



PATIENT

Marley Diblasi

SPECIES

Canine

BREED

Chessie

SEX

MN

AGE

7 years

WEIGHT

88

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Crow

INVOICE

13829

DATE

5/10/22

PRESENTING CLINICAL SIGNS

HX of chronic bloody diarrhea and vomiting. Pemphigus. Waiting on maldigestion profile results. On ketoconazole and atopica. x-rays, BW and fecal are WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the residual prostate was free of overt 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 6.8 cm in length. The right kidney measured 7.1 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 0.52 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

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 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 ventral gastric body wall width measured 0.44 cm.



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The small intestine presented intact yet subjective prominent wall layering including propensity for segmental mildly prominent submucosa and muscularis layers. The small Intestinal wall width measured up to 0.48 cm.

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Normal visible colon wall layers were present with subjective semi-formed feces in the lumen, consistent with reported diarrhea. The descending colon wall width measured 0.22 cm.

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Intact yet mildly prominent small intestinal walls
- Overtly normal colon containing semi-formed feces - suspect mild colitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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(Canine and Feline)

The small intestine exhibited subtle to mild mural changes which although may be normal for this patient, could be consistent with underlying inflammatory processes i.e., IBD. In patients with chronic gastrointestinal signs, dietary indiscretion / food intolerance, dysbiosis, parasitism, IBD in this case, or intestinal neoplasia (less likely), +/- low-grade to chronic pancreatitis which may present as sonographically normal could be present. Correlation with pending GI panel is recommended.

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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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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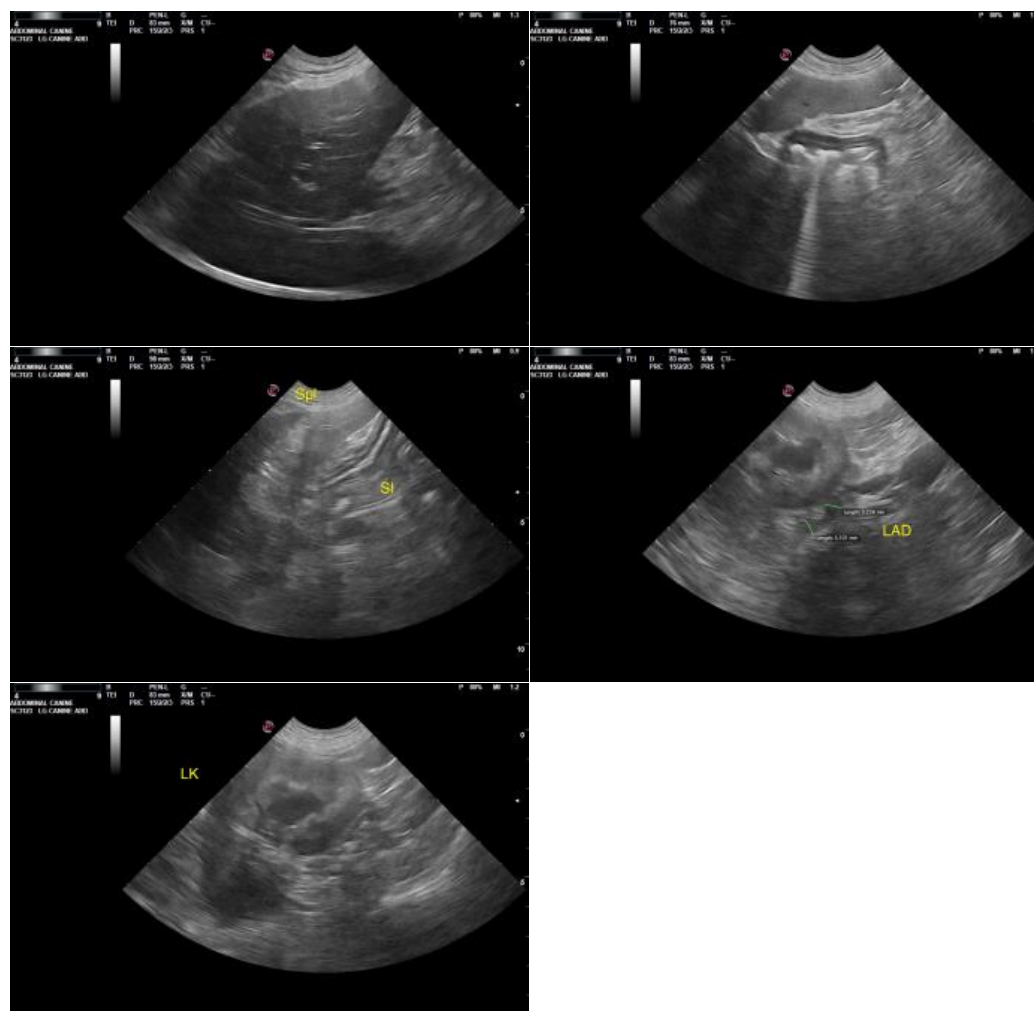
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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