



PATIENT PRESENTING CLINICAL SIGNS

Gideon Murphy 2nd opinion for vomiting and chronic diarrhea, owner feels that patient is lethargic and losing weight in spite of response to treatment, history of eating random things Hills i/d. Labs: sodium/potassium ratio 32, normal GI panel, CBC WBC 16.2 with normal differential

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Border Collie

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

SEX

M

The residual prostate was of expected size and presentation for a young intact male canine.

AGE

Both the left and right testicles were sonographically normal.

1 year

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 7.0 cm in length. The right kidney measured 6.0 cm in length.

WEIGHT

48.7

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland exhibited potential for mild subnormal size yet normal position and shape, measuring 2.5 cm in length x 0.33 cm caudal pole width.

The right adrenal gland was indistinctly visualized, potentially owing to mild subnormal size and isoechoic parenchyma compared to adjacent omentum, subjectively measuring 2.0 cm in length x 0.32 cm caudal pole width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

HOSPITAL NAME

White Haven VH

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.

REFERRING VET

Dr. Dengler

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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

5/18/22

Gastrointestinal



PATIENT

Gideon Murphy

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained non-shadowing ingesta/chyme. The gastric body wall measured 0.41 cm.

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 jejunum wall measured 0.36 cm. The duodenum wall measured 0.41 cm.

BREED

Border Collie

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

Pancreas

SEX

M

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

No overt lymphadenopathy or peritoneal effusion was present.

AGE

1 year

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with minor retained gastric chyme
- Possible mild subnormal bilateral adrenal glands

WEIGHT

48.7

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral, specifically gastroenterocolic pathology. The minor retained gastric chyme may indicate recent meal ingestion, although if documented NPO, some degree of metabolic gastric stasis or hypomotility could be present. At times, the GI sonographic presentation does not always correlate with reported gastrointestinal signs. In patients with chronic gastrointestinal signs, dietary intolerance/food hypersensitivity, even with bland diet, dysbiosis, occult parasitism, low-grade to mild pancreatitis or structurally insignificant inflammatory bowel disease, both of which may present sonographically normal, could be possible.

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Further assessment may include a resting cortisol level to rule out occult Addison's disease, given the potential for mild subnormal adrenal size with full ACTH stimulation test, if resting cortisol is <2.0. However, the potential for mild subnormal bilateral adrenal glands is nonspecific. No evidence of mechanical gastrointestinal obstruction or foreign material, as well as no evidence of neoplastic criteria.

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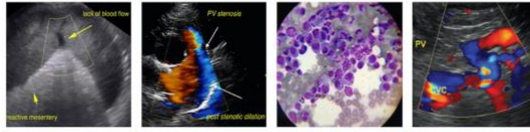
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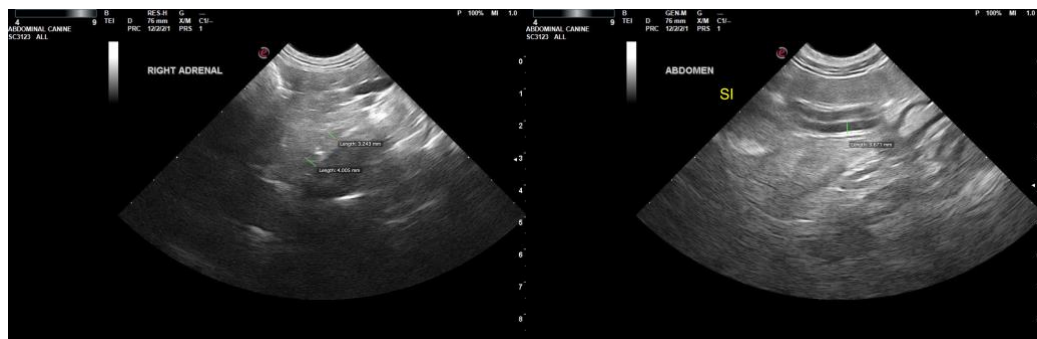
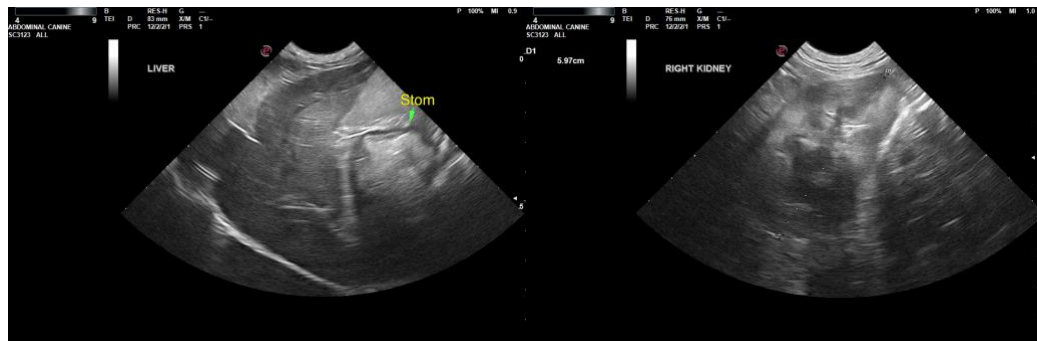
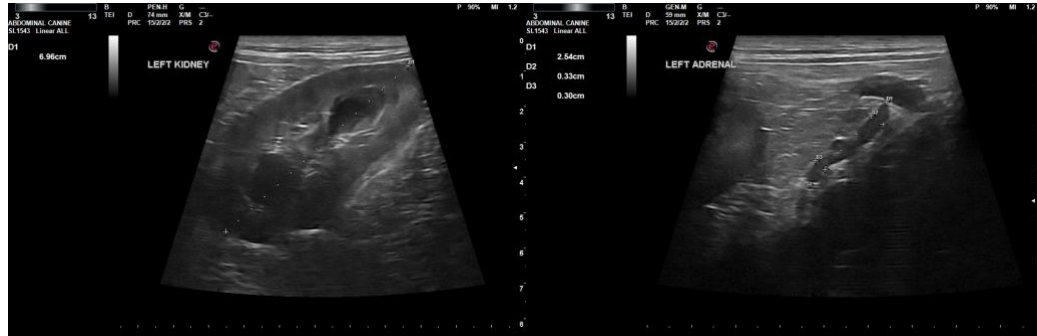
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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