

PATIENT

Atlas Gallini

SPECIES

Canine

BREED

Weimaraner

SEX

MN

AGE

9 years

WEIGHT

73 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Orchard View VC

REFERRING VET

Dr. Rowland

INVOICE

16526

DATE

4/6/23

PRESENTING CLINICAL SIGNS

P has had sever diarrhea for past 2 days. Preform X-Rays yesterday and today concern for mass near spleen. X-Rays from both days

Abnormal PE/Chem/CBC/UA

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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.88 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 7.3 cm in length. The right kidney measured 7.3 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 2.9 cm length x 0.63 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 2.7 cm length x 0.64 cm width at the caudal pole.

Spleen

The spleen exhibited mild enlargement with medial folding of the caudal spleen. Subtle splenic parenchyma heterogeneity was noted with normal splenic vascularity. A solitary, nondisruptive, lateral splenic nodule was present measuring 1.3 cm in diameter. No evidence of splenic mass was 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 minor nonorganized echogenic gallbladder debris. No evidence of inflammatory criteria was noted. 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 small intestine presented intact wall layering with segmental mild nonobstructive intestinal ileus. Propensity for segmental to generalized prominent to mildly hyperechoic intestinal submucosa was noted. No obstructive pattern, visualized loss of intestinal wall layering, or intestinal masses were noted.

Sonographically normal visible colon wall layers were present with segmental non-formed to liquid fecal matter, along with luminal gas.

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 omental masses or visualized significant omental lymphadenopathy were noted. A small pocket of very scant free fluid was noted in the caudal abdomen around the outer apical urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged nonhomogeneous to folded spleen with solitary nonspecific nodule - nonspecific, incidental hyperplasia, hematopoiesis, small hematoma, incidental splenitis, infiltrative neoplasia, all potentials
- Enteropathy - acute inflammatory bowel episode, IBD, infectious enteritis, enterotoxin insult, occult parasitism, occult Addison's Disease, infiltrative neoplasia (less likely), possible
- Gas distended colon containing segmental non-formed feces
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intraabdominal mass was visualized.

Assuming normal clotting status, screening parenchyma and if accessible nodule FNA cytology using a 25-gauge needle is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol level to rule out occult intestinal or occult Addison's Disease as contributing factors is recommended.

