



PATIENT PRESENTING CLINICAL SIGNS

Sophie Hollifield Chronic loose stool. GI PCR - positive for clostridium perfringes toxin and improved on amoxi-clav, but not complete resolution. Seems more lethargic and somewhat hyporexic. Assessing for causes of diarrhea. On Tylan, Amoxiclavm Imipramine, Gabapentin, Provable DC, Visbiome Welactin

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Collie

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with minor focal dependent mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Spayed Female

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 6.6 cm with minor pyelectasia present. The right kidney measured 6.7 cm.

AGE

10 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

78.7 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm at the cranial pole and 0.49 cm at the caudal pole. The right adrenal gland measured 0.45 cm at the cranial pole and 0.52 cma t the caudal pole.

Spleen

INTERPRETED BY

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

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

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Wood River AH

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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

REFERRING VET

Dr. Casey Schuelke

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.

INVOICE

37526

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent jejunal wall layering noted, secondary to subjectively mildly prominent jejunal muscularis. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.30-0.34 cm.

DATE

5/8/22

Normal visible colon wall layers were present. Luminal gas and subjective semiformed feces present.



PATIENT

Pancreas

Sophie Hollifield

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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Collie

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Minor dependent urinary bladder mineral
- Mild left kidney pyelectasia – Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Minor gallbladder debris (non-mucocele)
- Intact yet subjective segmentally prominent small bowel wall layering
- Sonographically unremarkable colon

AGE

10 Years

WEIGHT

78.7 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology with subjective minor intestinal mural changes. The minor segmental small intestinal wall changes may be a normal variant for this patient, yet may potentially indicate segmental inflammatory process. In patients with chronic gastrointestinal signs, low-grade to mild pancreatitis, which may present sonographically normal, dysbiosis, dietary intolerance/food hypersensitivity or allergies, segmental to structurally insignificant inflammatory bowel disease, or intestinal neoplasia (less likely) could be possible.

INTERPRETED BY

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 DABVP (Canine and Feline)

Full GI panel to include PLI, TLI, cobalamin and folate is recommended. In addition to current therapy including high colony count probiotic and antibiotics, a novel protein or hydrolyzed diet trial as well as empirical broad-spectrum deworming, even if fecal testing is negative, (i.e., Panacur 50 mg/kg PO SID) for at least 5 consecutive days with potential repeat protocol in three weeks may prove beneficial. Although thought less likely, adrenal screening with resting cortisol to rule out occult Addison's disease, given the chronic gastrointestinal signs, and potential lethargy/hyporexia could be considered.

IMAGING PERFORMED BY

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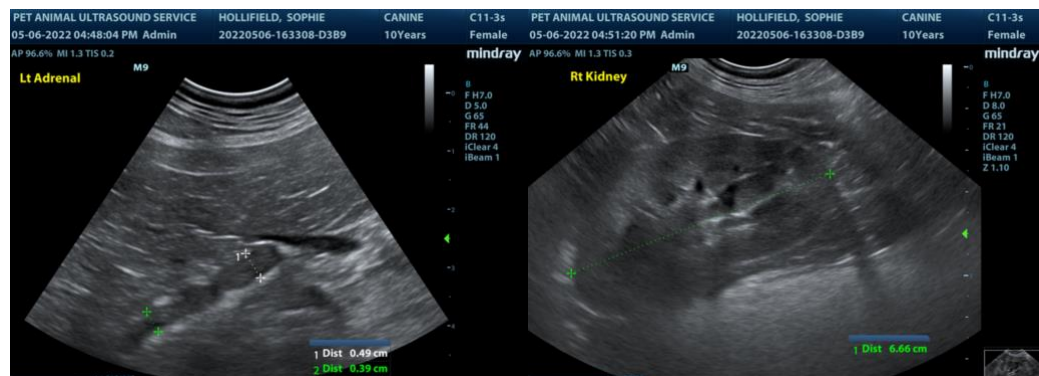
Dr. Casey Schuelke

