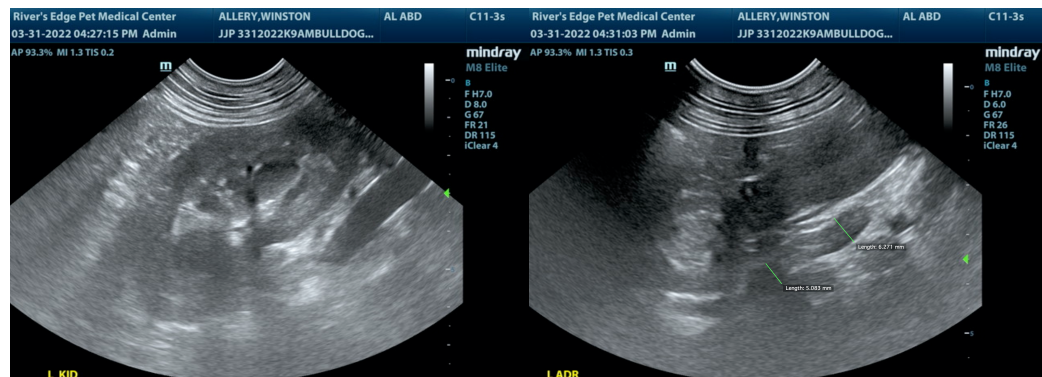
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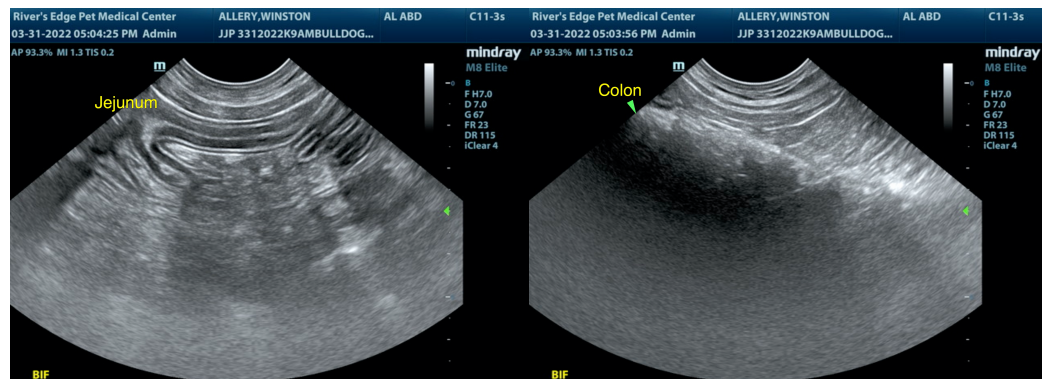
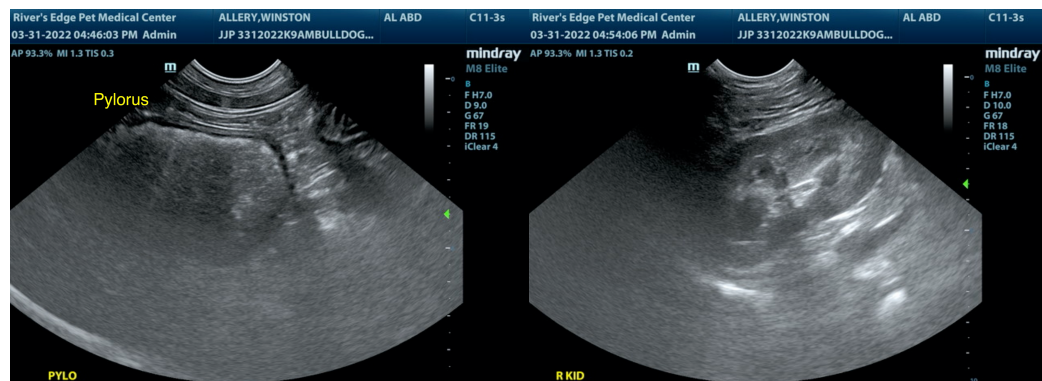
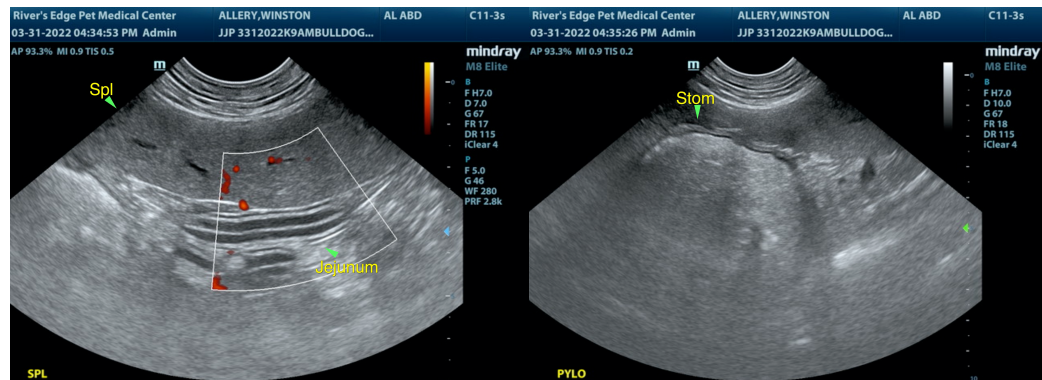
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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