

PATIENT

Ollie Dave

SPECIES

Canine

BREED

Great Pyrenees

SEX

Male Neuter

AGE

22 months

WEIGHT

53 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Westmojnt VC

REFERRING VET

Dr. Morgan

INVOICE

10472ag

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Suspect ate a toy on Friday, has had soft stools and diarrhea. Attending concerned about a FB
Abnormal PE/Chem/CBC/UA Results: normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 – 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 6.7 cm in length. The right kidney measured 5.9 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 0.51 cm width at the caudal pole and 0.52 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 0.64 cm width at the caudal 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.

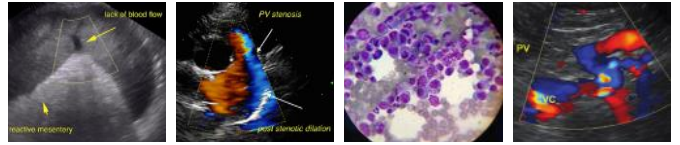
Liver/ Gallbladder

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 mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Gastric hypomotility exhibited by moderate retained anechoic fluid was observed. No evidence of gastric ingesta or shadowing echoes suggestive of foreign material were seen.

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.



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Normal visible colon wall layers were present with apparent semi formed feces in lumen. The colon wall measured 0.17 cm in width.

Pancreas

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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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Focally enlarged medial iliac, jejunocolic lymph nodes were present. These lymph nodes were isoechoic and mildly prominent. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of jejunocolic lymph node measured 0.50 cm in width. An example of a medial iliac lymph node measured 0.83 cm in width.

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No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Mild to moderate hypomotile stomach.
- Overtly normal small bowel and colon.
- Intermittent reactive/benign jejunocolic and medial iliac lymph nodes-not consistent with neoplastic or inflammatory criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of mechanical GI obstruction or overt foreign material was observed. The hypomotile stomach is suspected to be metabolic in origin, possibly secondary to underlying gastroenteritis, dietary intolerance, occult parasitism, structurally insignificant inflammatory bowel or other gastroenteropathy. No indication for immediate surgical intervention. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended, as well as fresh fecal analysis to rule out parasitic ova/giardia.

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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.

