



PATIENT

Meg Haculak

SPECIES

Canine

BREED

Boat Terrier

SEX

Female Spay

AGE

9 years

WEIGHT

9.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Cumyn

INVOICE

14126

DATE

6/16/22

PRESENTING CLINICAL SIGNS

1/6 murmur detected on physical history of chronic diarrhea. Ab scan 55 images Echo 60 images total
115 Patient sedated for scan

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 4.3 cm in length. The right kidney measured 4.3 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 0.47 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary nondisruptive mildly hyperechoic mid-liver intraparenchymal nodule was present measuring 0.83 cm diameter. 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 content containing mild gallbladder debris. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Meg Haculak

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was present. The ventral gastric body wall width measured 0.26 cm.

SPECIES

Canine

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. The jejunum wall width measured 0.47 cm. The duodenum wall width measured 0.47 cm.

BREED

Boat Terrier

The descending colon exhibited intact yet mildly prominent wall layering containing semi-formed feces. The descending colon wall width measured 0.18 cm.

SEX

Female Spay

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.

AGE

9 years

Free Abdomen

WEIGHT

9.8 kg

No overt lymphadenopathy or peritoneal effusion was present.

Intermittent mesenteric and medial iliac 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 a mesenteric lymph node measured 2.1 cm x 0.78 cm. The lymph nodes were not overtly consistent with inflammatory or neoplastic lymphatic criteria. No free fluid was noted.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Belan

- Mild hepatic parenchymal remodeling with solitary benign intraparenchymal nodule - nodule consistent with probable lipogranuloma
- Mild gallbladder debris (non-mucocele)
- Intact yet subjectively prominent small bowel and colon walls

HOSPITAL NAME

Signal Hill AC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Cumyn

The intact yet subjective mildly prominent enterocolic walls may be a normal patient variant but could be consistent with underlying inflammatory process i.e., IBD, given the patient's chronic diarrhea. Correlation with small bowel vs. large bowel or potential mixed bowel diarrhea pattern is suggested. In patients with chronic gastrointestinal signs, dietary intolerance / food allergy, dysbiosis, occult parasitism, and inflammatory bowel disease are possible with low-grade to chronic pancreatitis which may present as sonographically normal may be considered.

INVOICE

14126

DATE

6/16/22

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 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.



