



PATIENT

Elliott Vernola

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

2 years

WEIGHT

49 lbs.

PRESENTING CLINICAL SIGNS

Diarrhea for >1 month. Intermittent anorexia and lethargy. History of likely atopy and current superficial pyoderma on ventral abdomen.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/Lytes: all WNL Texas GI Panel: all WNL Fecal float and giardia test: Neg RADS (3/28/22): mild gas in stomach (fundus) and pockets of gas in SI. Gas in cecum, large amount stool in transverse and descending colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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 5.2 cm in length. The right kidney measured 5.85 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 0.60 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lipovsky

INVOICE

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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 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 width measured 0.48 cm. The jejunum wall width measured 0.36 cm.

Normal visible colon wall layers were present with subjective semi-formed feces in lumen. The descending colon wall width measured 0.15 cm.

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

Focal to potential intermittent mesenteric lymph nodes present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.2 cm x 0.5 cm. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract and colon
- Focal to intermittent subjective benign / reactive mesenteric lymph nodes - minor hyperplasia or potential reactive lymphadenitis likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of abdominal visceral pathology, specifically gastroenterocolic pathology. At times, the sonographic presentation of the gastrointestinal tract does not always correlate with the gastrointestinal symptoms present. In patients with more chronic gastrointestinal signs, considerations may include dietary intolerance / food hypersensitivity which may be considered a primary differential diagnosis in this case. Dysbiosis, mild pancreatitis, or structurally insignificant IBD which may present as sonographically normal, occult parasitism, or other nonobvious enterocolonopathy are possible.

Given the normal GI panel and negative fecal testing, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks (even with negative fecal testing), high colony count probiotics such as Provable, +/- antibiotic trial i.e., Metronidazole or Tylosin with as-needed gastrointestinal support and assessment of clinical response would be reasonable.

Although considered unlikely, adrenal screening with resting cortisol to rule out occult Addison's Disease could be considered.