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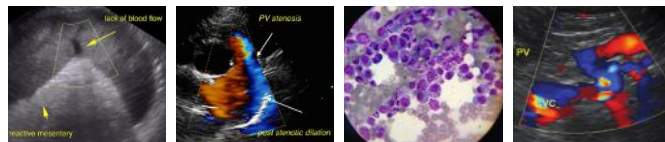
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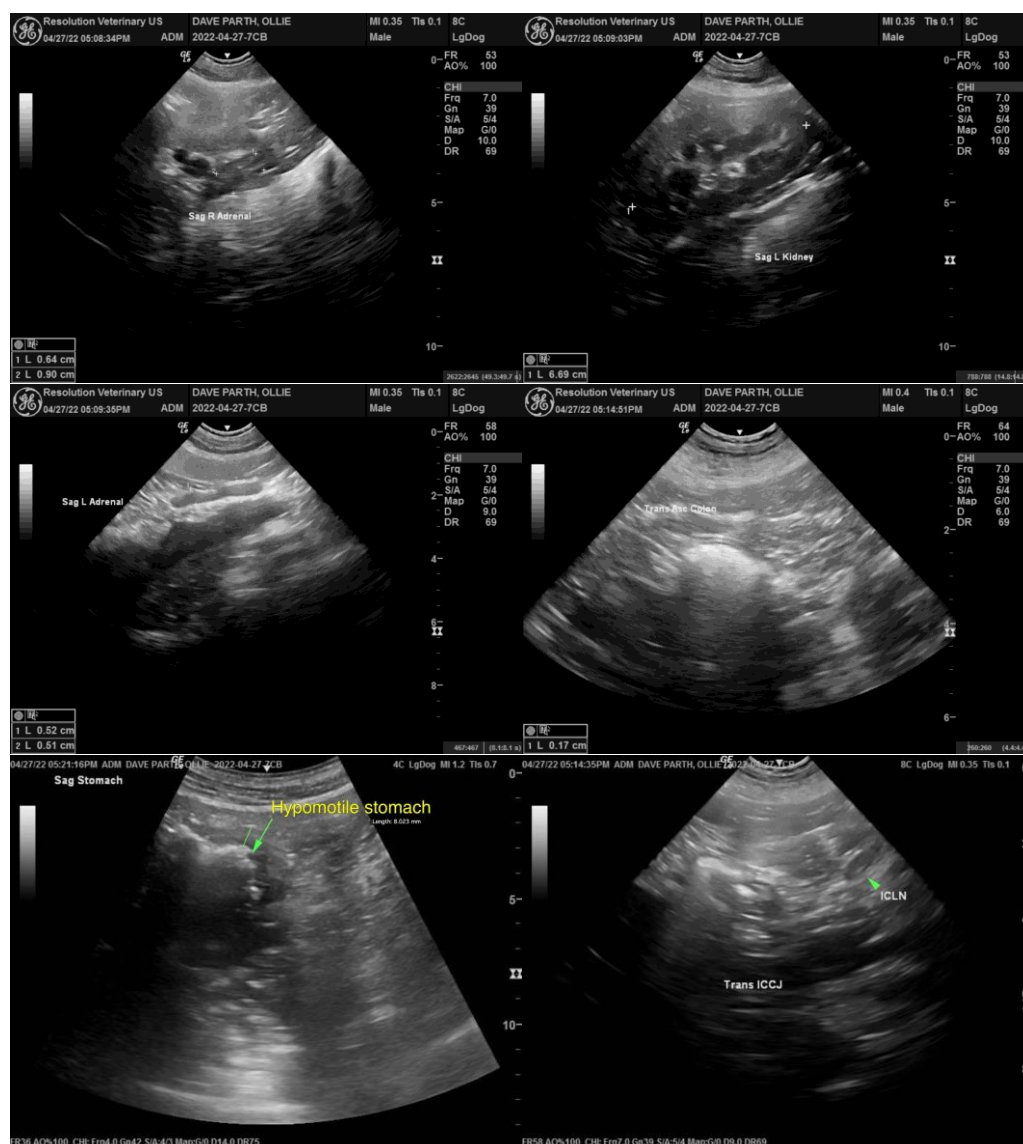
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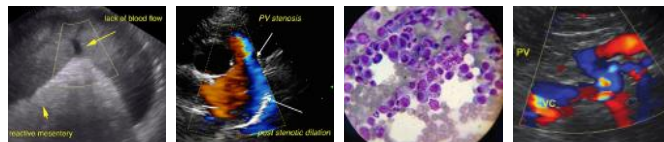
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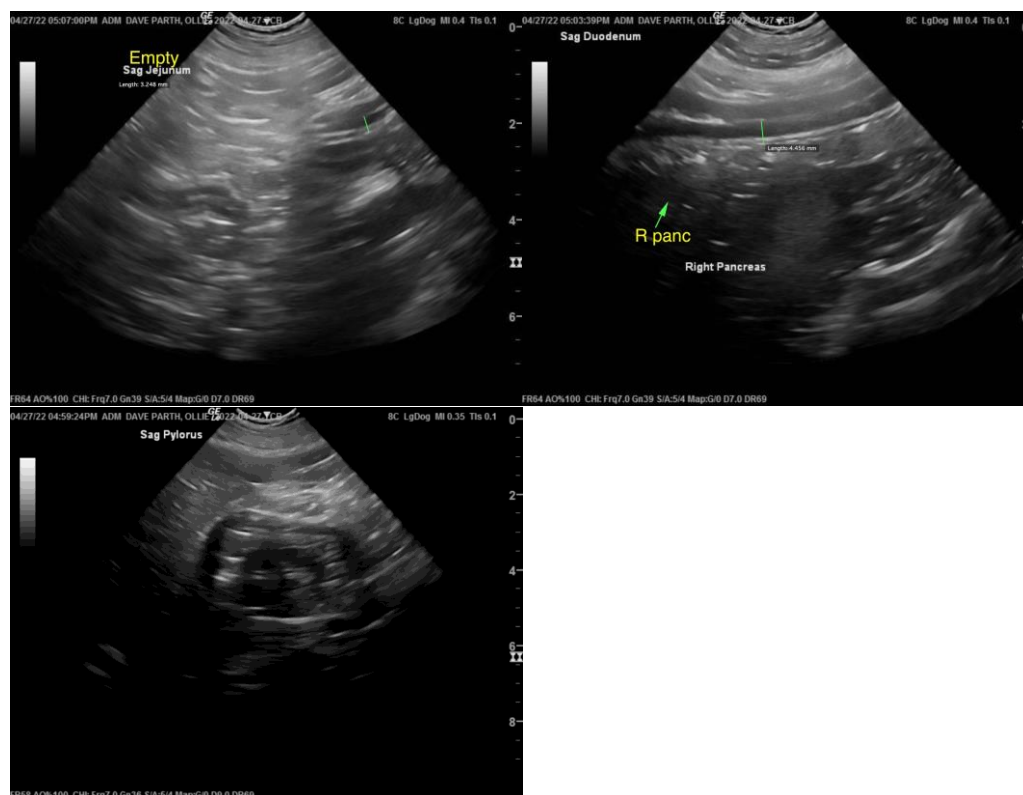
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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