



PATIENT

Nadira Anglin

SPECIES

Canine

BREED

Australian
Labradoodle

SEX

FS

AGE

11

WEIGHT

12.7

PRESENTING CLINICAL SIGNS

Recent history of shaking randomly through the day and night. A few bouts of loose stool (not diarrhea). Usually a bold and happy dog but started to not behavioural changes like not wanting to go out and hiding at home.

Abnormal PE/Chem/CBC/UA Results: Radiograph April 2023: Large spleen Mineralized material in the small intestine and colon Large amount of gas in colon Stomach full of food Kidneys normal in appearance Spondylosis: T12-3, L1-2, 2-3, 3-4, 4-5 Urinalysis: NSF April 2023, well concentrated Bloodwork: Minimal elevations in ALP (400) and ALT (134)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.4 cm in length.

IMAGING PERFORMED BY

Evan Bell

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.5 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 0.57 cm width at the caudal pole and 0.81 cm width at the cranial pole.

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Spleen

REFERRING VET

Kim Holzman

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.

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Liver/ Gallbladder

DATE

4/20/23

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. 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 stomach was non-distended with mildly potentially retained nonshadowing ingesta / fluid.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with possible mild duodenal ileus. Subjective intact to mildly prominent ileum walls to the level of the ileocolic junction were present with no evidence of an obstructive pattern or foreign material.

Normal visible colon wall layers were present with soft fecal matter in lumen.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

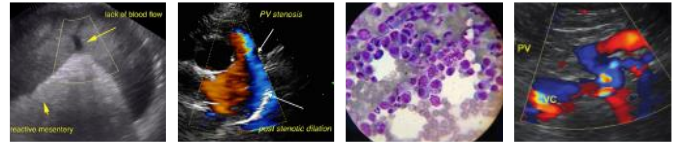
ULTRASONOGRAPHIC FINDINGS

- Low-grade benign hepatopathy, sonographically unremarkable gallbladder
- Mild potentially retained gastric ingesta / fluid
- Intact small intestinal wall layering with mild duodenal ileus and suspect ileitis
- Sonographically normal pancreas
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, in conjunction with reported intermittent loose stool, the segmental to potentially generalized gastrointestinal tract is suggestive of potential inflammatory criteria with possible mild gastric stasis if documented NPO. Overall, no sonographic evidence of significant visceral pathology was noted.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If persistent or progressive gastrointestinal signs, a hydrolyzed diet trial with possible long-term dietary therapy, high colony count probiotic, +/- empirical deworming even with negative fecal testing could be considered. Hepatosupportive medications such as Denamarin may prove beneficial.



