

PATIENT

Tucker Bennett

SPECIES

Canine

BREED

Bernese Mountain
Dog

SEX

Male Neuter

AGE

7 years

WEIGHT

37.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Aspen AC

REFERRING VET

Dr. Sekhon

INVOICE

10369ag

DATE

4/13/22

PRESENTING CLINICAL SIGNS

History of vomiting and diarrhea . Attending concerned about enlarged liver Patient given butorphanol and detomidine for scan

Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

The area of the aortic trifurcation was free of pathology.

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 in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.47 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 0.48 cm width at the cranial 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.

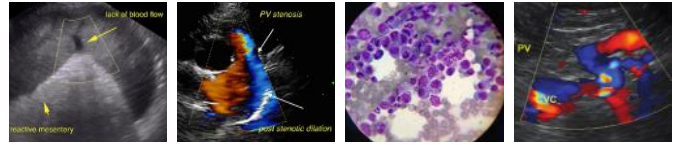
Liver/ Gallbladder

The liver exhibited subject mild enlargement and maintained symmetrical capsule contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were mildly congested owing to sedation. No hepatic masses or nodules noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content and mild debris. The cystic and common bile ducts were normal.

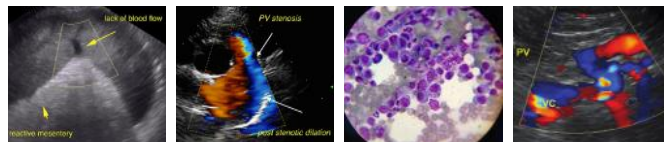
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.44 cm in width.

The small intestine presented intact wall layering with subjective propensity for subtly prominent mucosa as well as mild segmental prominent to hyperechoic submucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.55



