



PATIENT

Charlie Stoodley

SPECIES

Canine

BREED

Cavalier King Charles
SP

SEX

Male Neuter

AGE

6

WEIGHT

11 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

Dr. Alonso

INVOICE

13665

DATE

4/14/22

PRESENTING CLINICAL SIGNS

Inappetent blood work non diagnostic . Being treated for pancreatitis for 1 week started by primary care vet prior to referral.

Abnormal PE/Chem/CBC/UA Results: Non diagnostic CBC Chem

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.68 cm in diameter.

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 5.0 cm in length. The right kidney measured 4.7 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 0.36 cm width at the caudal pole and 0.28 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 0.43 cm width at the caudal pole and 0.41 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 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 stomach presented intact yet mild prominent wall layering. The stomach was primarily empty with minor retained ingesta / chyme and luminal gas. The gastric body wall width measured 0.42 cm.



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The small intestine presented intact wall layering with segmental propensity for mildly prominent to hyperechoic submucosa, as well as subjective mildly prominent muscularis layer noted in the jejunum. The duodenum wall width measured 0.34 cm. The jejunum wall width measured 0.29-0.30 cm.

SPECIES

Canine

The colon walls presented intact yet mildly prominent wall layering noted in the descending colon with mild thickened to echogenic submucosa. Nonformed feces was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.18 cm.

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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 were evident.

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Free Abdomen

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Intermittent mesenteric lymph nodes were present. The lymph node were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern - suspect inflammatory bowel
- Sonographically unremarkable pancreas
- Intermittent benign / reactive mesenteric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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The small intestine exhibited subtle mural changes which may be a normal variant in this patient, yet are suggestive of an underlying inflammatory process, i.e., inflammatory bowel disease. Specifically, the small intestine exhibited segmental mildly prominent submucosa and muscularis layers which at times may be more affected in dogs with inflammatory bowel disease. However, this finding is nonspecific. No overt evidence of concurrent active pancreatitis, although low-grade or chronic pancreatitis may present sonographically unremarkable.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to assess for parasitic ova / Giardia if diarrhea develops.

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Although considered unlikely given the normal adrenal presentation, resting cortisol to rule out occult Addison's Disease may be considered.

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No evidence of mechanical gastrointestinal obstructive pattern or overt foreign material was evident. Pending additional diagnostics or if continued clinical signs despite gastrointestinal supportive care and conservative therapy for inflammatory enteropathy, endoscopic intestinal biopsies may be indicated.