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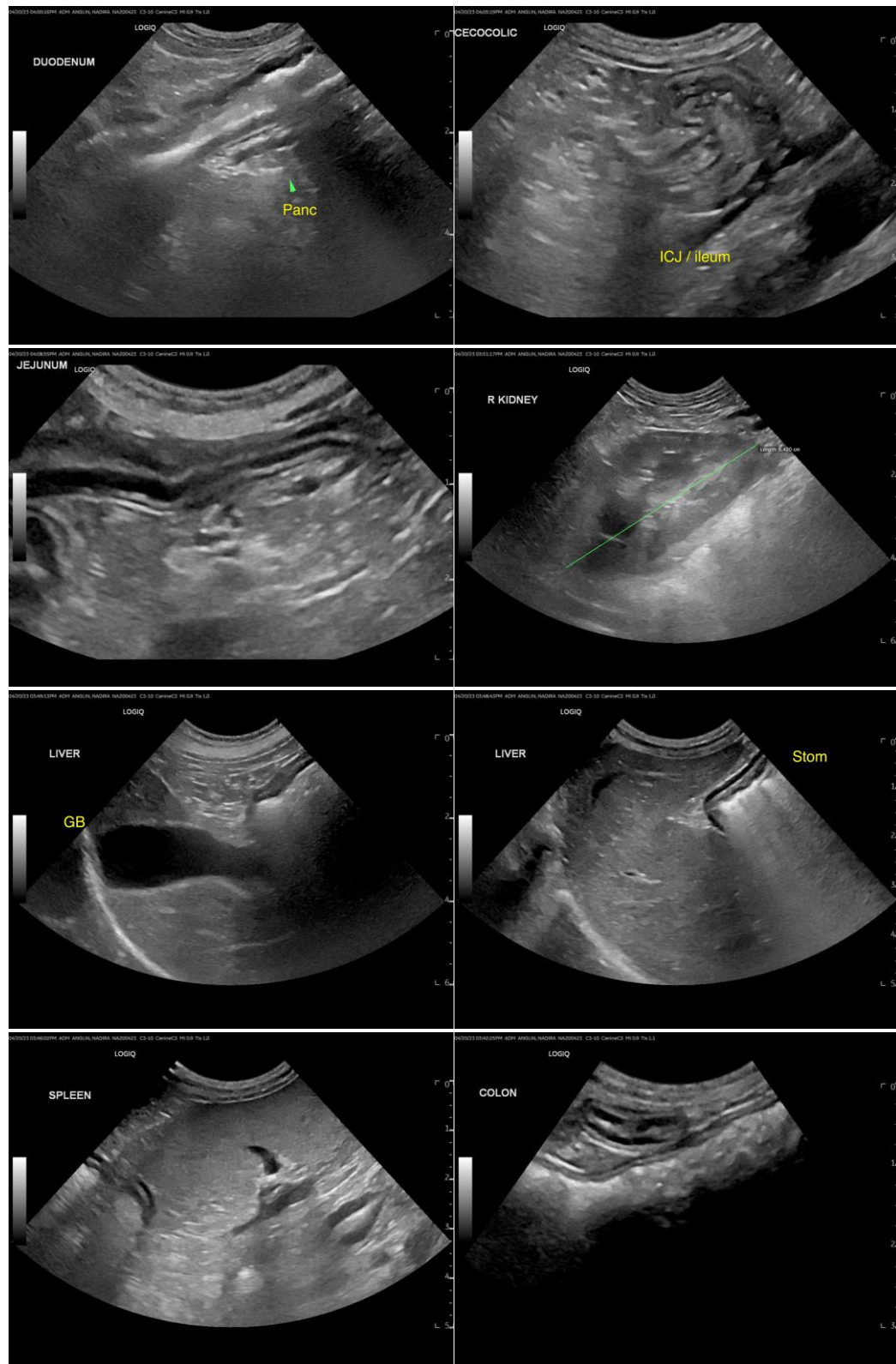
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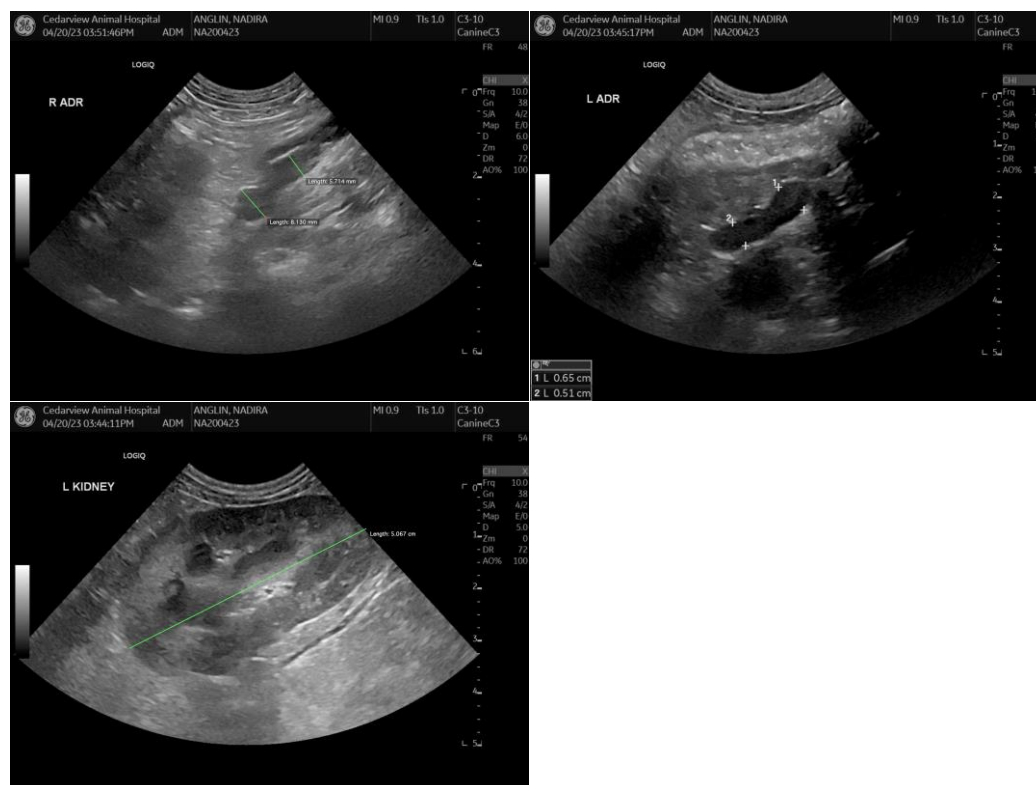
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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