

**PATIENT**

Lucy Jarrin

PRESENTING CLINICAL SIGNS

History: Recurrent hemorrhagic gastroenteritis. Weight loss. Hospitalized over weekend and today on IVF.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Chronic Elevated liver values - ALKP 372 (884 in December) GGT 85 (192 in December) lipase 5166 (5383 in December) CPL - abnormal Mild elevation of neutrophils and platelets Weight loss (was 12.4 in Dec)

BREED

Toy Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Spayed Female

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 were noted. Aortic trifurcation was normal.

AGE

14 Years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

11.6 Pounds

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present. No evidence of overt hyperplasia or neoplastic criteria. The left adrenal gland measured 1.5 cm in length x 0.35 cm width in the caudal pole. The right adrenal gland measured 1.3 cm in length x 0.40 cm width in the caudal pole.

INTERPRETED BY

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

Spleen**IMAGING PERFORMED BY**

Sarah Pender, CVT

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.

HOSPITAL NAME

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Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Hartman

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

14231

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 ventral gastric body wall measured 0.39 cm.

DATE

3/8/22

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent, minor small intestinal mucosal speckling was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.33 cm. The jejunum wall measured 0.28 cm.

SPECIES

Canine

The colon walls presented intact yet mildly prominent colon wall layering with mild thickened to echogenic submucosa. A mild amount of semi-formed to soft feces consistent with reported diarrhea was present in the colon lumen with lumen dilation. The descending colon wall measured 0.22 cm.

BREED

Toy Poodle

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Spayed Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

14 Years

ULTRASONOGRAPHIC FINDINGS

- Mild colitis
- Overtly normal stomach/small intestine with mild nonspecific intestinal mucosal speckling-subtle mural changes, which may indicate inflammatory process, although nonspecific
- Mildly heterogeneous pancreas- patient variant, potential for low-grade to minor pancreatitis possible
- Vacuolar hepatopathy pattern- subjectively benign
- Mild gallbladder debris (non-mucocele)

WEIGHT

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastroenterocolic mural changes were relatively mild yet sonographic presentation does not always correlate with severity of gastrointestinal symptoms given the patients weight loss. In patients with chronic gastrointestinal signs, mild to chronic pancreatitis, dysbiosis, dietary intolerance/food hypersensitivity, inflammatory bowel disease or less likely intestinal neoplasia could be possible.

HOSPITAL NAME

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Further assessment may include GI panel to include PLI/TLI/Cobalamin/Folate. If not done, three-view chest radiographs suggested to rule out occult thoracic pathology.

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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 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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REFERRING VET