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PATIENT

Sophie Hollifield

SPECIES

Canine

BREED

Collie

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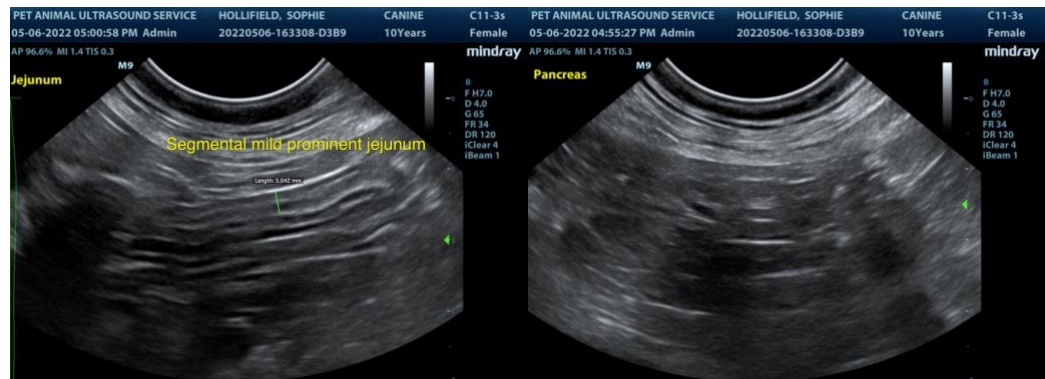
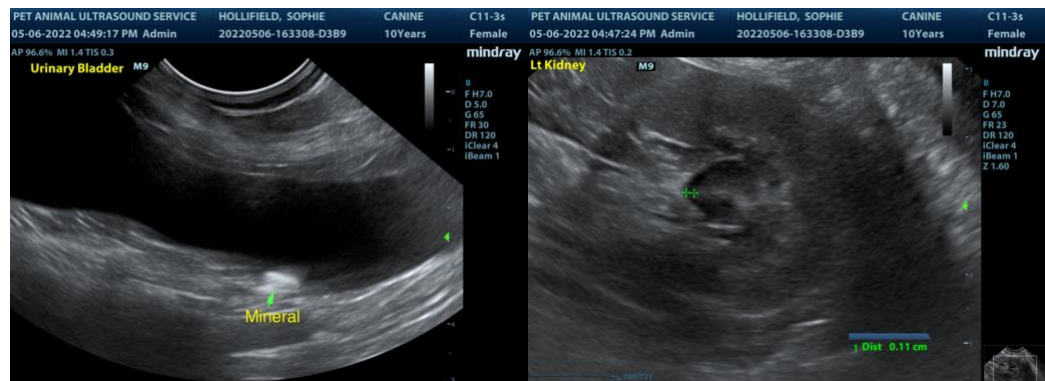
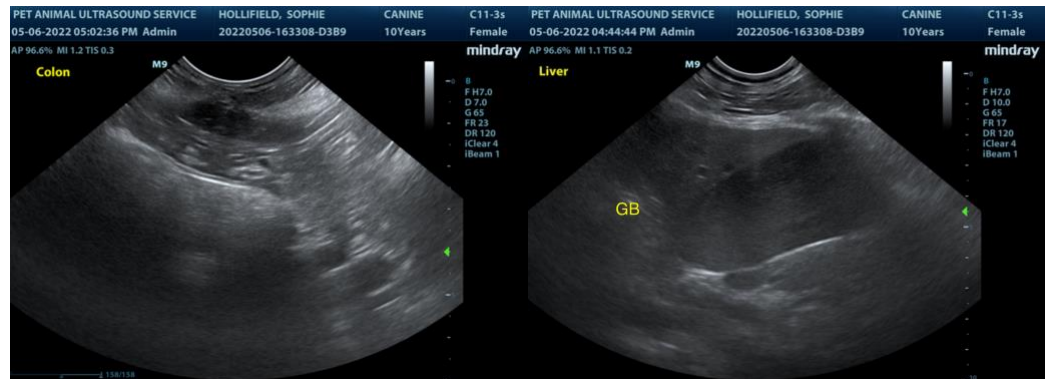
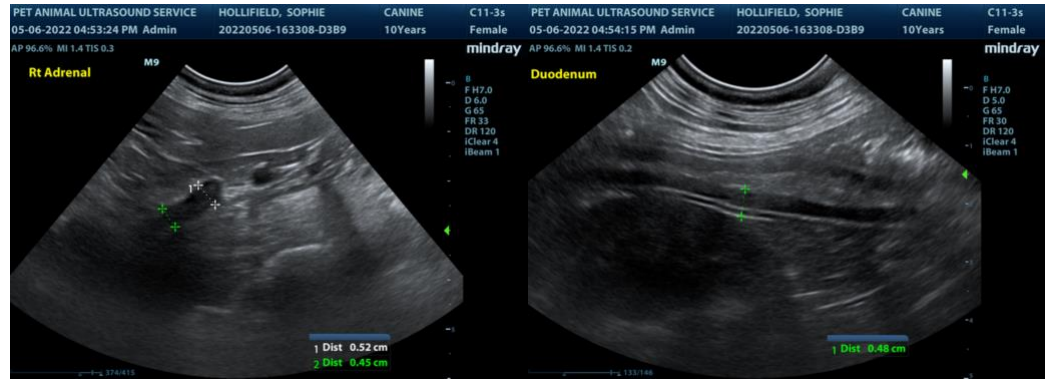
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PATIENT

Sophie Hollifield

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.

SPECIES

Canine

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.

BREED

Collie

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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