

**PATIENT**

Tolley Tannahill

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

2 Years

WEIGHT

13.6 Pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

37779

DATE

5/19/22

PRESENTING CLINICAL SIGNS

chronic diarrhea / irregular stools. Initially. Tolley had elevated liver values and we did an ultrasound in Jan. Since then she has been on Denamarin, went through a course of panacur, trial of Hydrolyzed diet, metronidazole and proviable. Still having irregular stool.

Abnormal PE/Chem/CBC/UA Results: Liver enzymes are not WNL Previous U/S showed. Intermittent benign / reactive mesenteric LN - potential persistent hyperplasia or minor reactive lymphadenitis - possible recent to resolving Inflammatory bowel episode.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

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 4.3 cm. The right kidney measured 4.6 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measured 0.66 cm at the cranial pole and 0.45 cm 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

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 primarily anechoic content and mild, non-organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

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 subjective propensity for mildly prominent segmental to generalized mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestinal wall measured 0.38 cm.

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Normal visible colon wall layers were present with semi-formed to soft feces, consistent with reported soft stool to diarrhea.

Pancreas**SPECIES**

Canine

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.

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Free Abdomen

Focally enlarged mid abdominal mesenteric lymph nodes were present. Example measured 2.2 cm x 0.95 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

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No effusion. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS**AGE**

2 Years

- Intact yet segmental to generalized mildly prominent small bowel walls – suspect potential inflammatory bowel.
- Persistent mildly variably mesenteric lymphadenopathy – persistent lymphoid hyperplasia or reactive lymphadenitis likely. Neoplastic lymphatic criteria considered less likely.
- Benign hepatopathy – metabolic, reactive, vacuolar, or low-grade inflammatory hepatopathy possible.
- Minor gallbladder debris – non-specific, potentially secondary to fasting or minor non-clinical cholestasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the small intestine exhibited subtle mural changes, which may suggest inflammatory enteropathy/IBD, given the patient's clinical history and previous treatment protocol with continued irregular stool. GI panel to include PLI, TLI, cobalamin and folate is warranted. Ultrasound guided FNA of an enlarged mesenteric lymph node for screening cytology, primarily to rule out unlikely potential for neoplasia, could be considered.

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Continued high colony count probiotic such as current Provable recommended with potential for diet rotation of different novel protein or hydrolyzed diet. Although considered unlikely, adrenal screening with resting cortisol to rule out occult Addison's disease could be considered. Endoscopic intestinal biopsies may be required for definitive diagnosis. Continued hepatosupportive medications, which may include Ursodiol, would be reasonable.

