



PATIENT

Velvet Gonnello

SPECIES

Canine

BREED

Shar Pei

SEX

FS

AGE

6y 7m

WEIGHT

29 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

17080

DATE

6/13/23

PRESENTING CLINICAL SIGNS

Dramatic weight loss, used to be 40lb, chronic vomiting and diarrhea, on/off appetite.

Current meds: Famotidine, FortiFlora, Metronidazole. Dewormed with Drontal

Abnormal PE/Chem/CBC/UA Results: TP 4.6, Alb 2.5, C2 7.8, T4 0.9, Base Cortisol 1.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

No evidence of pathology in the area of the aortic trifurcation.

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 5.7 cm in length. The right kidney measured 5.6 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 1.8 cm length x 0.65 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 1.6 cm length x 0.45 cm width 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/ 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 mild prominent wall layering. The pylorus wall width measured 0.59 cm. The stomach contained a mild to moderate amount of retained anechoic fluid without evidence of retained ingesta or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.



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The small intestine presented generalized intact, segmental, variably prominent wall layering with minor segmental hyperechoic mucosal speckling. Minor segmental nonobstructive intestinal ileus was noted to the level of the ileocolic junction. No overt pathology was noted at the level of the ileocolic junction. The duodenum wall measured 0.55 cm width. The jejunum wall measured 0.44 cm width.

Sonographically normal visible colon wall layers were present with generalized semi-formed to soft fecal matter present in the colon lumen.

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 were evident.

Free Abdomen

Intermittent mesenteric lymph nodes were present. The lymph nodes were mildly prominent and homogeneous without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Enteropathy exhibiting generalized intact mildly prominent wall layering, minor segmental nonobstructive ileus, and subtle hyperechoic duodenojejunal mucosal speckling
- Semi-formed / soft fecal matter in colon
- Intermittent minor sonographically benign / reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal sonographic appearance was nonspecific with potential considerations including dietary intolerance / food hypersensitivity, dysbiosis, suspect inflammatory bowel disease, potential emerging protein-losing enteropathy, occult parasitism, occult Addison's Disease given baseline cortisol level <2.0, infiltrative neoplasia, or other gastroenteropathy, possible. A GI panel to include PLI/TLI/Cobalamin/Folate and full ACTH Stimulation test is suggested.

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 an assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. Assessment of caloric plane +/- competitive eating environment, if clinically applicable, may be considered.



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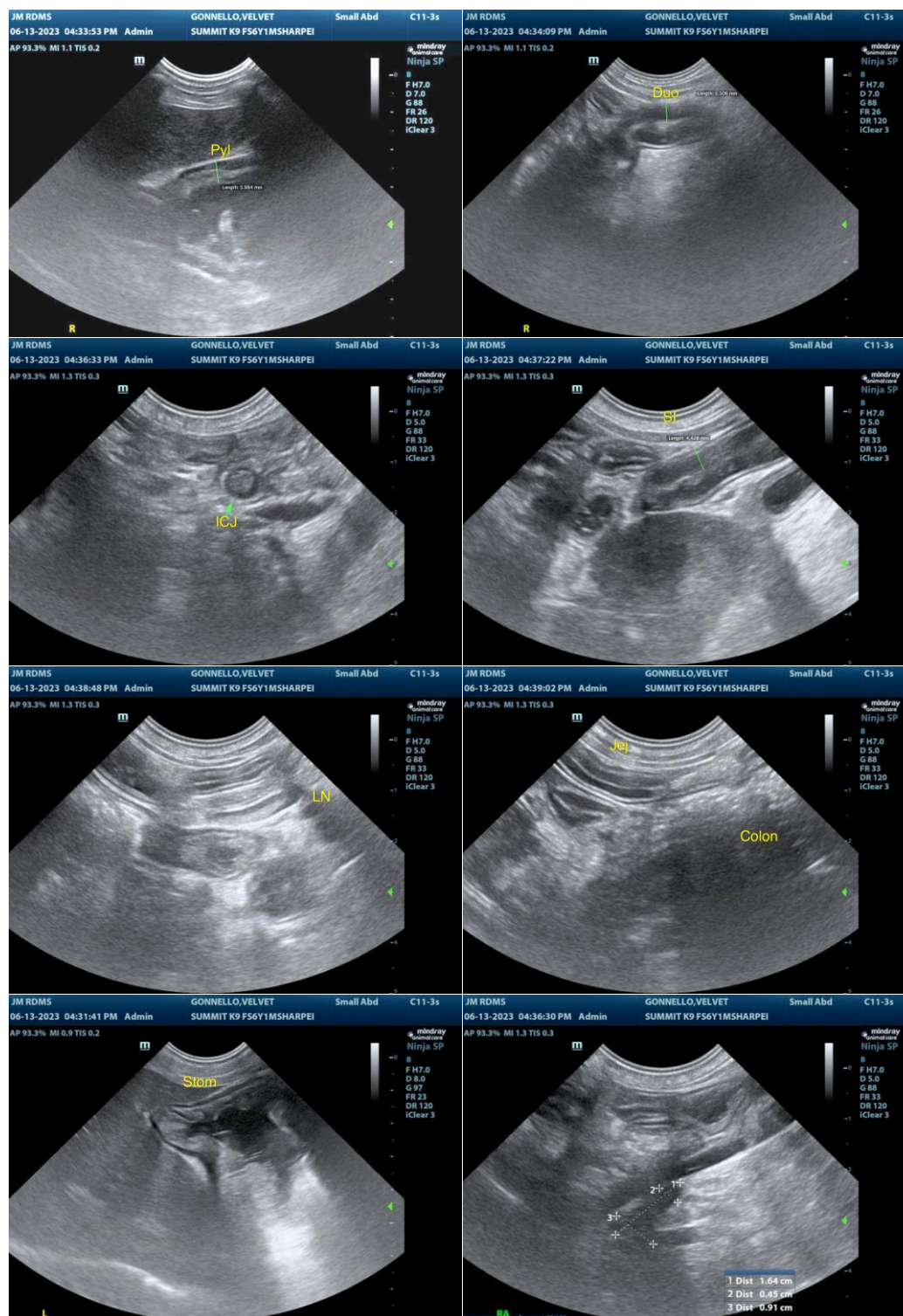
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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