



PATIENT	PRESENTING CLINICAL SIGNS
Shiloh Inman	<p>History: P has had diarrhea starting in the beginning of February, was put on a course of Metronidazole with some improvement but recurred after. Fecal cytology showed no sporeforming/spirochete. Fecal combo NPS, P has not improved with bland diet, probiotic support, herb P has long history of GI concerns (vomiting, diarrhea). Endoscopy with biopsies done in 2018-histopathology showed "Microscopic Findings: Moderate chronic lymphoplasmacytic gastritis with eosinophils, stomach. Comment: The cause of chronic gastritis is rarely identified. Lesions can be secondary to irritation/foreign bodies, chemical or idiopathic insult and they are often present with generalized gastrointestinal inflammatory disease including food allergy and IBD. In this case, increased numbers of eosinophils suggests that hypersensitivity could be a contributory factor. Helicobacters are seen in low numbers. There is no evidence of neoplasia." Senior labwork pending Previous nutrascan testing showed Potato sensitivity in Aug 2020. Repeat testing pending.</p>
SPECIES	
Canine	
BREED	
Golden Retriever	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	<p>The urinary bladder was mildly subnormal in size owing to lack of urine distention. No overt evidence of inflammatory or neoplastic criteria. Mild anechoic urine was present with no sediment or calculi present. The urethra was normal to a depth of 3.0 cm. Aortic trifurcation was normal.</p>
6 Years 3 Months	<p>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 6.2 cm in length. The right kidney measured 5.8 cm in length.</p>
WEIGHT	Adrenal Glands
67 Pounds	<p>The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.55 cm width at the cranial pole.</p> <p>The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at the caudal pole and 0.42 cm width at the cranial pole.</p>
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<p>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.</p>
IMAGING PERFORMED BY	Liver
Carly Pate	<p>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.</p>
HOSPITAL NAME	
VCA McKenzie AH	
REFERRING VET	
Dr. Fricke	
INVOICE	
14711	<p>The gallbladder was non-distended, containing anechoic content. Moderate, nondependent, mildly inspissated yet nonorganized gallbladder debris was present. The gallbladder walls were normal without evidence of inflammation. The cystic and common bile ducts were normal.</p>
DATE	Gastrointestinal
4/11/22	



PATIENT

Shiloh Inman

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non-shadowing ingesta/chyme was present in the stomach.

SPECIES

Canine

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. Minor jejuna mucosal speckling was present. The jejunum wall measured 0.37 cm. The gastric body wall measured 0.40 cm.

BREED

Golden Retriever

The colon presented intact yet segmental mildly prominent wall layering with mild thickened to echogenic submucosa. Subjective semi formed was present in the colon lumen with lumen dilation. The descending wall measured up to 0.27 cm.

SEX

Neutered Male

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.

AGE

6 Years 3 Months

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

WEIGHT

67 Pounds

ULTRASONOGRAPHIC FINDINGS

- Overtly normal stomach and small intestine with mild segmental nonspecific jejunal mucosal speckling
- Mild segmental colitis pattern
- Moderate gallbladder debris (non-mucocele)

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although subjective, the small intestine and colon exhibited segmental subtle segmental mural changes and jejunal mucosal speckling, consistent with inflammatory process, such as IBD with concurrent colitis given the patient history. At times the sonographic presentation of the gastrointestinal tract does not always correlate with severity of chronicity of GI signs exhibited. In this case, dysbiosis/antibiotic responsive diarrhea, dietary indiscretion/food allergy or IBD are considered most probable. No evidence of neoplastic criteria.

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

Further assessment may include, if not recently done, a GI panel to include PLI/TLI/Cobalamin. Empirically, instead of bland diet, novel protein or hydrolyzed diet is suggested with continued high colony count probiotics, such as Provable and potentially as needed antibiotic therapy for potential dysbiosis/ARD. Given the previous biopsies or if persistent to recurrent gastrointestinal signs, despite dietary and conservative therapy, immunosuppressive protocol may eventually be indicated with assessment of clinical response.

