



PATIENT

Duster Helps

PRESENTING CLINICAL SIGNS

Outpatient. Chronic diarrhea.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Yorkie

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

SEX

M/N

The area of the residual prostate was free of pathology.

AGE

3 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

3.8 kg.

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 3.2 cm in length. The right kidney measured 3.6 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width at the caudal pole and 0.34 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 0.42 cm width at the caudal pole and 0.63 cm width at the cranial pole.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

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.

HOSPITAL NAME

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Liver/ Gallbladder

REFERRING VET

Dr. Sasa Karagic

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 containing primarily anechoic content with mild, luminal gallbladder debris. The cystic and common bile ducts were normal.

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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 gastric body wall width measured 0.23 cm.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with subtle segmental duodenojejunal hyperechoic mucosal speckling. The duodenum wall width measured 0.29 cm. The jejunum wall width measured 0.27 cm.

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Pancreas

BREED

Yorkie

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.

SEX

M/N

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

3 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.8 kg.

- Overtly normal gastrointestinal tract with subtle nonspecific segmental duodenojejunal mucosal speckling
- Mild gallbladder debris - incidental, potentially owing to fasting or nonclinical cholestasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No evidence of significant abdominal visceral, specifically gastrointestinal, pathology. At times, the sonographic presentation of the gastrointestinal tract does not always correlate with gastrointestinal signs. In patients with chronic gastrointestinal signs, dietary intolerance / food hypersensitivity, dysbiosis, mild pancreatitis (which may present sonographically normal), structurally insignificant Inflammatory bowel, or occult parasitism could be present.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

Further assessment may include, if not done, fresh fecal analysis to rule out parasitic ova / Giardia, and a GI panel to include PLI/TLI/Cobalamin/Folate. 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. Recheck sonogram for further GI assessment may be considered if gastrointestinal signs continue despite empirical therapy.

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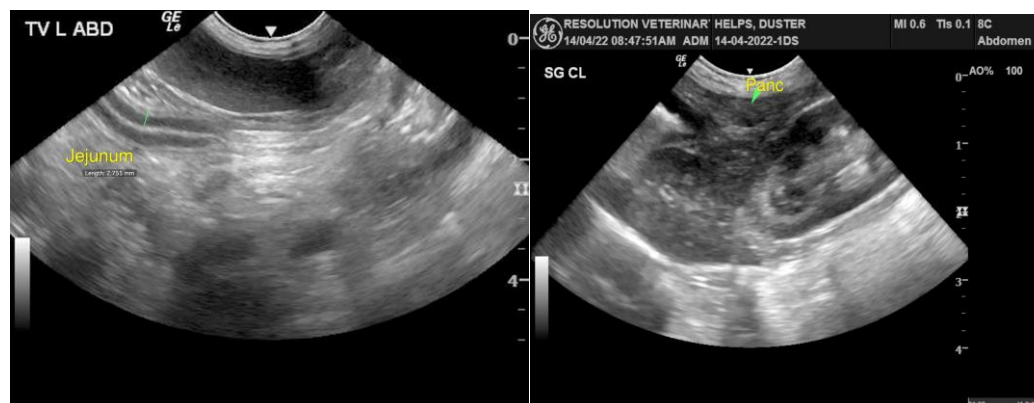
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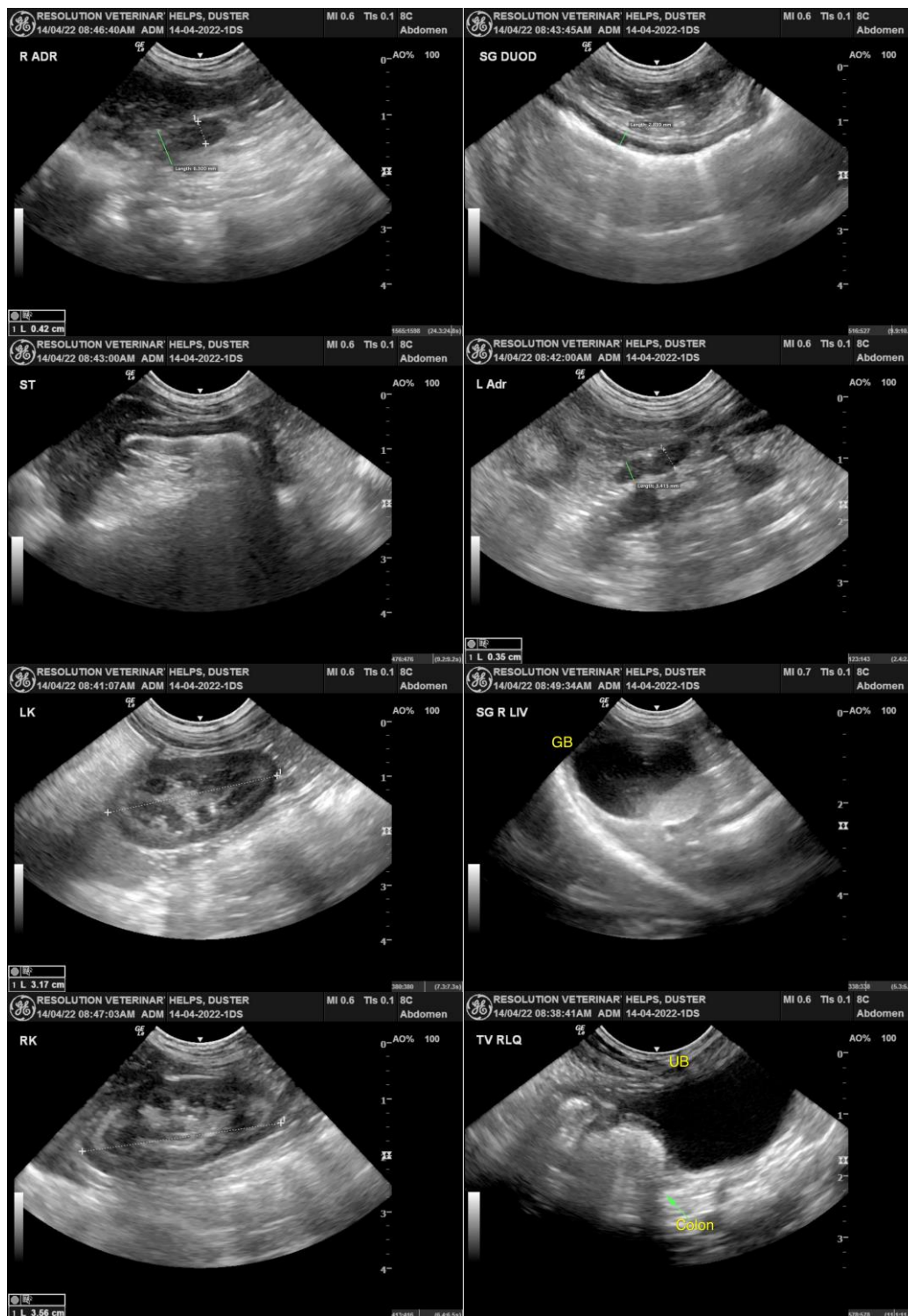
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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