



PATIENT

Buckley Harless

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Neutered

AGE

4y, 1m

WEIGHT

58 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kaitlyn McDaniel

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson,
DVM

INVOICE

16523

DATE

4/6/23

PRESENTING CLINICAL SIGNS

Buckley has always been a hard keeper. He is a worker / hunter. He had Coronavirus, diarrhea and weight loss in February. His Folate was very high on the GI panel (SIBO?). He responded well to biome food, lomotil, and long term metronidazole. He gets skinny again if metronidazole is stopped. Has been off metronidazole for some weeks now.

Abnormal PE/Chem/CBC/UA Results: PE: Normal, just low body condition score. 2/8/23: GI panel: normal save high Folate. Fecal PCR positive for Coronavirus. Sending CBC, Fecal, Urine today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 free of pathology.

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 6.5 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.64 cm width at the caudal pole. The right adrenal gland measured 0.57 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.



PATIENT

Buckley Harless

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Neutered

AGE

4y, 1m

WEIGHT

58 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kaitlyn McDaniel

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson,
DVM

INVOICE

16523

DATE

4/6/23

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, ingesta exhibiting focal areas of progressive distal acoustic shadowing, sonographically consistent with food. The ventral gastric body wall width measured 0.46 cm.

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. The duodenum wall measured 0.55 cm width. The jejunum wall measured 0.36 cm width.

Normal visible colon wall layers were present with formed to semi-formed fecal matter.

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 evidence of significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Structurally normal gastrointestinal tract with mild gastric ingesta, overall sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically structural gastroenterocolic pathology was noted. The persistently elevated folate is nonspecific and may be associated with intestinal dysbiosis, yet may also be elevated in cases of IBD, and food-responsive or antibiotic-responsive enteropathy. Empirically, continued current Hill's Biome long-term or possible diet rotation which may include novel protein or hydrolyzed diet, high colony count probiotic such as Provable, fiber supplementation if evidence of colitis, empirical deworming even if fecal testing is negative, i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with possible repeat protocol in 3 weeks and as-needed lowest effective dose of antibiotics i.e., Tylosin or Metronidazole with an assessment of caloric plane would be reasonable. Although considered unlikely, resting cortisol level to rule out occult Addison's Disease if persistent weight loss, or gastrointestinal signs, is suggested. Correlation with pending diagnostics is suggested.



