



**PATIENT PRESENTING CLINICAL SIGNS**

Brady Kurtz History of seizures, 1 month duration diarrhea, vomiting, fecal incontinence, hunched abdomen  
 Theophylline, Cerenia, Provable, Omeprazole, Pepcid, Purina HA

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited overtly normal structure 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.  
 Lab Mix

**SEX** The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.  
 MN

The area of the aortic trifurcation was free of pathology.

**AGE** 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 6.3 cm in length. The right kidney measured 6.3 cm in length.  
 2017

**WEIGHT** 57.9

**Adrenal Glands**

**INTERPRETED BY** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.60 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 3.0 cm length x 0.70 cm width at the caudal pole.  
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**Spleen**

**IMAGING PERFORMED BY** 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.  
 Rebekah Jakum, CVT ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME** Brodheadsville VC  
**REFERRING VET** 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.  
 Dr. Goldstein

**INVOICE Gastrointestinal**

13882 The stomach exhibited moderate distention with ingesta and luminal gas. The luminal gas and ingesta prohibited full evaluation of the gastric lumen. The visualized gastric walls were sonographically

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Brady Kurtz

normal with the ventral gastric body wall width measuring 0.34 cm. No overt evidence of mechanical pyloric outflow obstruction, yet the pylorus interior was ill-visualized owing to ingesta and gas.

**SPECIES**

Canine

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 0.44 cm. The jejunum wall width measured 0.33 cm.

**BREED**

Lab Mix

The visualized colon was sonographically unremarkable exhibiting intact non-thickened walls containing formed to semi-formed feces. The descending colon wall width measured 0.25 cm.

**SEX**

MN

***Pancreas***

The pancreas exhibited potential for mildly prominent overall size, subjective maintained symmetrical capsule contour, and homogeneous isoechoic to mildly hypoechoic parenchyma. No evidence of peripancreatic reactive mesentery was present.

**AGE**

2017

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal free fluid were present.

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57.9

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal gastrointestinal tract with moderate gastric ingesta / gas
- Sonographically unremarkable colon containing formed to semi-formed feces
- Subjective mildly prominent pancreas

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, sonographically unremarkable abdomen without evidence of visceral, specifically gastroenterocolic, pathology.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

In patients with chronic gastrointestinal signs, low-grade to mild pancreatitis, dysbiosis, dietary intolerance / food hypersensitivity, occult parasitism, and structurally insignificant inflammatory bowel could be considered. Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate, as well as (if not done), fresh fecal analysis to rule out parasitic ova/Giardia.

**HOSPITAL NAME**

Brodheads ville VC

An obvious cause of the patient's seizures was not overtly evident in the abdomen.

