



PATIENT

Oliver Coble

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

2 years

WEIGHT

20 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Baxter

INVOICE

13754

DATE

4/28/22

PRESENTING CLINICAL SIGNS

For about 3 weeks vomiting and diarrhea, mucus-y and bloody stool, decreased appetite. Pet in know to eat things in the backyard. Current Medications Cerenia and possible Trazodone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 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 4.6 cm in length. The right kidney measured 4.4 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 1.5 cm length x 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.42 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.



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Gastrointestinal

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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 0.35 cm.

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The small intestine presented intact yet subjective generalized mild prominent wall layering with propensity for mildly prominent to echogenic submucosa layer. The duodenum wall width measured 0.51 cm. The jejunum wall width measured 0.37 cm.

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Normal visible colon wall layers were present with semi-formed feces in lumen.

SEX

Pancreas

MN

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.

AGE

2 years

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

20 lbs.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Mildly prominent small bowel walls exhibiting intact layering
- Suspect concurrent mild colitis

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**IMAGING
PERFORMED BY**

The small Intestine exhibited subtle subjective mural changes which, although nonspecific with potential for normal variant, could be consistent with an underlying inflammatory process, i.e., IBD. The reported mucus to bloody stool also suggests some degree of mild colitis. In patients with chronic gastrointestinal signs, low-grade pancreatitis, dysbiosis, dietary indiscretion / food hypersensitivity, IBD, or occult parasitism could be present.

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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 (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Endoscopic Intestinal biopsies may be considered if GI signs continue despite empirical therapy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

REFERRING VET

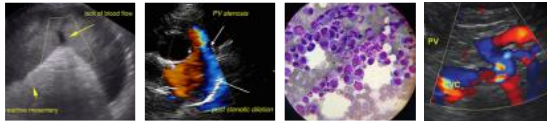
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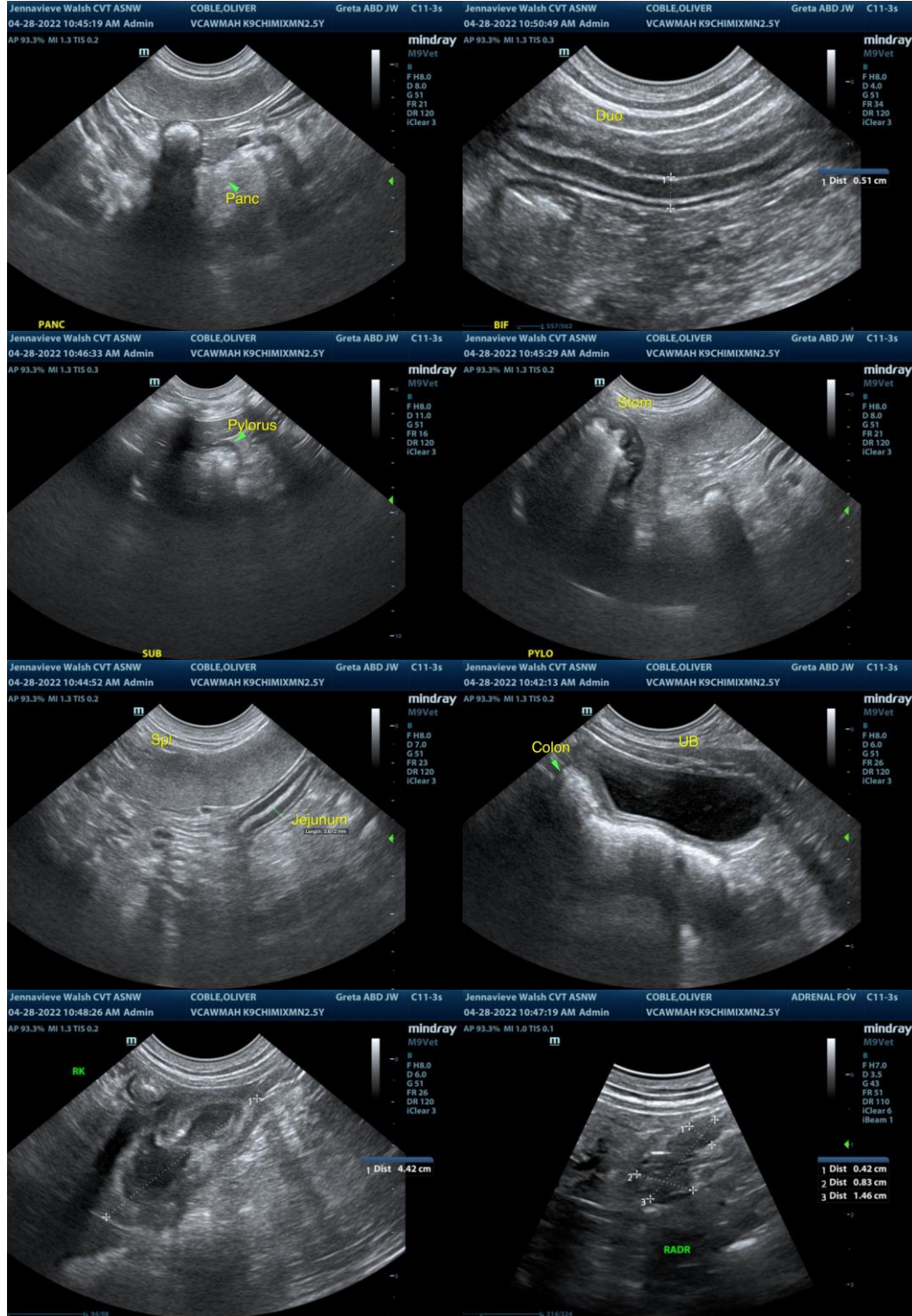
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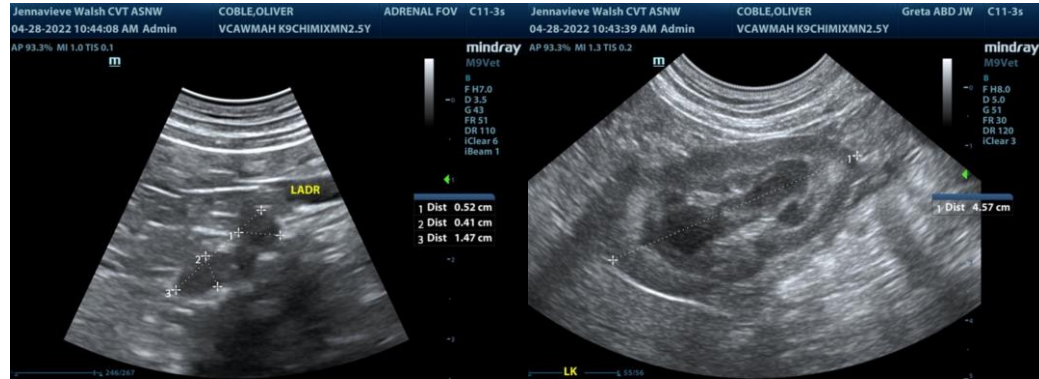
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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