



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Porkchop Basile

SPECIES
Canine

History: presented initially on march 12th for bloody diarrhea , blood work shows mild alt elevation (77) , responded initially to metronidazole and diarrhea came back , second blood work on march 26th shows mild bun elevation (35) he is on z/d diet now his diarrhea is better but he is not eating

Abnormal PE/Chem/CBC/UA Results: cpl : neg GI pcr : giardia + folate is low 4.8 mg/dl (7.7-24) TLI is high 46.3 (5-35)

BREED

Labrador Poodle X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

AGE

17 weeks

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 3.4 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT

7.4 pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left and right adrenal glands were not definitively visualized.

Spleen

IMAGING PERFORMED BY
Samuel Gabriel

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

Central Jersey Animal
Hospital

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.

REFERRING VET

Dr. Gabriel

Gastrointestinal

INVOICE

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild potentially retained nonshadowing ingesta/chyme. No signs of ileus, obstruction or foreign material were noted.

DATE

04/01/2022

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 with subjective semi formed to soft feces in the lumen.



PATIENT

Pancreas

Porkchop Basile

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.

SPECIES

Canine

Free Abdomen

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.7 cm x 0.67 cm. No free fluid was observed.

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SEX

Male

- Mild potentially retained gastric ingesta/chyme.
- Sonographically unremarkable small bowel/pancreas.
- Sonographically unremarkable colon containing subjective semi formed to soft feces.
- Intermittent benign mesenteric lymphadenopathy-mild hyperplasia or immunologic immaturity likely.

AGE

17 weeks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In addition to giardia, dietary intolerance/food hypersensitivity may be playing a role in this patient. The decreased folate level is nonspecific yet may be associated with small intestinal disease. No overt evidence of sonographically active pancreatitis. Potentially some degree of mild gastric hypomotility may be possible if the patient was documented NPO prior to the ultrasound. Empirically, continued hydrolyzed diet with potential long term dietary therapy as well as Panacur 50mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks given the positive giardia PCR and as needed gastrointestinal support would be reasonable. Further assessment may include monitoring of GI panel, specifically cobalamin and folate levels. A high colony count probiotic such as Provable may also prove beneficial.

WEIGHT

7.4 pounds

If persistent or recurrent gastrointestinal signs, recheck sonogram to assess for progressive inflammatory gastroenterocolic changes +/- resting cortisol to rule out occult Addison's disease may be considered.

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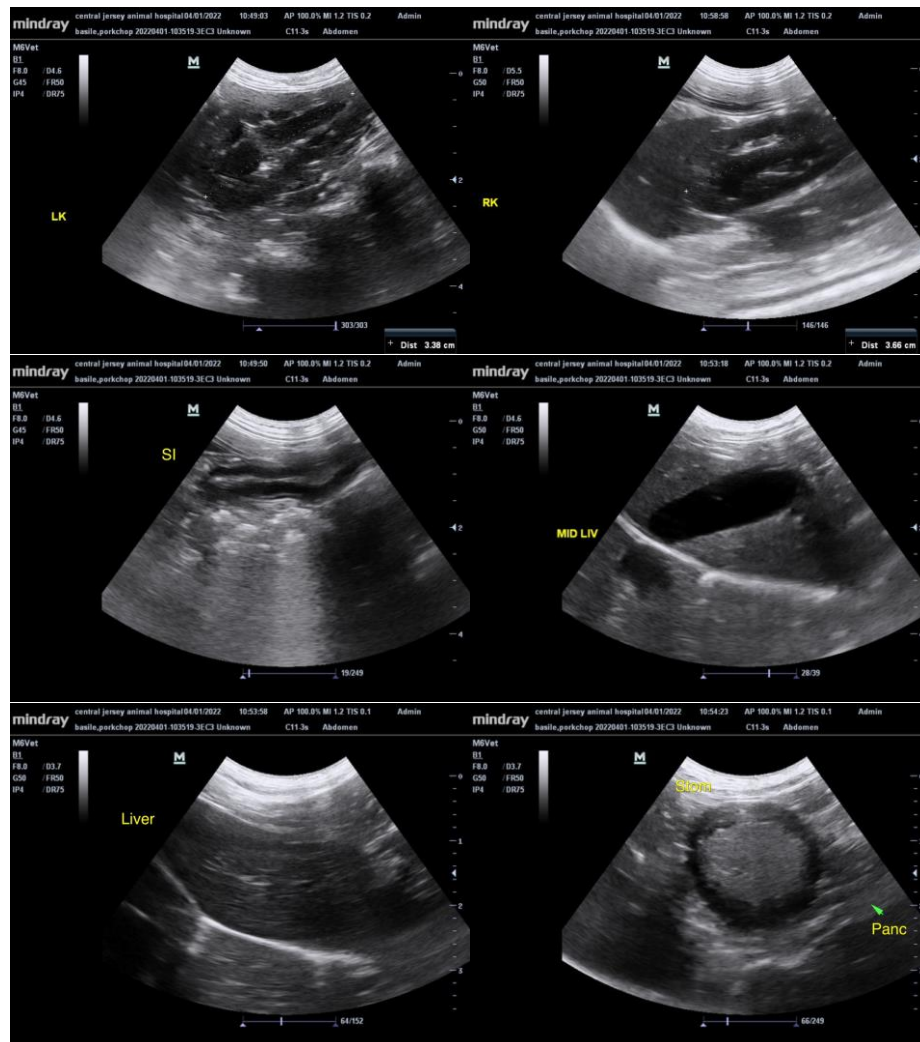
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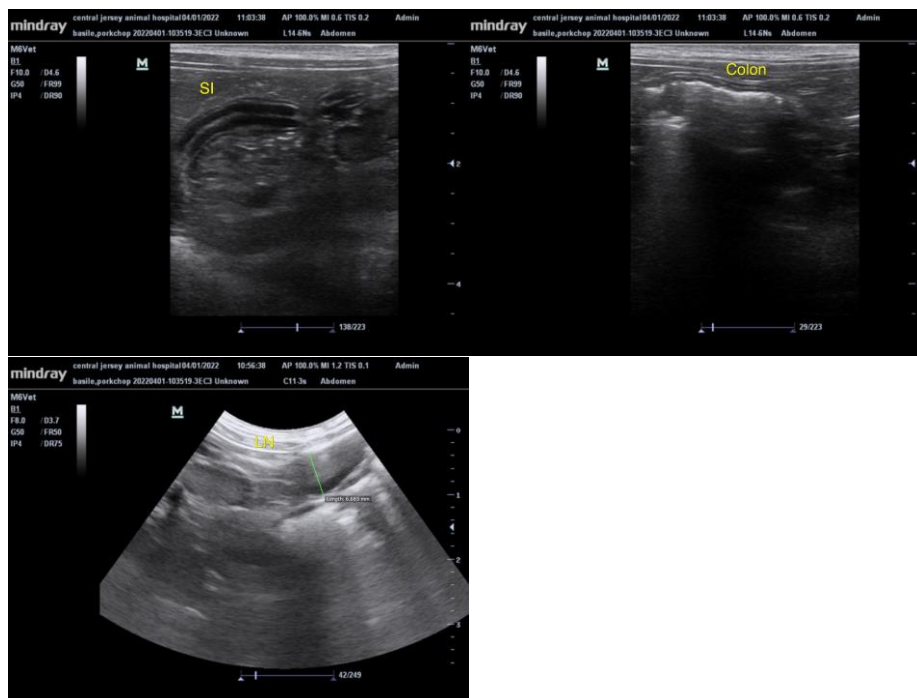
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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