PATIENT

Buckley Harless

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered

AGE

4y, 1m

WEIGHT

58 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kaitlyn McDaniel

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

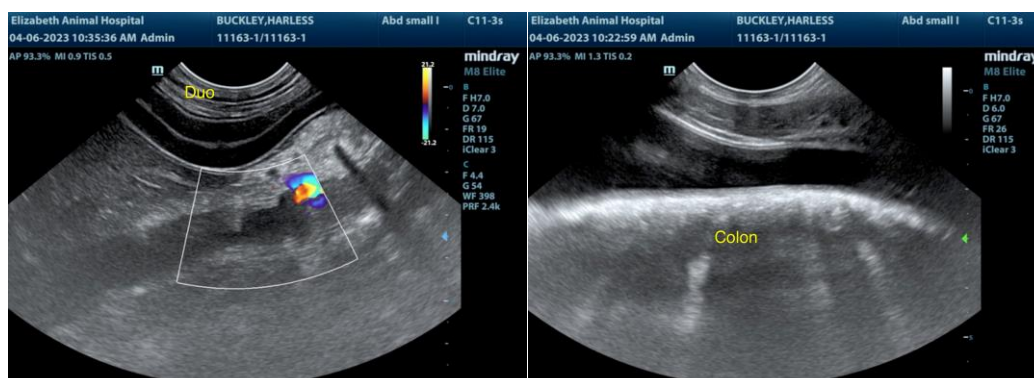
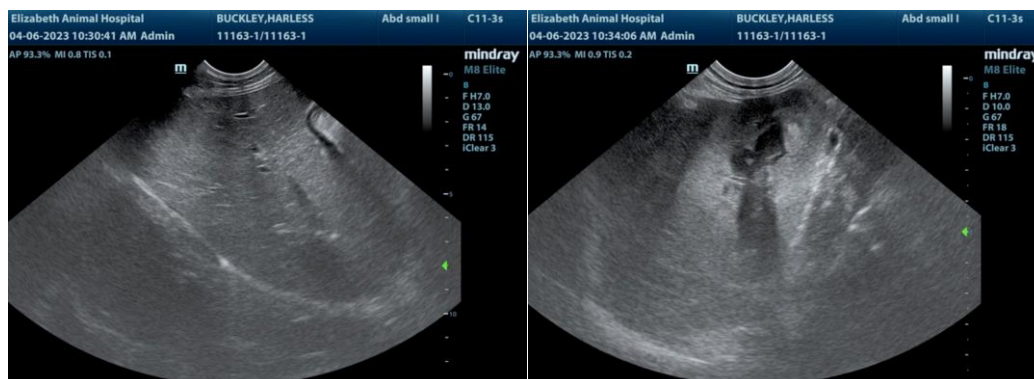
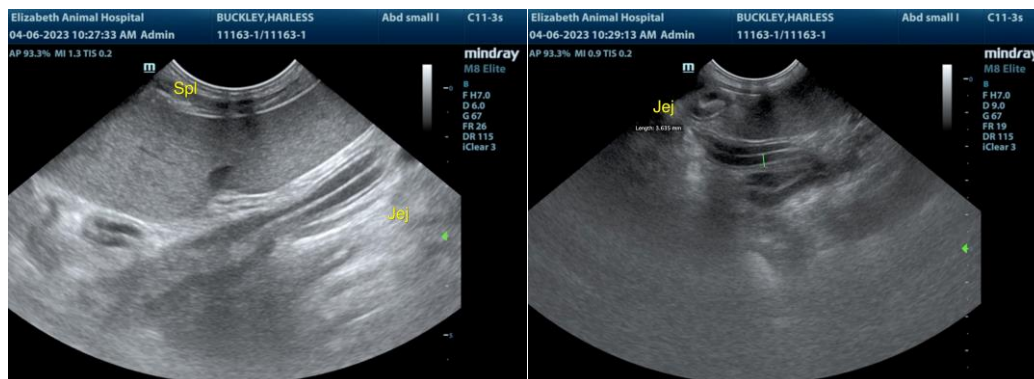
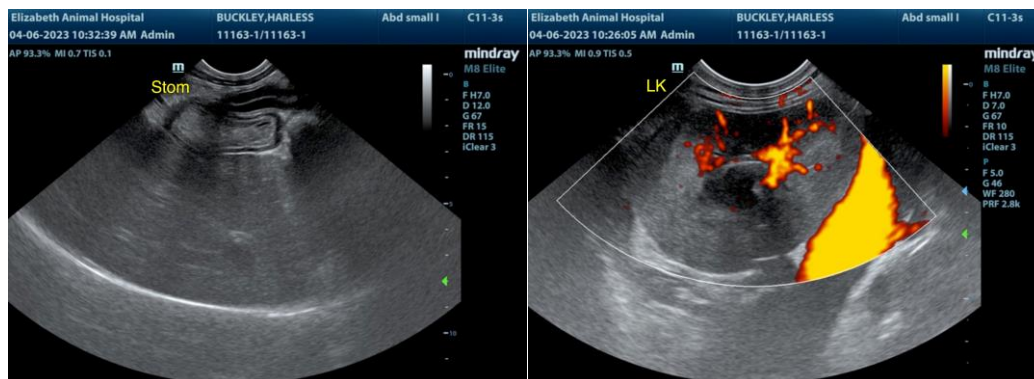
Leon Anderson,
DVM

INVOICE

16523

DATE

4/6/23





PATIENT

Buckley Harless

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Neutered

AGE

4y, 1m

WEIGHT

58 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kaitlyn McDaniel

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

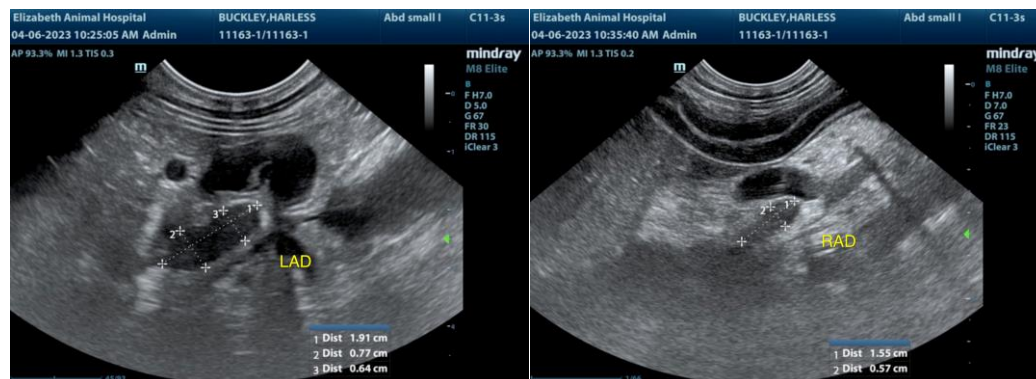
Leon Anderson,
DVM

INVOICE

16523

DATE

4/6/23



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