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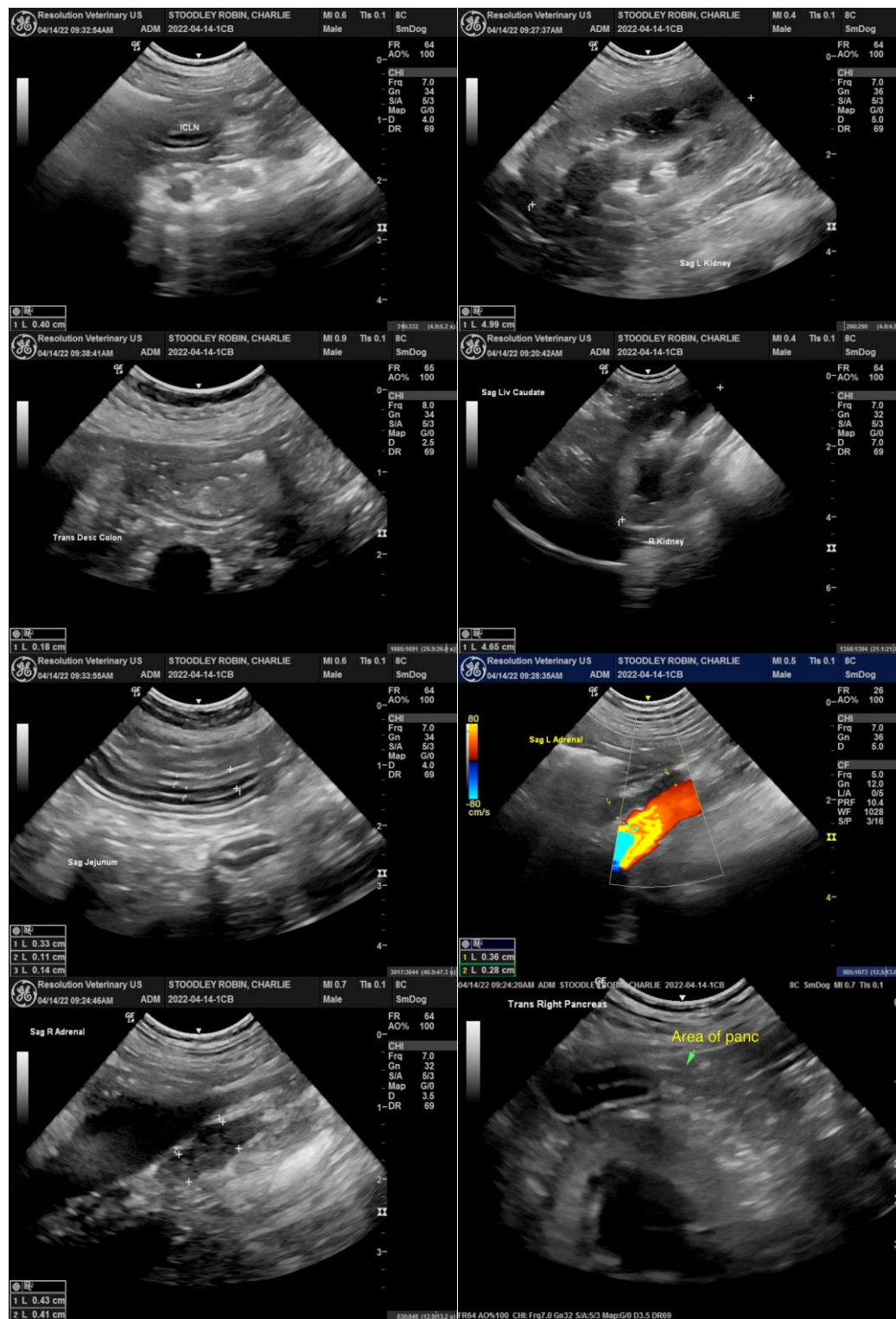
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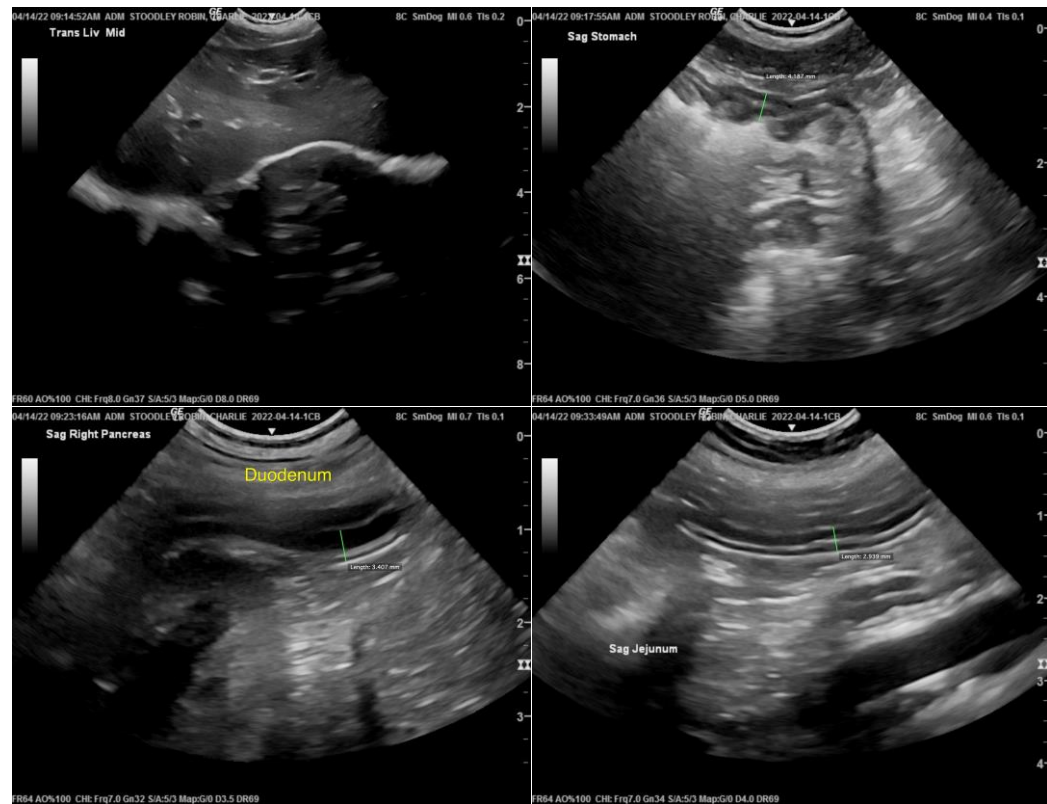
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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