



PATIENT PRESENTING CLINICAL SIGNS

Zoey Wilcox History: Intermittent diarrhea, vomiting RC GI Low Fat, Provable, Metronidazole, Endosorb PRN
 Labs: ALB 3.3 Na/K 34

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

German Shepherd

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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 were noted.

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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 7.2 cm in length.

AGE

2 years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

70.6

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole and 3.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 3.6 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

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.

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr Bandekar

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 gastric body wall measured 0.46 cm in width.

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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. The jejunum wall measured 0.35 cm in width. The duodenum wall measured 0.40 cm in width.

DATE

05/11/2022

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



PATIENT *Pancreas*

Zoey Wilcox 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 was evident.

SPECIES *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

BREED

German Shepherd

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract and colon

SEX

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AGE

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WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal abdomen without evidence of gastroenterocolic structural or mural pathology. At times the sonographic appearance of the GI tract does not always correlate with the reported chronic GI signs. Given no overt evidence of metabolic disease on blood work and in patients with recurrent GI signs low grade to mild pancreatitis, structurally insignificant inflammatory bowel disease, dysbiosis, dietary indiscretion/food allergy, occult parasitism or intestinal neoplasia (unlikely) could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A fresh fecal analysis to rule out parasitic ova/giardia is suggested.

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), continued high colony count probiotic (Provable or Visbiome) as this breed may be prone to alterations in GI flora, 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.

Although considered unlikely given the normal adrenal presentation, a resting cortisol to rule out Addison's disease could be considered.

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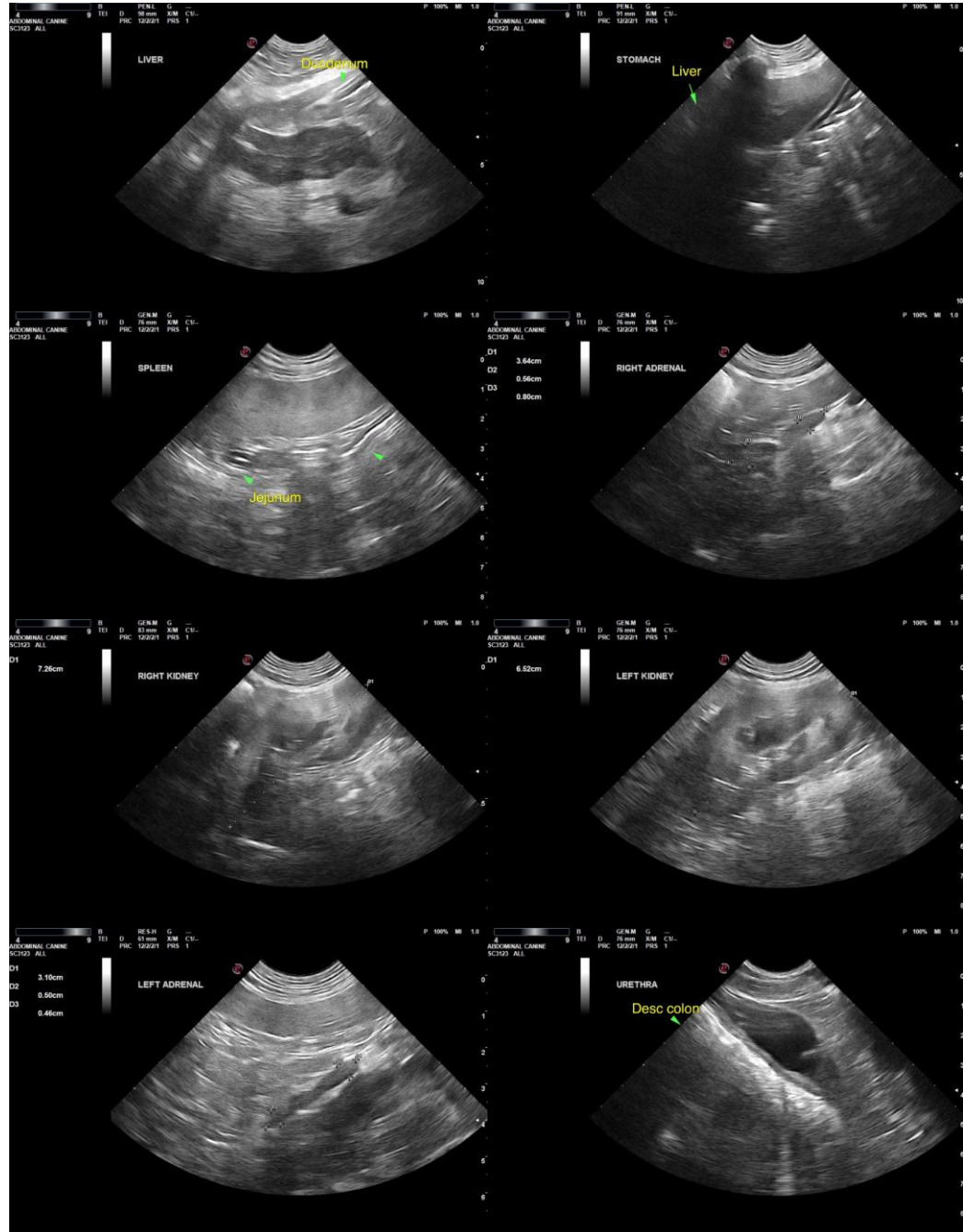
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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