



PATIENT PRESENTING CLINICAL SIGNS

Dexter Tyson History: vomiting, diarrhea with blood. Qar. On and off for 14-day duration

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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 were noted.

SEX 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 7.7 cm in length. The right kidney measured 7.0 cm in length.

AGE

7 Years

Adrenal Glands

WEIGHT

83 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm x 0.58 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 2.4 cm in length x 0.35 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Pawsitive Wellness VC

The gallbladder was non-distended in size with primarily anechoic content and mild echogenic luminal debris. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Hardy

Gastrointestinal

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The stomach presented intact yet mild prominent wall layering. The stomach was primarily empty with mild luminal gas. Potential for minor retained anechoic fluid was present in the gastric lumen possible yet not definitive. The ventral gastric body wall measured 0.4 cm.

DATE

5/23/22



PATIENT

Dexter Tyson

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine exhibited minor segmental ileus. No evidence of mechanical obstruction or gastrointestinal foreign material. The duodenum wall measured 0.38 cm. The jejunum wall measured 0.27 cm.

SPECIES

Canine

The colon exhibited intact yet mild prominent wall layering with non-formed feces, consistent with diarrhea was present in the descending colon lumen.

BREED

Pitbull

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 was evident.

SEX

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

7 Years

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern
- Mild gallbladder debris- likely incidental, potentially secondary to fasting

WEIGHT

83 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
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Overall, no overt evidence of significant visceral, specifically gastroenterocolic or pancreatic pathology as an obvious cause of the patients gastrointestinal signs. The overall appearance of the colon, in conjunction with hematochezia, is consistent with colitis. In patients with ongoing to chronic gastrointestinal signs, potential considerations may include dietary intolerance/food hypersensitivity, occult parasitism, dysbiosis, IBD, low-grade to chronic pancreatitis (both of which may present as sonographically normal) without overt evidence of gastrointestinal neoplastic criteria.

IMAGING PERFORMED BY

Sara Hansen

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to rule out parasitic ova/Giardia +/- resting cortisol level to screen for occult Addisons disease (although the bilateral adrenal glands appeared to be sonographically normal).

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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 (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.

