



PATIENT	PRESENTING CLINICAL SIGNS
Boston Caporusso	History: Vomiting blood, bloody stools. Current meds: Metro 500mg, Sucralfate 1g Abnormal PE/Chem/CBC/UA Results: Albumin 2.5 (2.7 L); TP 4.8 (5 L)
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder was mildly subnormal in size owing to lack of urine distention. The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.
German Shepherd	
SEX	The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.9 cm in diameter. The post-prostatic urethra was overtly normal to a depth of 3.0 cm.
Intact Male	
AGE	Normal size and margination was 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 7.9 cm in length. The right kidney measured 7.0 cm in length.
7 Years	
WEIGHT	Adrenal Glands
85 Pounds	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.45 cm width at the cranial pole.
INTERPRETED BY	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	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.
HOSPITAL NAME	Liver
Animal Mansion	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.
REFERRING VET	Gastrointestinal
Dr. Parker	The stomach presented intact wall layering with a normal wall layer ratio. The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate hyperechoic to shadowing ingesta. No overt evidence of mechanical pyloric outflow obstruction.
INVOICE	
16359	
DATE	
6/27/22	



PATIENT	The small intestine exhibited overall intact wall layering exhibiting segmental variable mural thickening owing to propensity for mildly prominent mucosa and muscularis layer, extending caudally to the level of the ileum. The ileum exhibited subjective moderate wall thickening, exhibiting indistinct wall layer detail to the level of the ileocolic junction. Concurrent duodenal and segmental jejunal nonshadowing chyme was present. No overt evidence of gastrointestinal mechanical obstructive pattern. The ileum wall measured 1.0 cm in width. The jejunum wall measured 0.47 cm. The duodenum wall measured 0.35 cm.
Boston Caporusso	
SPECIES	
Canine	
BREED	Normal visible colon wall layers were present with semi-formed feces in lumen, consistent with reported soft stool to diarrhea.
German Shepherd	
SEX	Pancreas The left limb of the pancreas exhibited normal size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.
Intact Male	
AGE	Free Abdomen Intermittent mid abdominal to periintestinal prominent mildly hypoechoic to nonhomogeneous mesenteric lymph nodes were present with evidence of perilymphatic reactive mesentery. The observed lymph node appeared to maintain appropriate width to length ratio <0.5 cm. An example measured 4.0 cm x 1.0 cm.
7 Years	
WEIGHT	A very scant pocket of peritoneal free fluid was noted between the cranial liver and diaphragm. No other evidence of peritoneal free fluid was noted.
85 Pounds	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Primary Findings <ul style="list-style-type: none"> • Moderate shadowing gastric ingesta- likely consistent with postprandial presentation • Generalized enteropathy with subjective moderate ileitis • Suspect concurrent mesenteric Lymphadenitis with mild perilymphatic reactive mesentery
IMAGING PERFORMED BY	Secondary Findings <ul style="list-style-type: none"> • Benign prostatic hyperplasia, potential for prostatitis possible
Shari Reffi, CVT	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Animal Mansion	Sonographically, the appearance of the small intestine is suggestive of inflammatory enteropathy, i.e., IBD. Alternative etiologies could include dysbiosis, dietary intolerance/food allergy, occult parasitism, while the possibility of intestinal neoplasia with concurrent early neoplastic lymphadenopathy cannot be definitively excluded. Correlation with pending lymph node FNA is suggested. Low-grade pancreatitis as a contributing factor could be possible, although thought less likely. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Although thought unlikely, adrenal screening with resting cortisol to rule out occult Addisons disease would be warranted.
REFERRING VET	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
Dr. Parker	
INVOICE	
16359	
DATE	
6/27/22	



