



PATIENT	PRESENTING CLINICAL SIGNS
Murray Oosterhoff	Chronic diarrhea, chronic pancreatitis. On Fortiflora and MTZ. Abnormal PE/Chem/CBC/UA Results: Extremely elevated CPLi
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, and cystourethral junction 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.
Border Collie X	The area of the aortic trifurcation was free of pathology.
SEX	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 6.6 cm in length. The right kidney measured 6.0 cm in length.
MN	Adrenal Glands
AGE	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.72 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 2.0 cm length x 0.79 cm width at the caudal pole.
18 months	Spleen
WEIGHT	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.
59.2 lbs.	Liver/ Gallbladder
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP	Gastrointestinal
IMAGING PERFORMED BY	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing. The stomach was otherwise normal.
Crystal Hill	
HOSPITAL NAME	
St. Catherines AH	
REFERRING VET	
Dr. Masaud	
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DATE	
4/7/22	



PATIENT	The small intestine presented intact and normal wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.
Murray Oosterhoff	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	Pancreas
BREED	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.
Border Collie X	Free Abdomen
SEX	No overt lymphadenopathy or peritoneal effusion was present.
MN	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> Overtly normal gastrointestinal tract with gastric and segmental small bowel ingesta Otherwise, unremarkable abdomen
18 months	
WEIGHT	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
59.2 lbs.	Overall, no evidence of significant abdominal visceral, specifically gastrointestinal or pancreatic, pathology. At times, the lack of ultrasonographic intestinal or pancreatic changes does not always correlate with gastrointestinal signs or evidence of pancreatitis exhibited by the patient. Assuming no evidence of metabolic causes of the diarrhea on lab work, consideration for dietary indiscretion / food hypersensitivity, occult parasitism, dysbiosis, structurally insignificant inflammatory bowel disease, or mild pancreatitis (which may present as sonographically normal), may be indicated.
INTERPRETED BY	Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to rule out parasitic ova / Giardia, +/- resting cortisol level.
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	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 i.e., Metronidazole or potentially Tylosin if nonresponsive to Metronidazole or clinical concern for dysbiosis, and as needed gastrointestinal support with assessment of clinical response would be reasonable. If persistent to recurrent gastrointestinal signs despite conservative therapy, endoscopic intestinal biopsies may be indicated.
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PATIENT

Murray Oosterhoff

SPECIES

Canine

BREED

Border Collie X

SEX

MN

AGE

18 months

WEIGHT

59.2 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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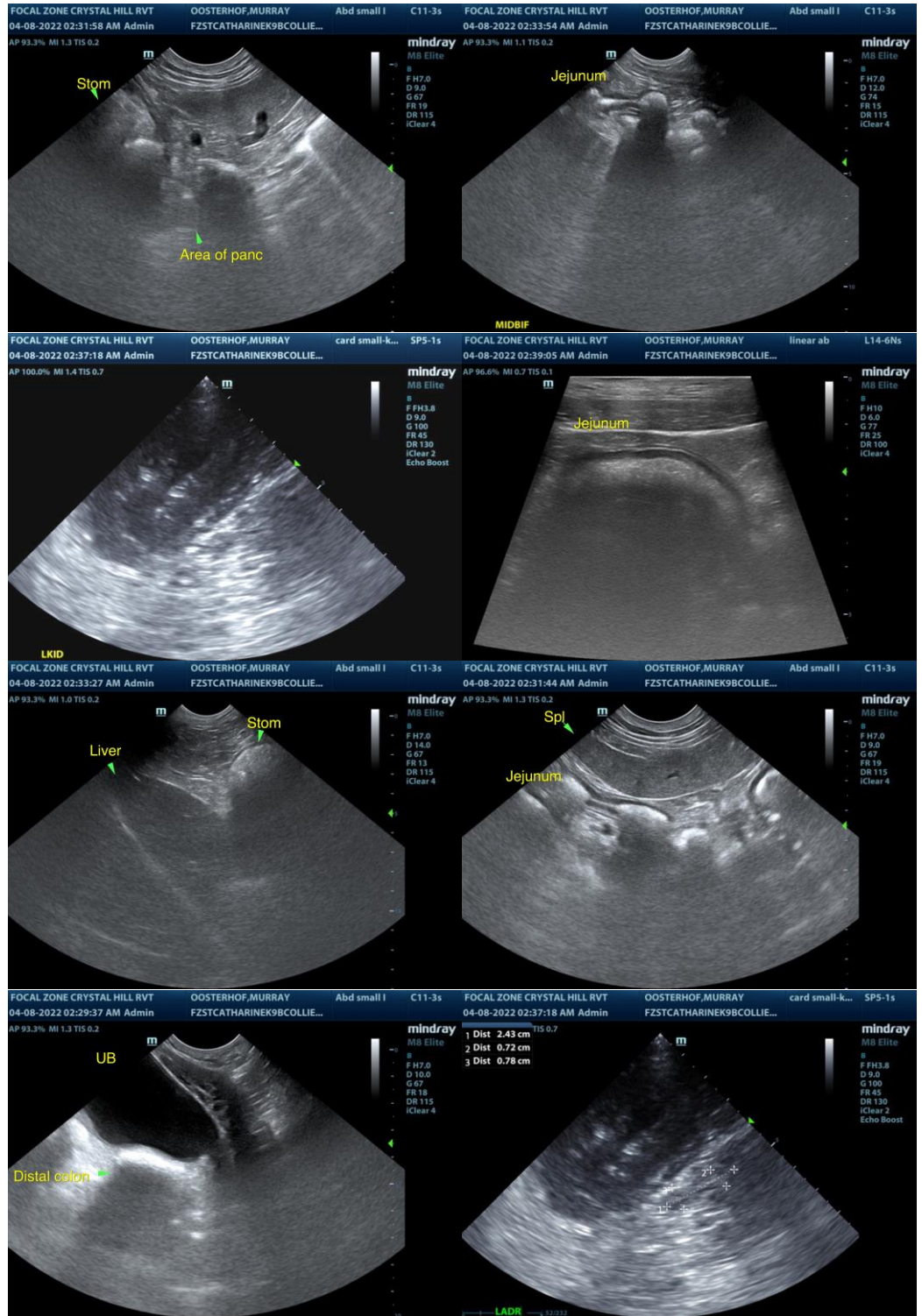
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PATIENT

Murray Oosterhoff

SPECIES

Canine

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.

BREED

Border Collie X

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.

SEX

MN

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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AGE

18 months

WEIGHT

59.2 lbs.

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DVM, DABVP

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