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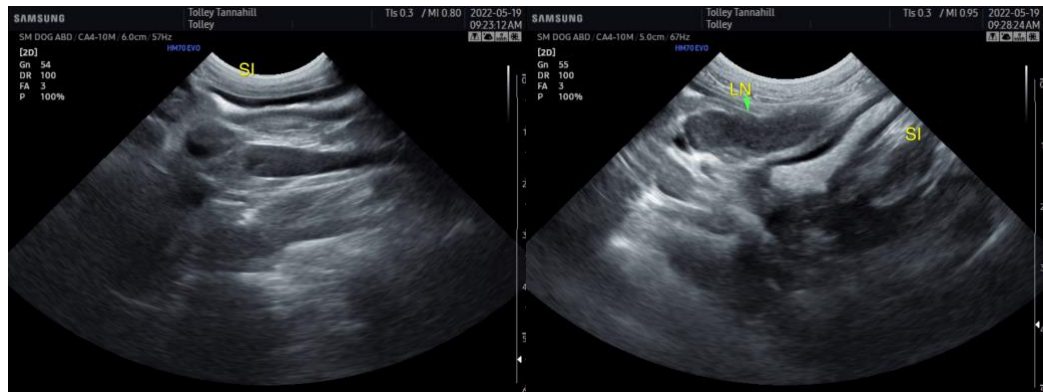
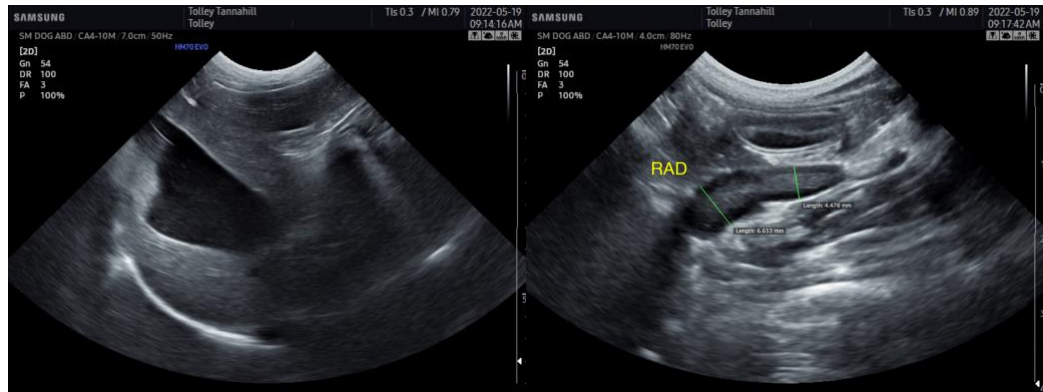
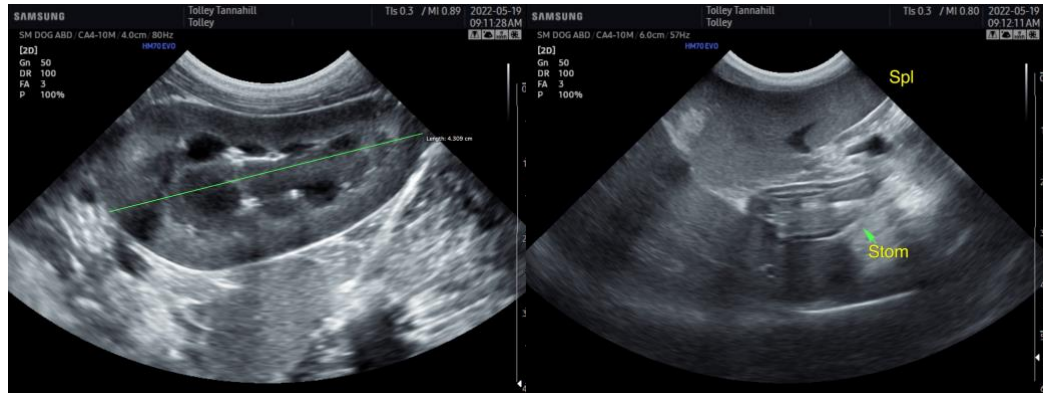
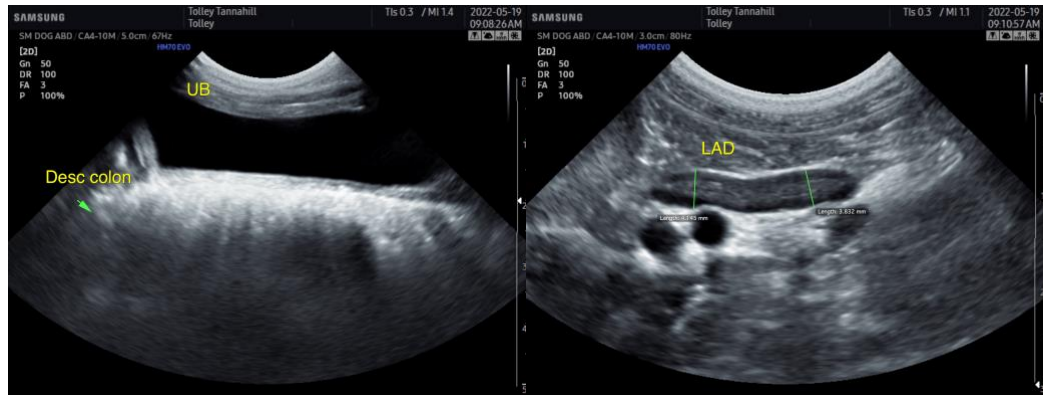
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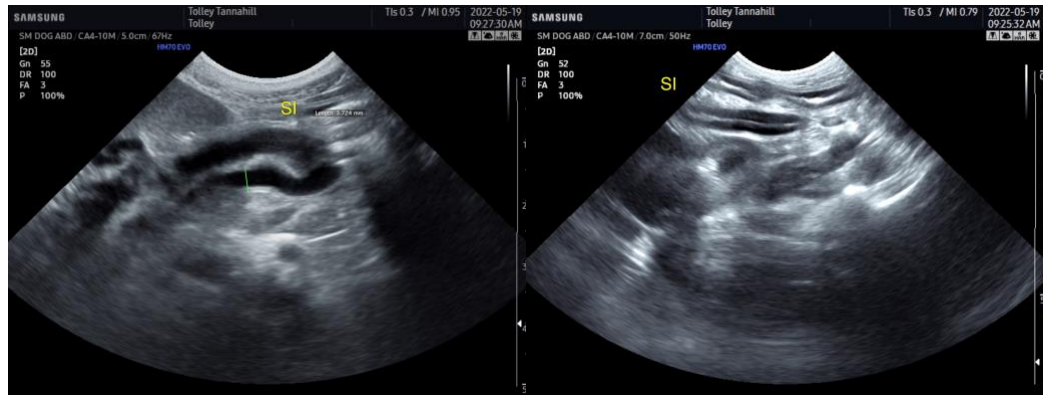
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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