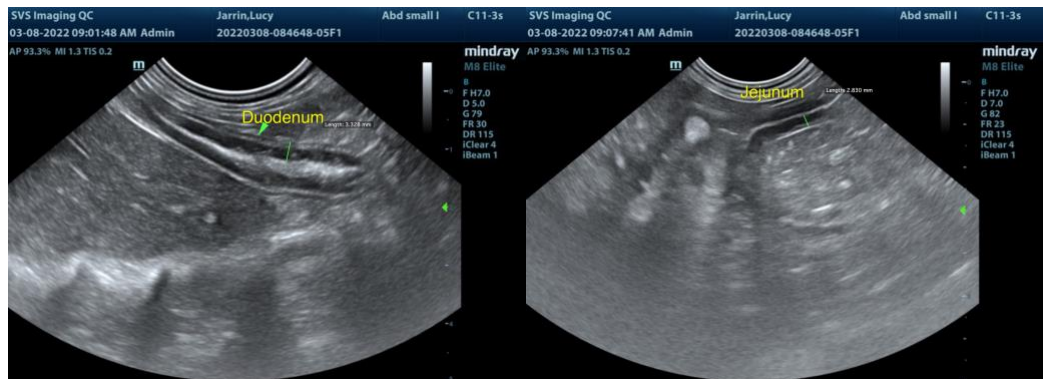
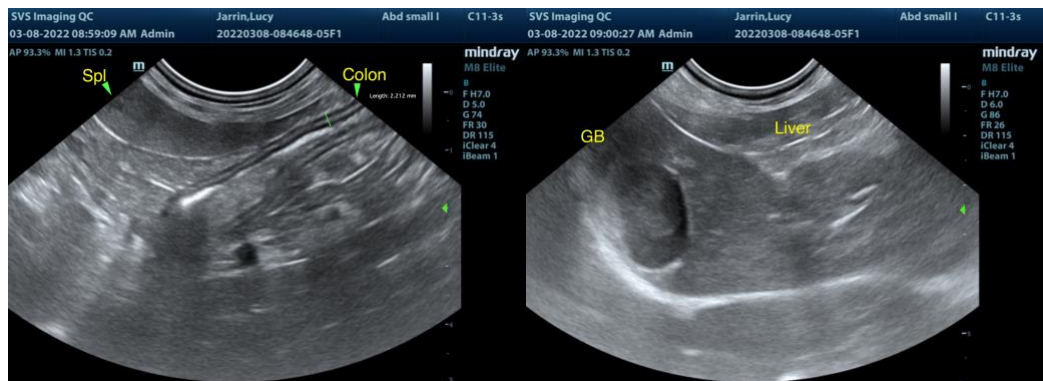
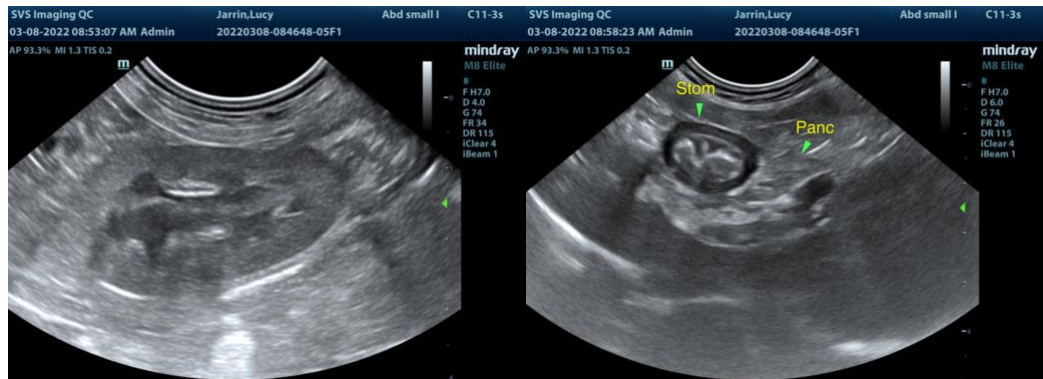
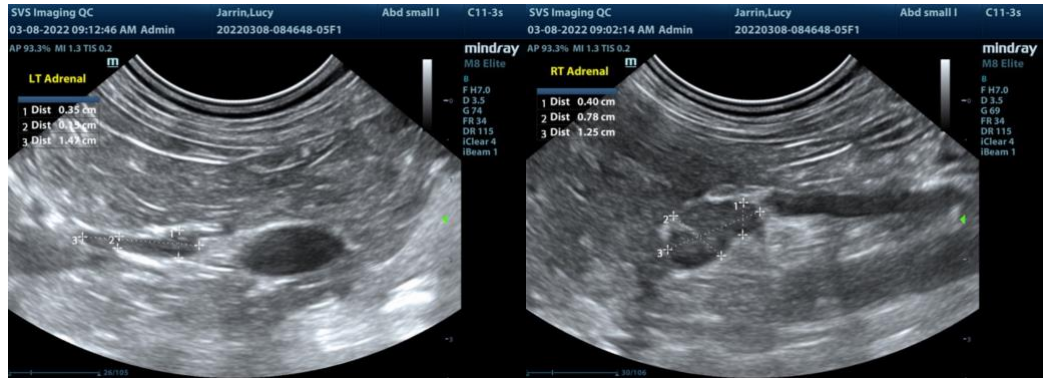
Dr. Hartman

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DATE

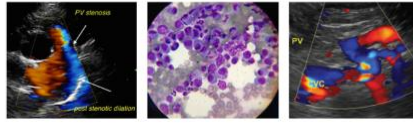
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

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1-800-838-4268 info@sonopath.com SonoPath.com

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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.

SPECIES

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info@SonoPath.com

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