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



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and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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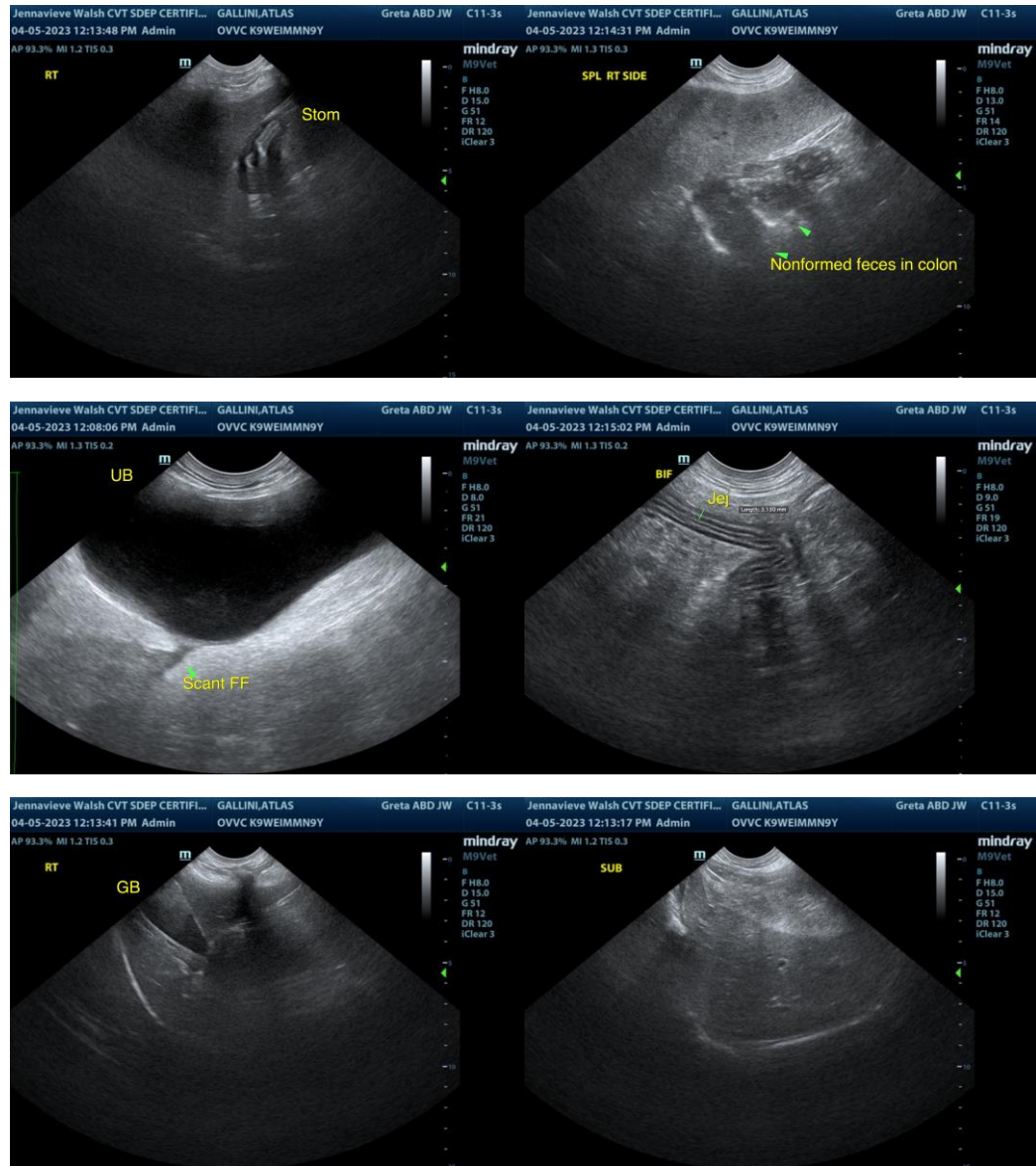
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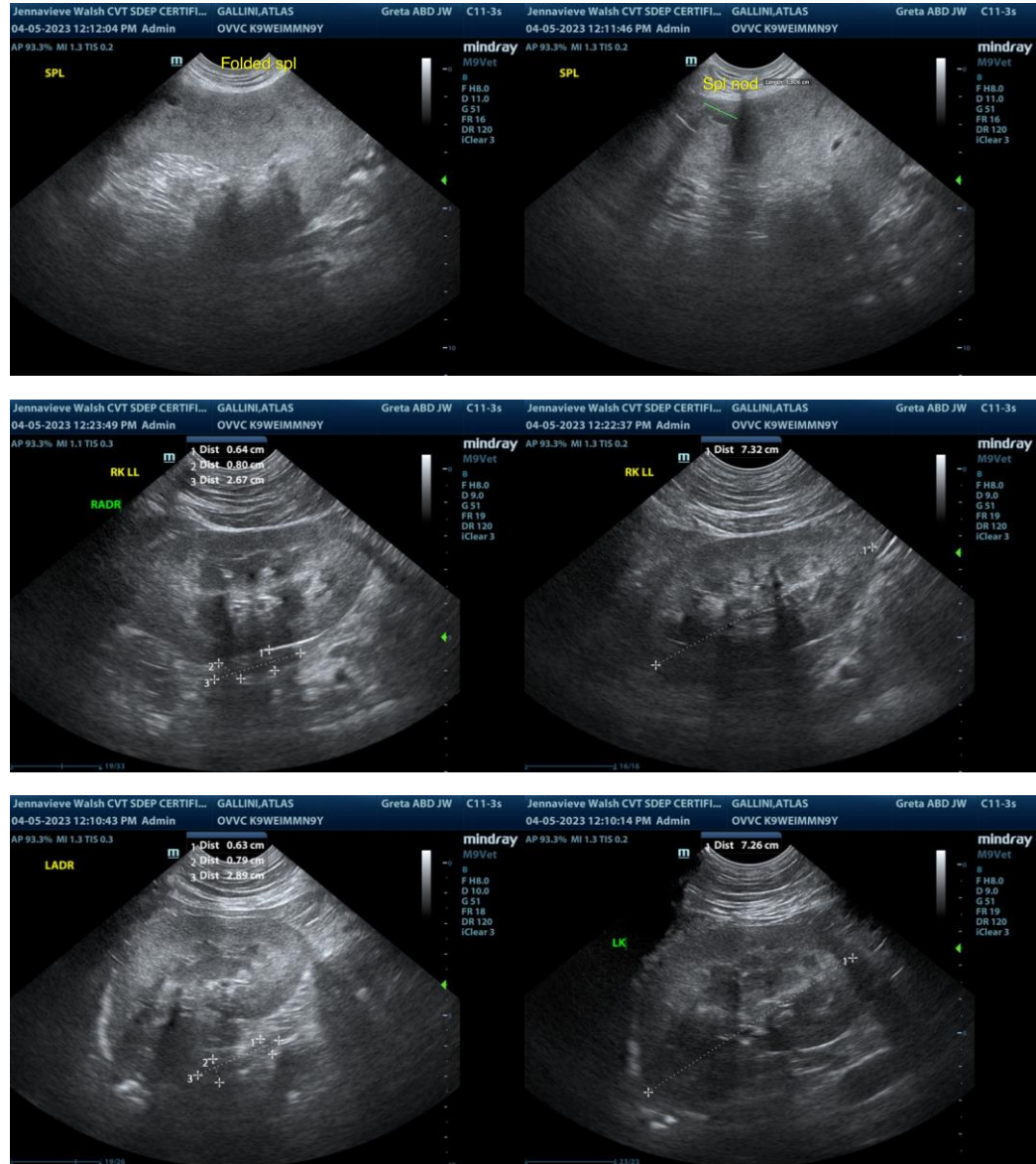
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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