REFERRING VET

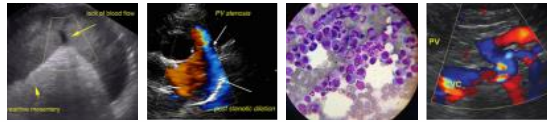
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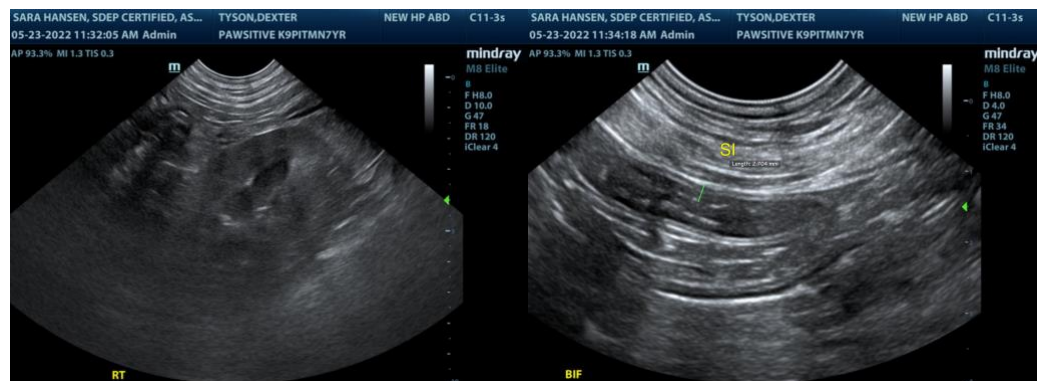
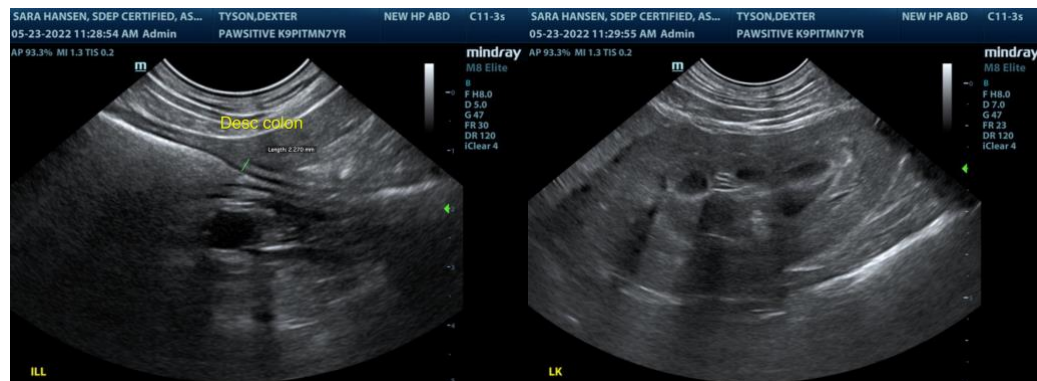
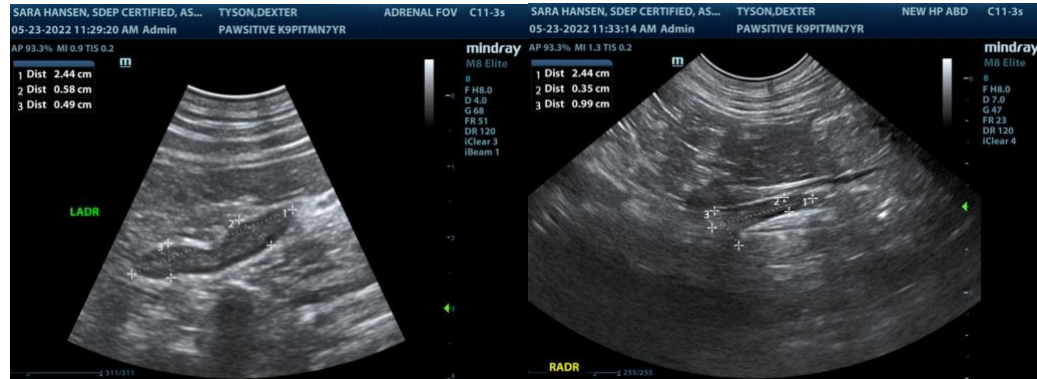
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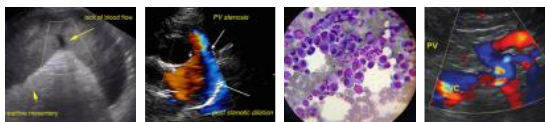
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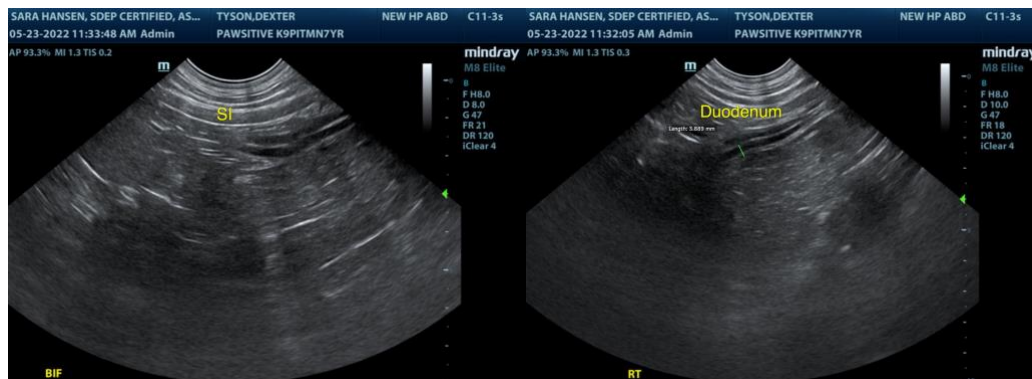
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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