PATIENT

Meg Haculak

SPECIES

Canine

BREED

Boat Terrier

SEX

Female Spay

AGE

9 years

WEIGHT

9.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AC

REFERRING VET

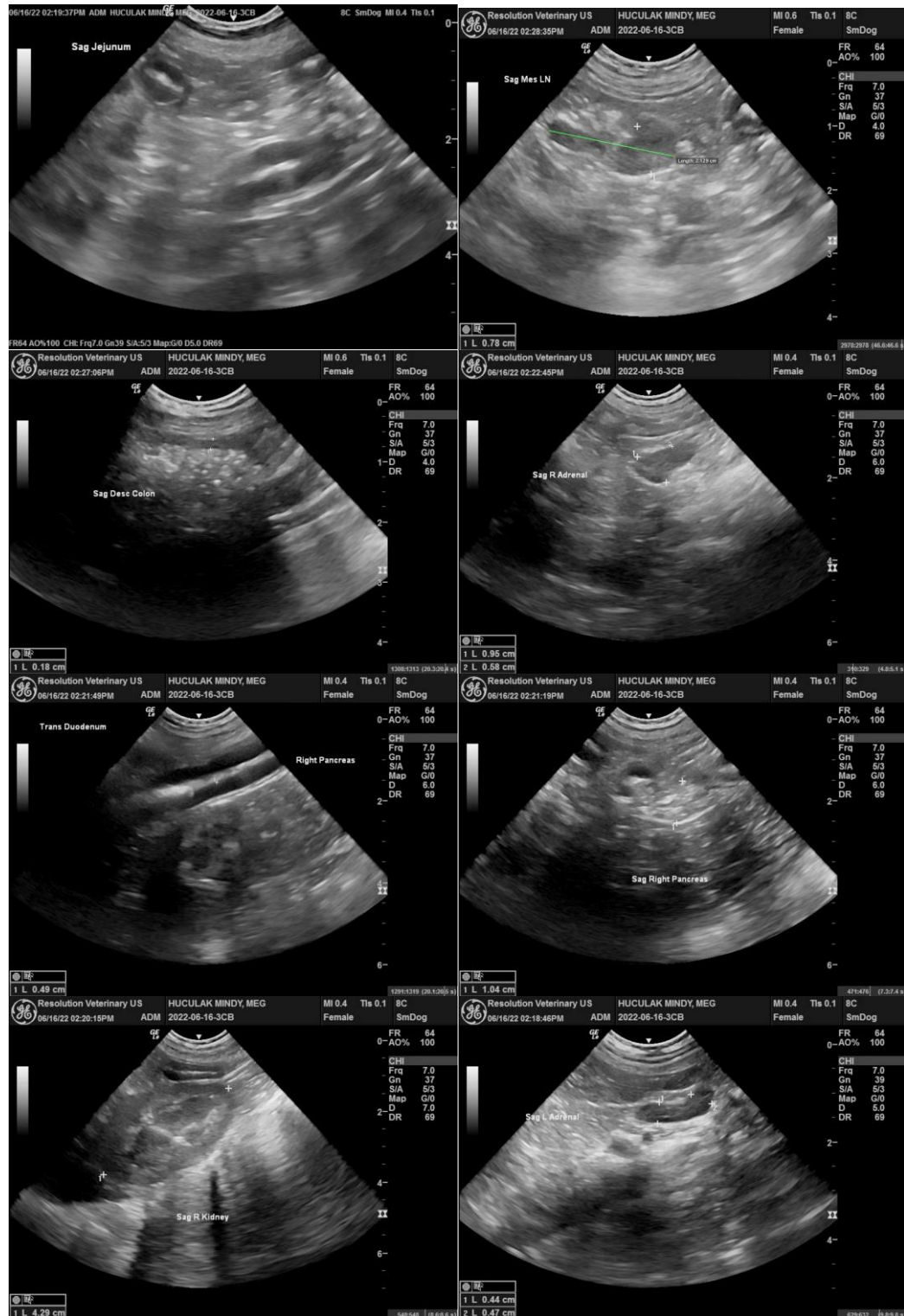
Dr. Cumyn

INVOICE

14126

DATE

6/16/22





PATIENT

Meg Haculak

SPECIES

Canine

BREED

Boat Terrier

SEX

Female Spay

AGE

9 years

WEIGHT

9.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AC

REFERRING VET

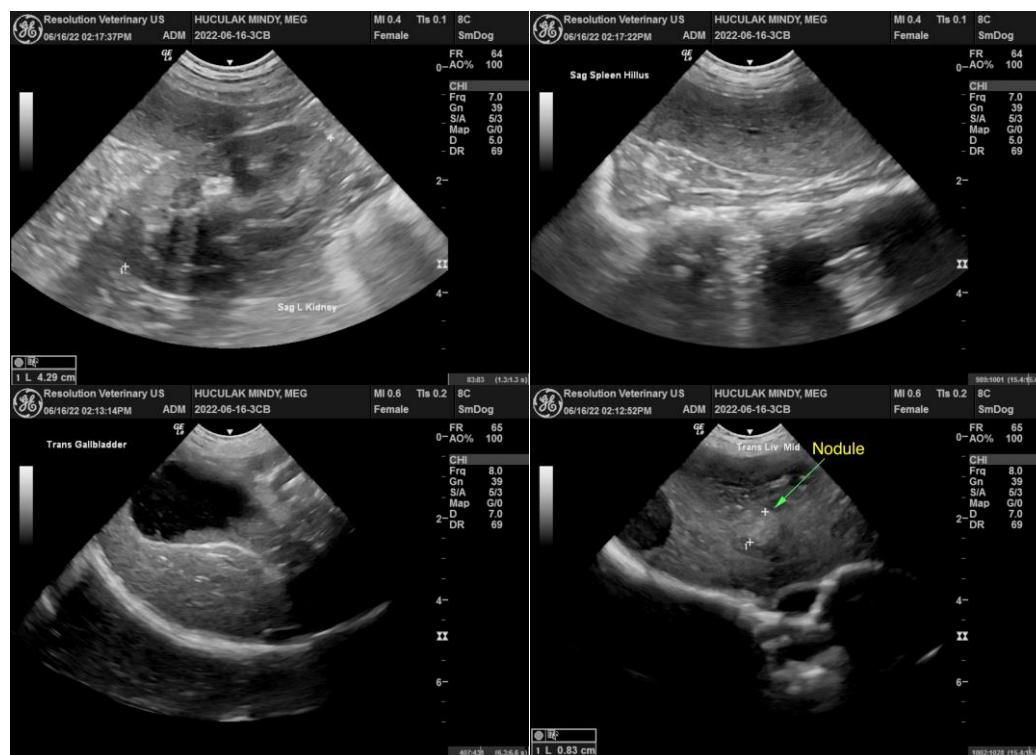
Dr. Cumyn

INVOICE

14126

DATE

6/16/22



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)
info@SonoPath.com