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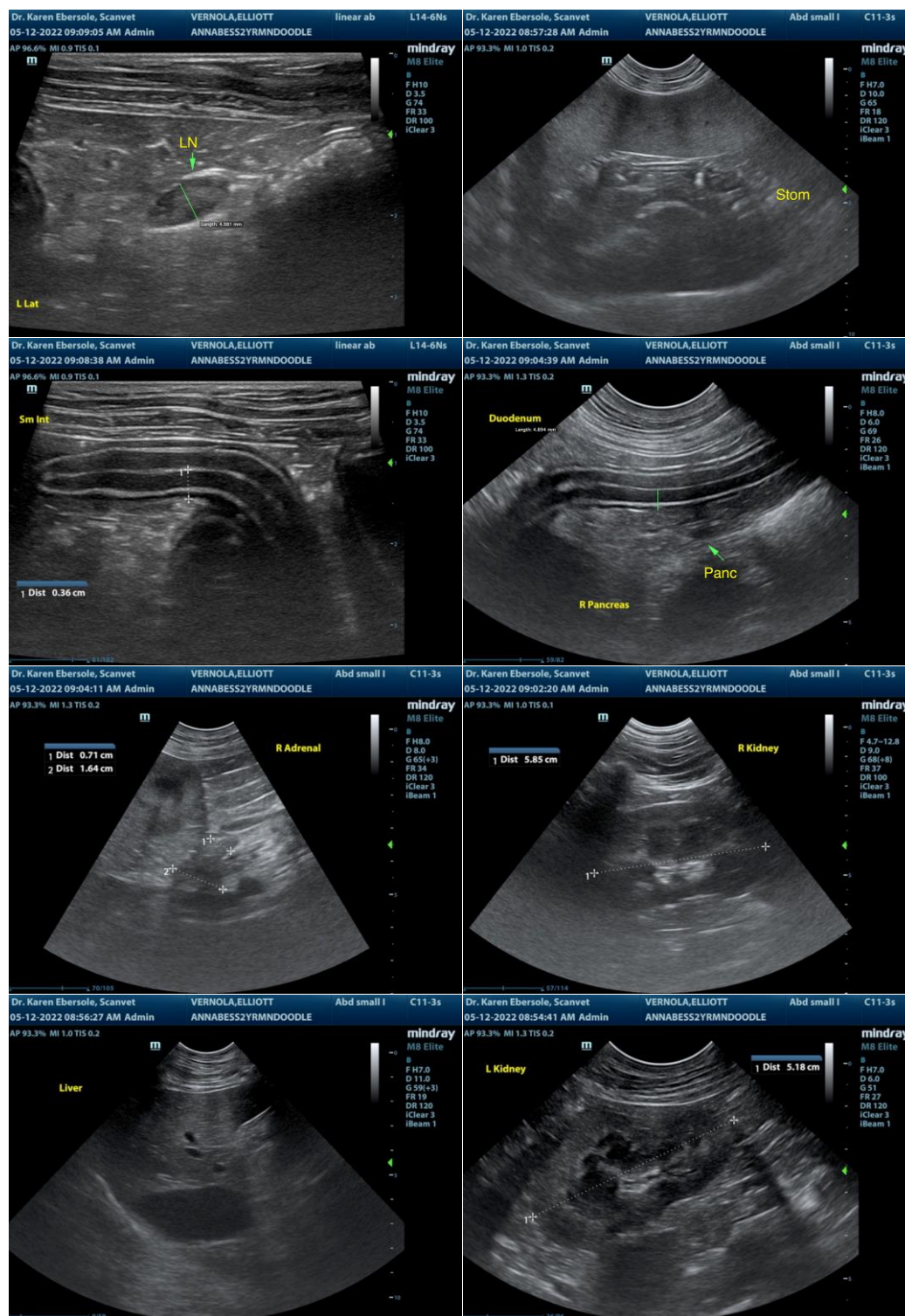
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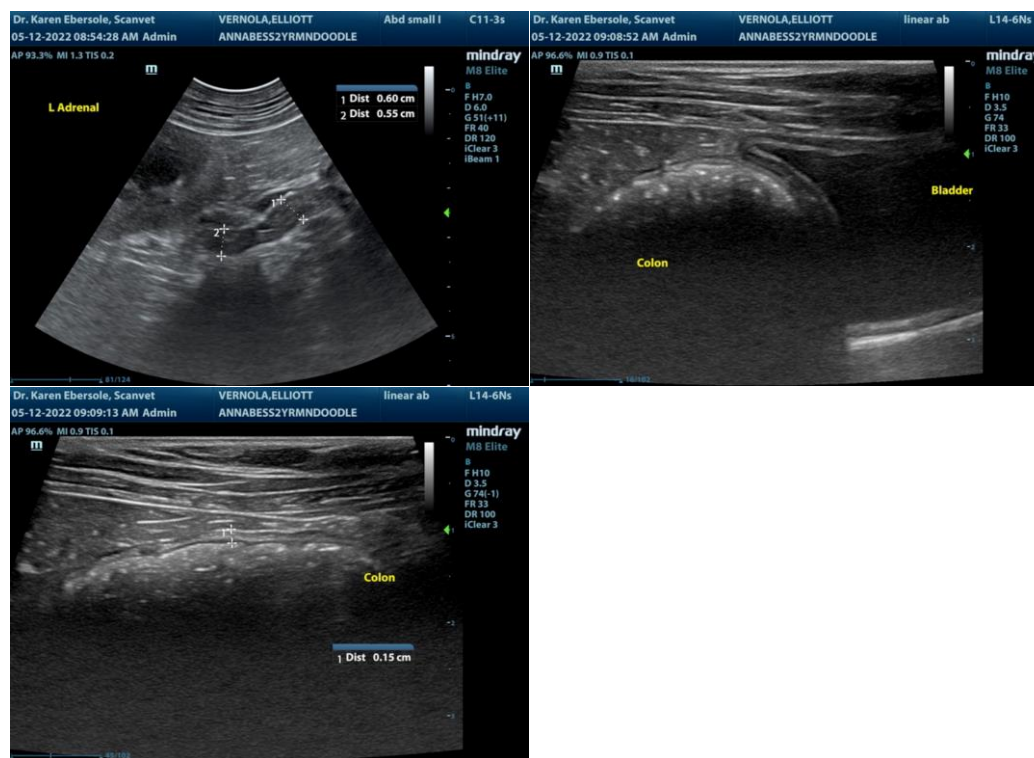
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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