



PATIENT

Daisy Morgan

SPECIES

Canine

BREED

West Highland
Terrier

SEX

FS

AGE

3

WEIGHT

8.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

McKnight 24 hour
Emergency ,
Dr.Gavin/Dr.Alonso

INVOICE

15269

DATE

5/19/22

PRESENTING CLINICAL SIGNS

History of lethargy, vomiting, diarrhea, inappetence .
Abnormal PE/Chem/CBC/UA Results: BW/UA unremarkable , Giardia test negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 4.4 cm in length. The right kidney measured 4.5 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 0.39 cm width at the caudal pole and 0.5 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 0.50 cm width at the caudal pole and 0.48 cm width at the cranial 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 yet subjective mild prominent wall layering with a normal wall layer ratio. The stomach contained luminal gas. Ventral gastric body wall measured 0.35 cm.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent duodenojejunal mucosa. No evidence of loss of intestinal wall layering, mechanical/metabolic ileus or neoplastic criteria.



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

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Pancreas

SPECIES

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

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Intermittent mildly prominent jejunal lymph nodes were 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 measured 0.45 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

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- Gastritis with potential concurrent segmental to generalized inflammatory enteropathy.
- Mild intermittent benign/reactive jejunal lymphadenopathy- lymphoid hyperplasia or minor reactive lymphadenitis. No evidence of lymphatic neoplastic criteria.

3

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

8.6 kg

Overall, no overt evidence of significant visceral, specifically gastroenterocolic or pancreatic pathology as an obvious cause of the patients clinical signs. In patients with recurrent chronic gastrointestinal signs, dietary hypersensitivity/food intolerance, occult parasitism, dysbiosis, low-grade to chronic pancreatitis or inflammatory bowel disease, both of which may present sonographically normal, could be possible.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to assess for or rule out occult Addison's disease. 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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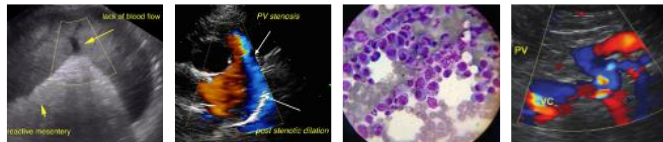
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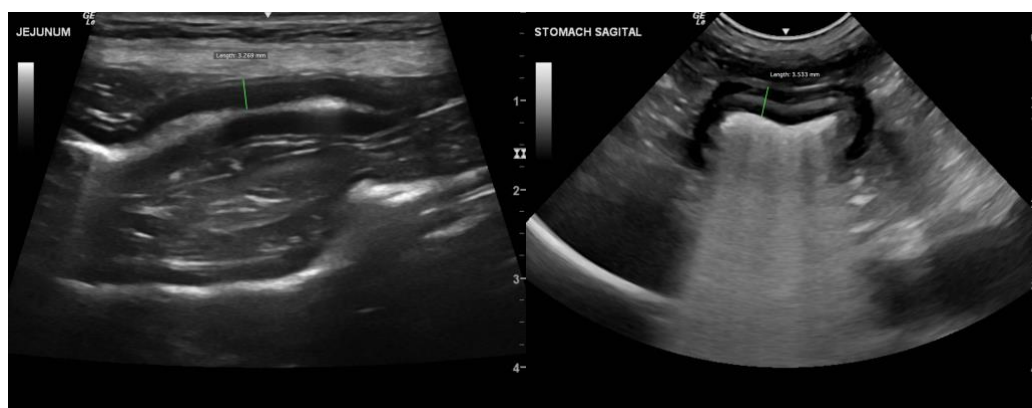
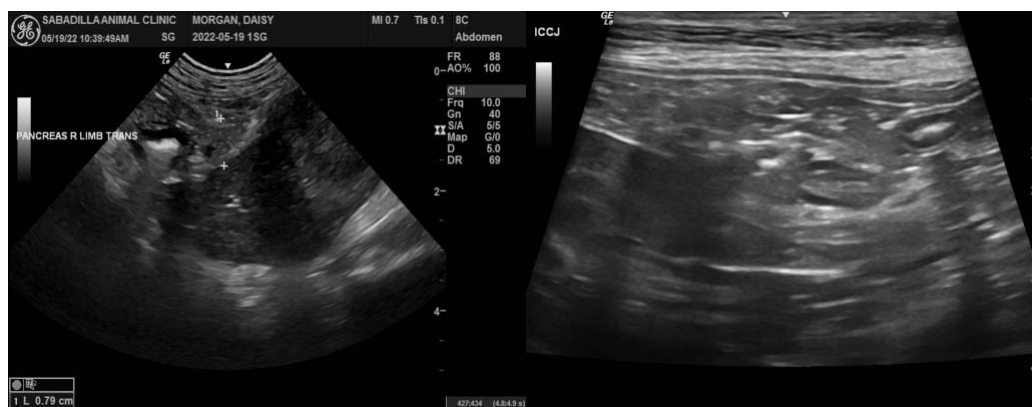
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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