PATIENT	cm in width. The jejunum wall measured 0.46 cm in width. No intestinal masses, loss of intestinal wall layering or mechanical obstruction pattern.
Tucker Bennett	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<i>Pancreas</i>
BREED	The pancreas was normal in size and contour with heterogeneous to mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Bernese Mountain Dog	<i>Free Abdomen</i>
SEX	Intermittent mildly prominent to enlarged colic and pancreatic or duodenal 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). The lymph node measured 0.65 cm width.
Male Neuter	
AGE	
7 years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Mild subjectively benign hepatomegaly. • Mild gallbladder debris (non-mucocele). • Heterogeneous to mildly hyperechoic pancreas- nonspecific, patient variant, mild remodeling owing to previous inflammation or low grade to chronic pancreatitis possible. • Overtly normal GI tract with mild gastric ingesta/chyme. • Intermittent benign/reactive mesenteric (colic and pancreatic or duodenal) lymph nodes.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	Although subtle, the SI exhibited mural changes which may be normal for this patient but could suggest underlying inflammatory process. No evidence of significant pancreatic or intestinal pathology, however, the presentation of the GI tract does not always correlate with chronic GI symptoms. In patients with chronic GI signs, mild pancreatitis, dysbiosis, dietary intolerance/food hypersensitivity, IBD or neoplasia (unlikely in this case) may be possible. Further analysis may include fresh fecal analysis to rule out parasitic ova/giardia and a GI panel to include PLI/TLI/Cobalamin/Folate.
Dr. Belan	
HOSPITAL NAME	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.
Aspen AC	
REFERRING VET	No evidence of hepatic pathology was observed.
Dr. Sekhon	If elevated liver enzymes or signs of cholestasis, hepatosupportive medication including Denamarin and Ursodiol are recommended.
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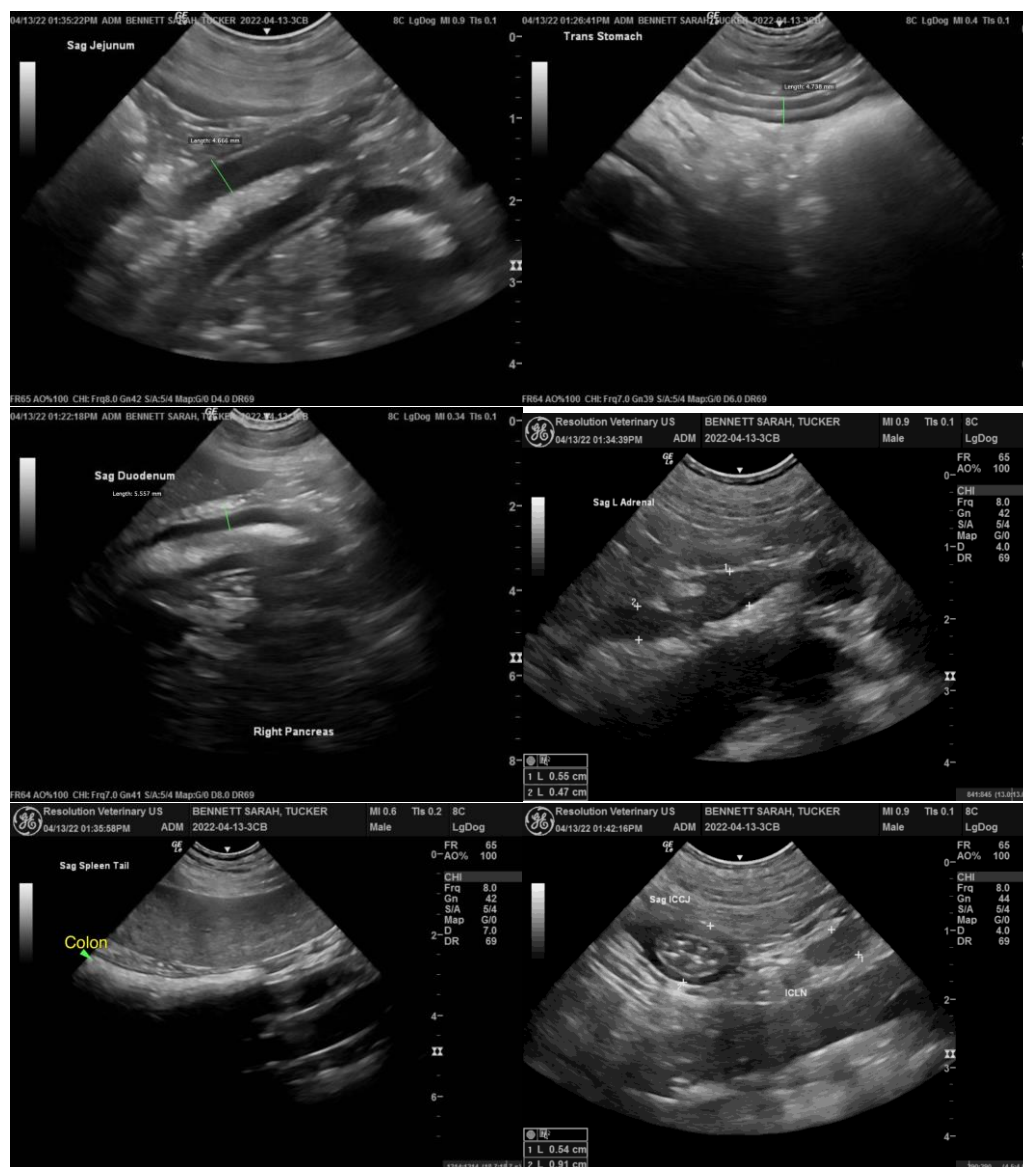
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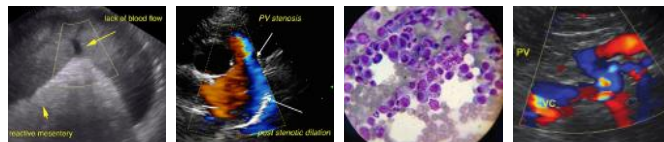
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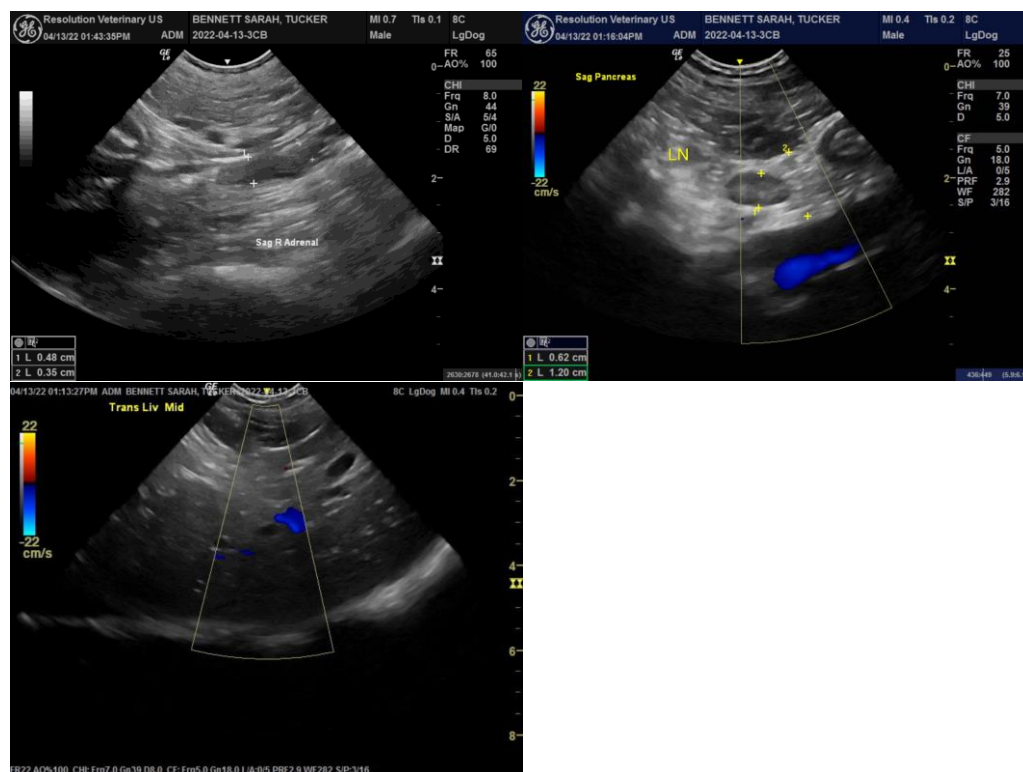
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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