**REFERRING VET**

Dr. Goldstein

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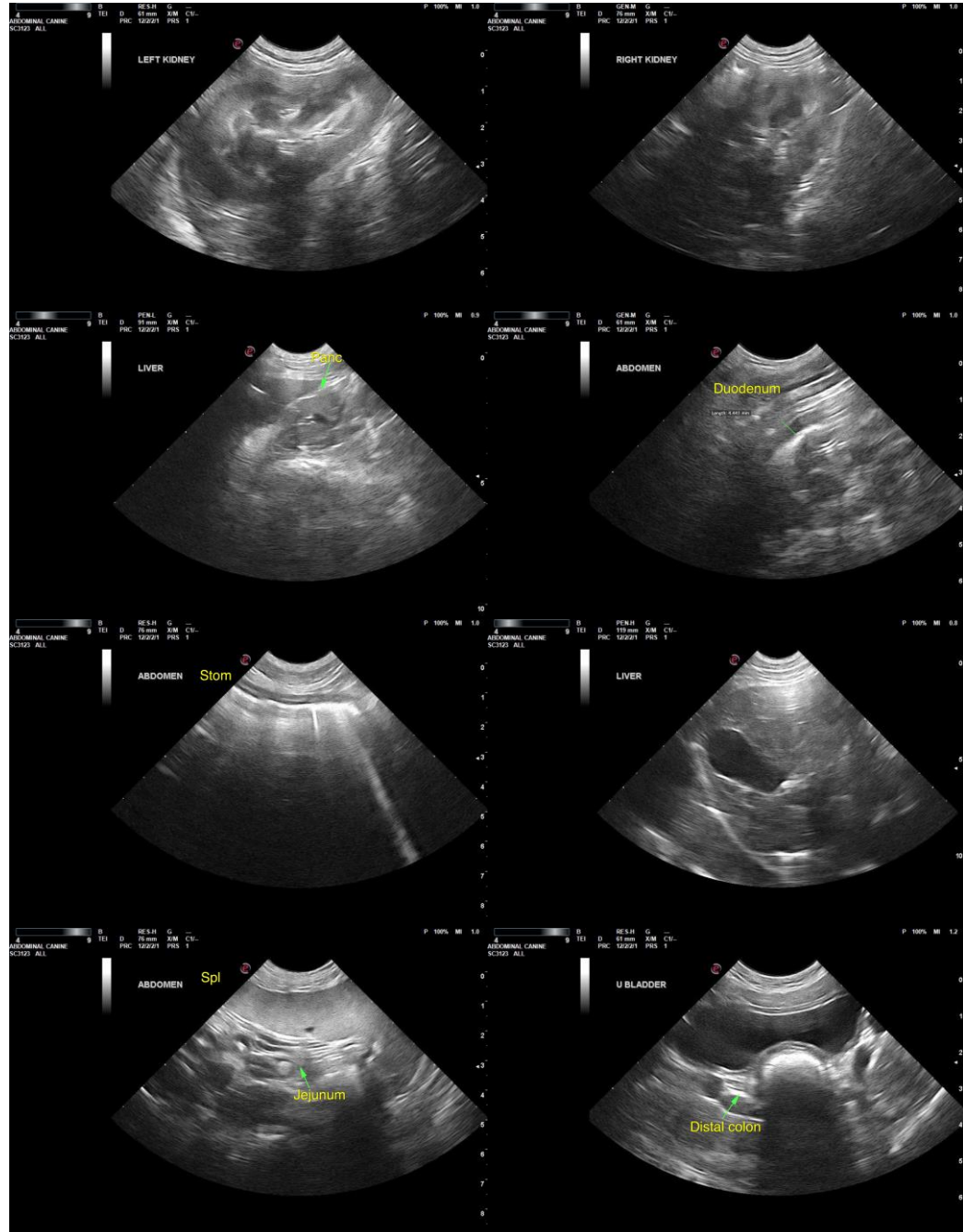
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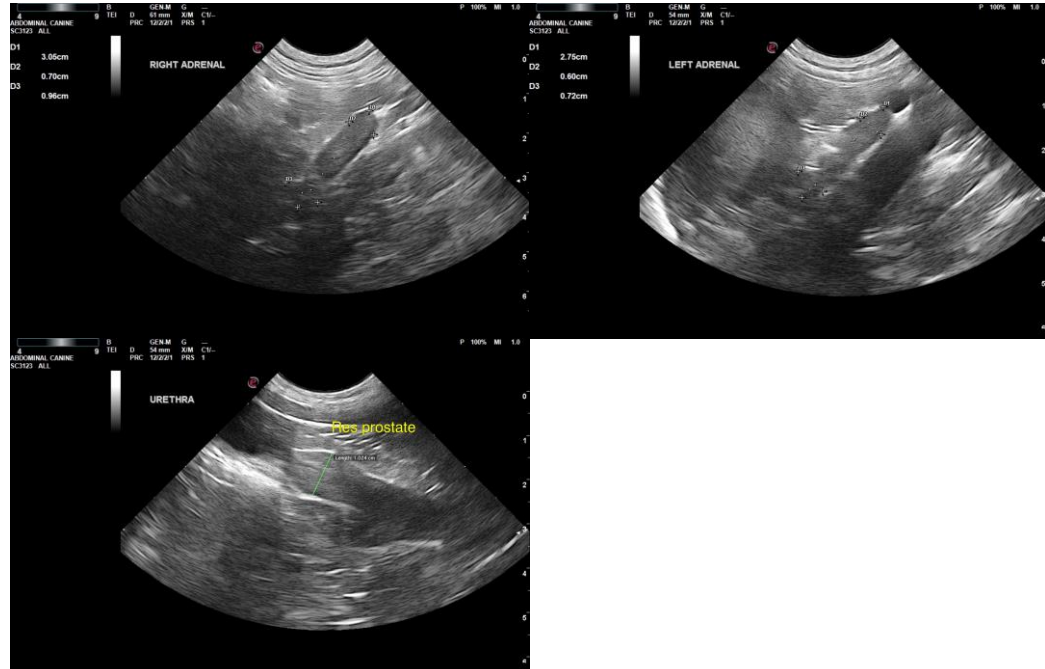
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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