PATIENT

Boston Caporusso

as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

7 Years

WEIGHT

85 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

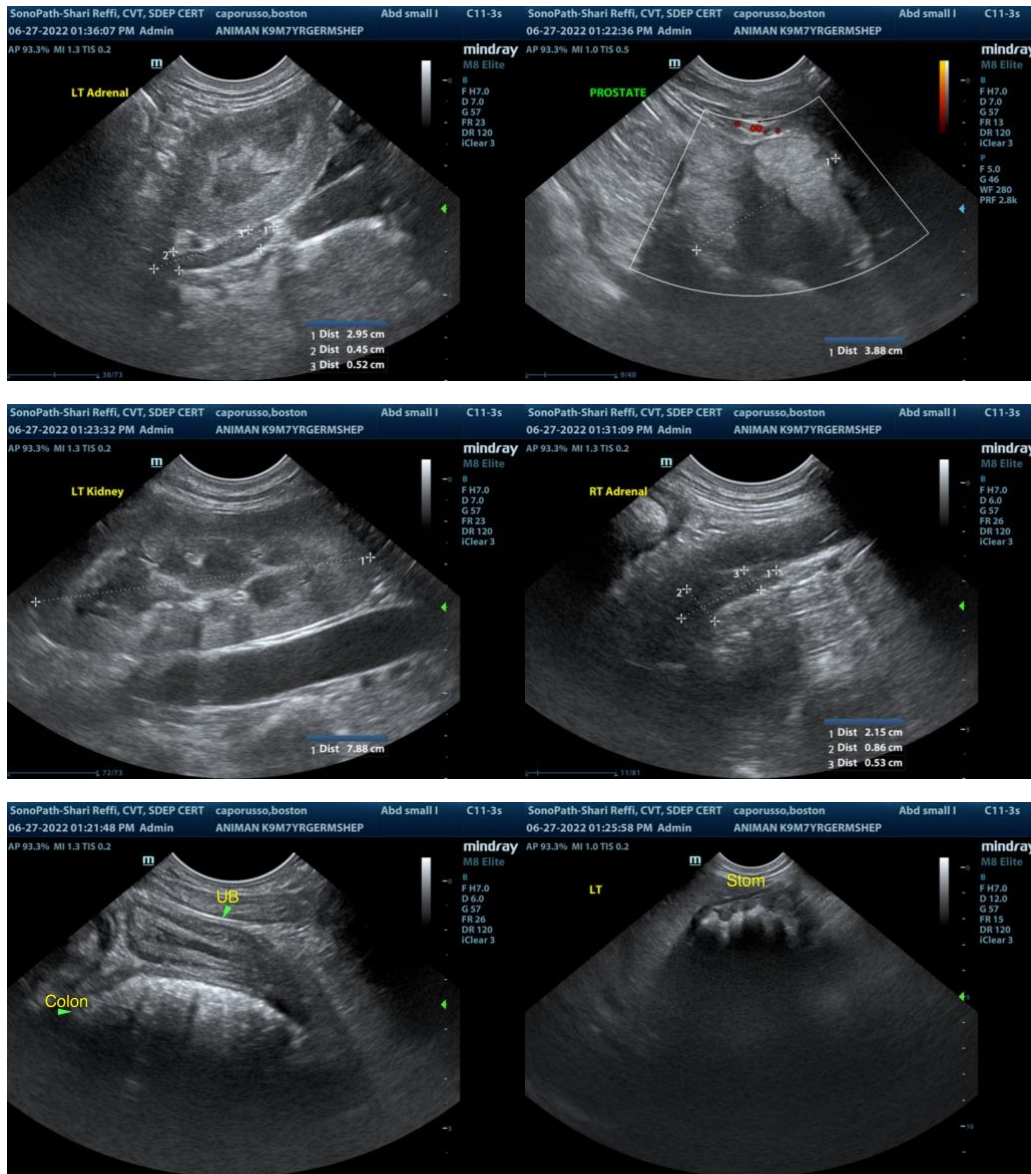
Dr. Parker

INVOICE

16359

DATE

6/27/22





PATIENT

Boston Caporusso

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

7 Years

WEIGHT

85 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Mansion

REFERRING VET

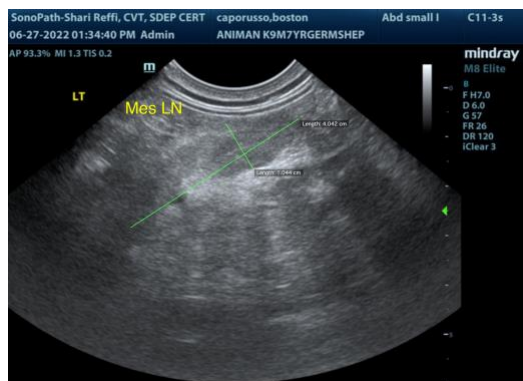
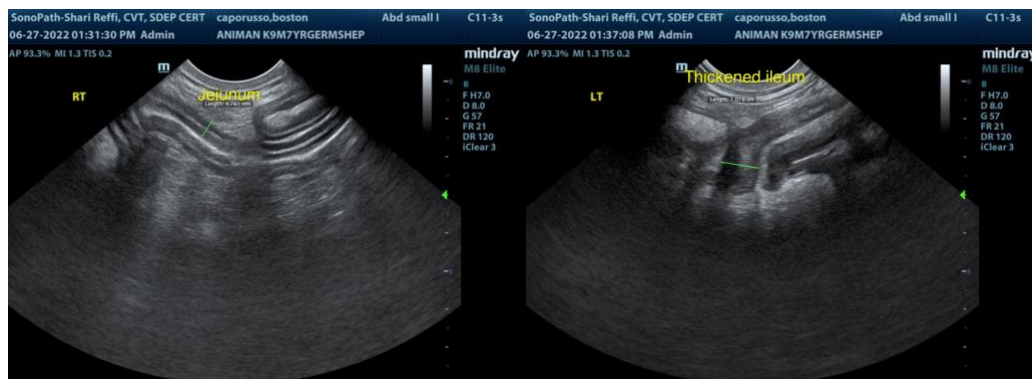
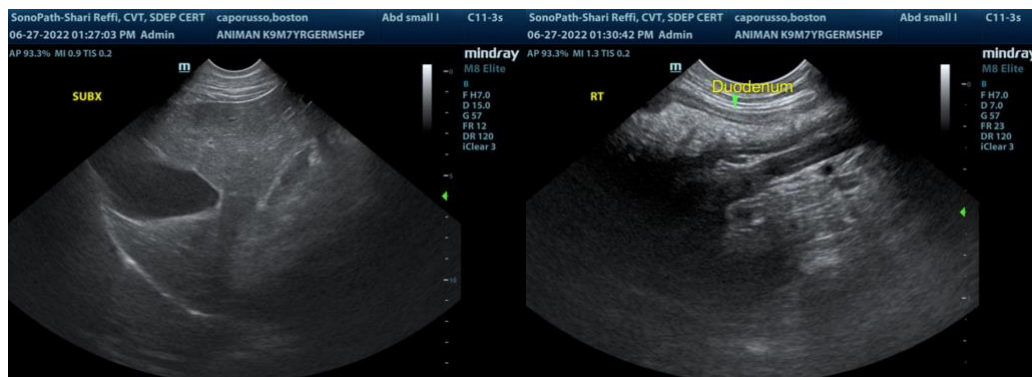
Dr. Parker

INVOICE

16359

DATE

6/27/22



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.

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