



PATIENT

Giddy Robinson

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

FI

AGE

1 year

WEIGHT

38 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Day

INVOICE

13778ag

DATE

5/10/23

PRESENTING CLINICAL SIGNS

On and off explosive diarrhea, vomiting and anorexia which is also on and off. GI series rads with gastrograffin showed no obstruction. Diarrhea panel negative, fecal negative, bloodwork NSF. Has finished normal heat cycle about 2-3 months ago. Poss odd positioning of colon on rads with Gastrograffin. Has been on Metronidazole (just finished) Probiotics, I/D diet, Clay supplement and had a full deworming done.

Abnormal PE/Chem/CBC/UA Results: Rads - Gastrograffin moves well, no obstructive patterns.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 area of the aortic trifurcation was free of pathology.

The uterus and bilateral ovaries appeared normal and 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 right kidney measured 6.8 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 0.48 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 0.72 cm width at the caudal pole.

Spleen

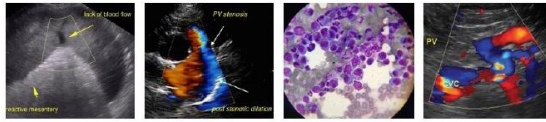
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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.

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.



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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.

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

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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

Primary Findings

- Sonographically unremarkable GI tract/colon.
- Overall sonographically unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs.

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At times the sonographic presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity (even on current ID), occult parasitism, infectious disease, dysbiosis, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or other are possible. Infiltrative neoplasia is considered unlikely.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Switching to a novel protein or hydrolyzed diet with long term dietary therapy, continued high colony count probiotics, cobalamin supplementation pending assessment of cobalamin levels +/- antibiotic trial i.e., Tylosin (given previous metronidazole use) with consideration for possible long term adverse effects on normal GI flora with assessment of GI response is recommended.

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Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease may be considered.

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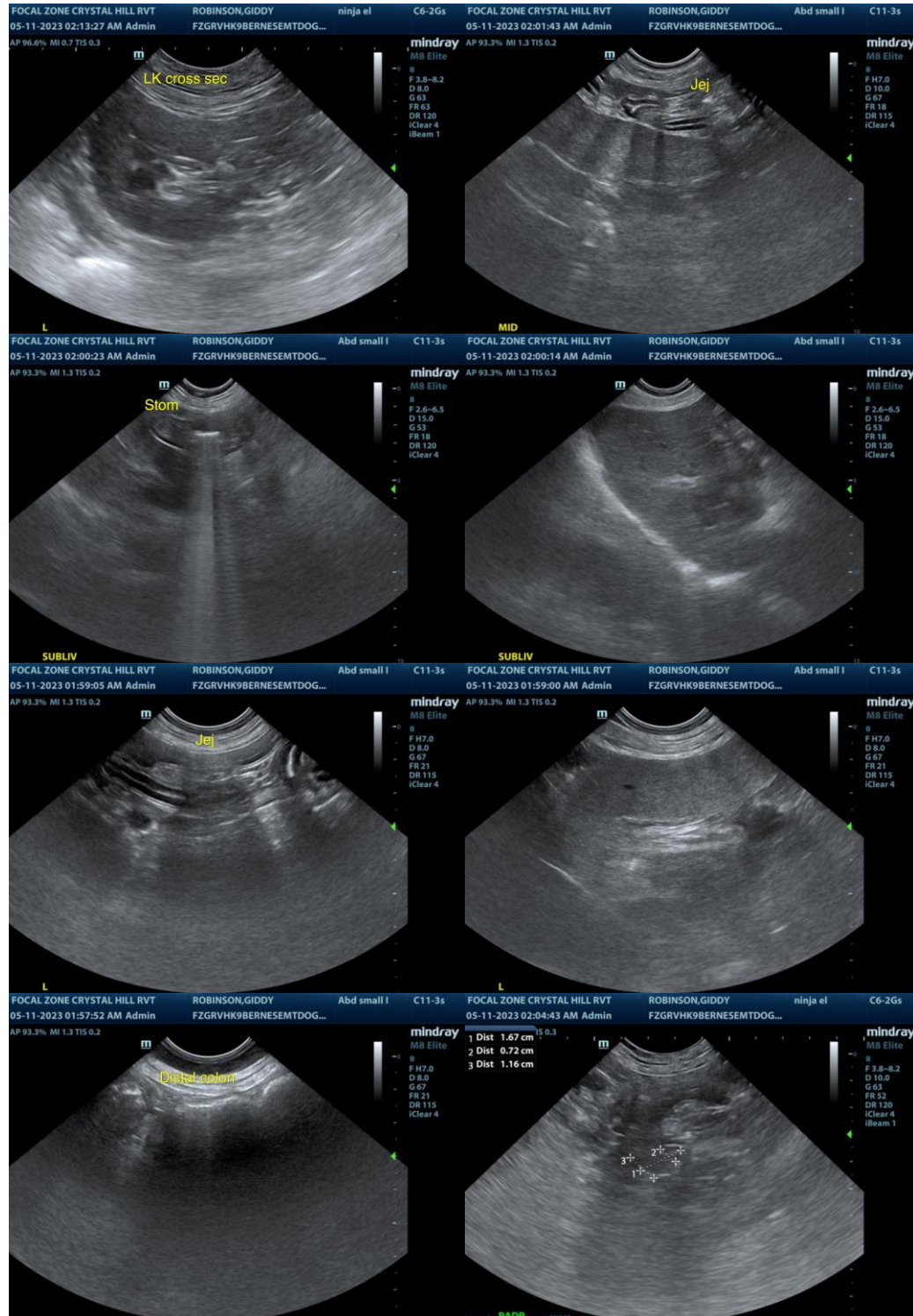
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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