REFERRING VET

Dr. Fricke

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Shiloh Inman

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

6 Years 3 Months

WEIGHT

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REFERRING VET

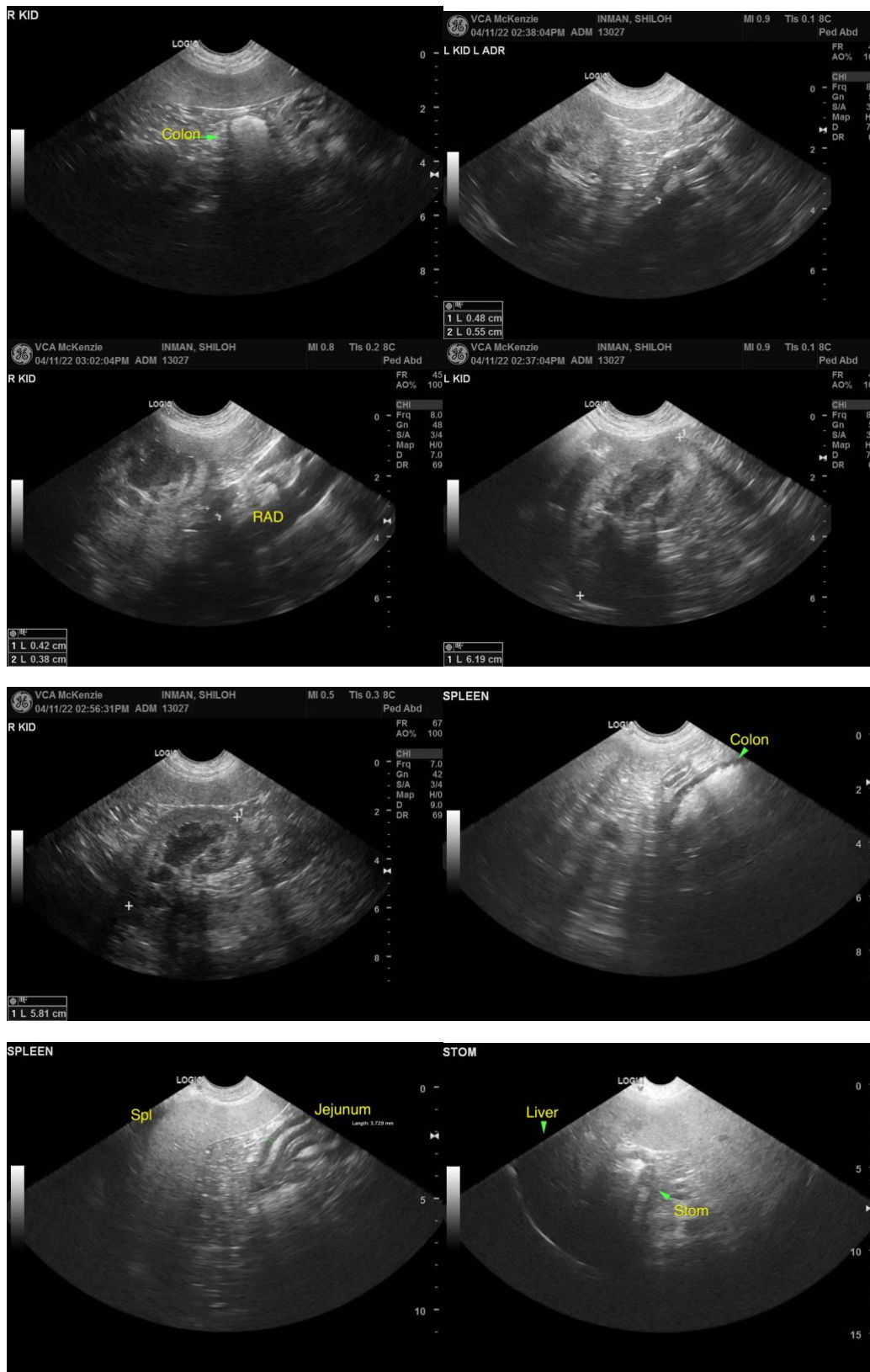
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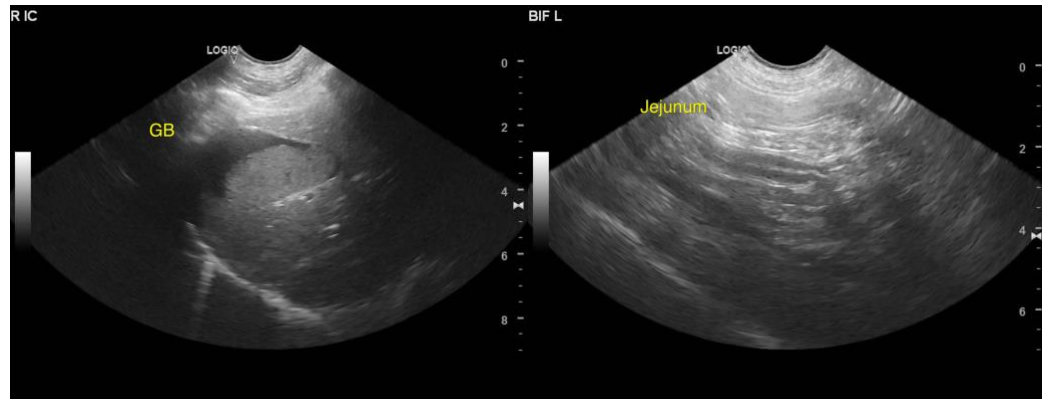
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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