



PATIENT

Mia Rescue

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

2y, 9m

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Feldt

INVOICE

16779

DATE

5/9/23

PRESENTING CLINICAL SIGNS

Procedure: DROP OFF FOR TESTING/EXAM Technician Notes: PET IS BEING DROPPED OF FOR PE WITH DMF/ ABD AUS / IDEXX DIARRHEA PROFILE / TEXAS A&M OWNER BROUGHT FECAL SAMPLE FOR DIARRHEA PROFILE OBTAINED BLOOD SAMPLE FOR TEXAS A&M 1:15P WATERY DIARRHEA IN CAGE 2PM WALKED BM + 2:15P ADMINISTERED 0.6ML TORB IV 2:25P ABD AUS DONE

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: mm pm, trace tartar....looks about 2 years of age Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: BCS 4/9 Neurological: N Fecal: NPS Clostridium on direct

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 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 6.7 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized with the left adrenal gland subjectively measuring 0.75 cm width at the caudal pole. No overt pathology associated with the right adrenal gland was noted.

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 wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, nonshadowing ingesta sonographically consistent with food



PATIENT	without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.
Mia Rescue	
SPECIES	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.
Canine	The mid to distal descending colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa in the. The distal descending colon wall width measured 0.3-0.4 cm. The visualized proximal and transverse colon appeared to exhibit sonographically unremarkable wall layering containing generalized semi-formed to soft fecal matter, consistent with patient history.
BREED	
Boxer	
SEX	<i>Pancreas</i>
FS	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.
AGE	<i>Free Abdomen</i>
2y, 9m	Intermittent medial iliac and mesenteric 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 of the lymph nodes measured 2.6 cm x 0.77 cm. No omental masses or evidence of peritoneal effusion were noted.
WEIGHT	
60 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Structurally unremarkable gastrointestinal tract with mild gastric ingesta • Mild descending colitis pattern with generalized semi-formed to soft fecal matter - possible boxer colitis • Intermittent mild benign / reactive mesenteric / medial iliac lymphadenopathy - not consistent with lymphatic neoplastic criteria
IMAGING PERFORMED BY	
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HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
DPC VH	Correlation with a fresh fecal analysis, as well as a diarrhea PCR panel, is suggested. A concurrent GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for structurally insignificant or occult small intestinal or pancreatic disease as a contributing factor. Colon cytology or biopsy with histopathology is likely required for a definitive diagnosis.
REFERRING VET	
Dr. Feldt	
INVOICE	Empirically, a dietary trial which may include novel protein hydrolyzed or higher fiber diet, high colony count probiotic such as Provable, empirical cobalamin supplementation pending assessment of cobalamin levels, +/- antibiotic trial such as Enrofloxacin 7.5-10.0 mg/kg PO SID or in combination with Metronidazole and/or Amoxicillin may prove beneficial specifically if colonic sampling is not possible or elected.
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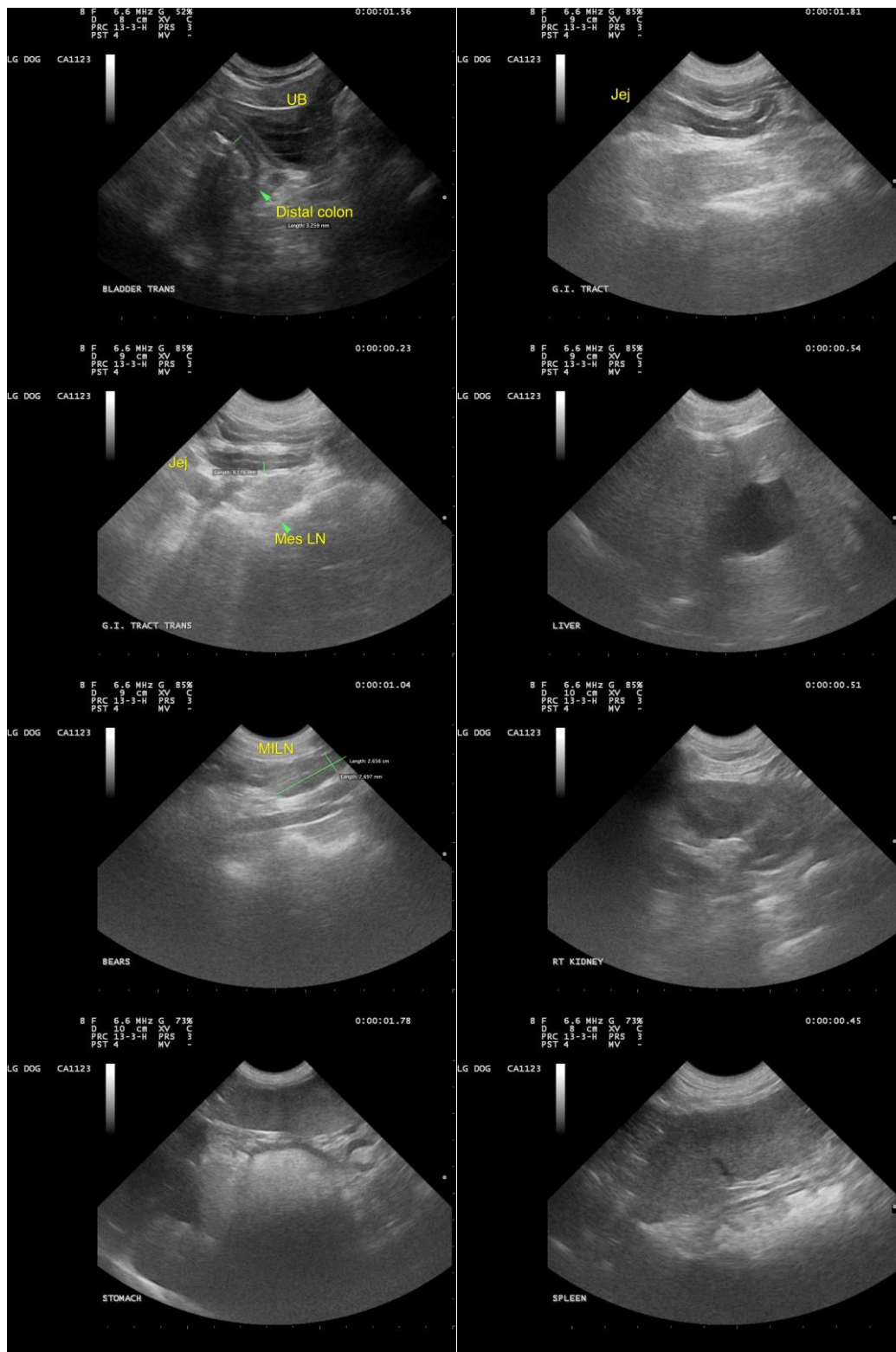
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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mac.daniel@sonopath.com