



PATIENT

Timber Croghan

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

2022

WEIGHT

65 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook -
SDEP Certified
Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Anne Todd

INVOICE

17155

DATE

6/27/23

PRESENTING CLINICAL SIGNS

4 days ago pt swimming in lake, diarrhea immediately afterwards, continuing for 3 days. One bowel movement of formed stool yesterday, continued diarrhea last night. off/on lethargy. BAR today. Pt known to chew up things.

Abnormal PE/Chem/CBC/UA Results: Labwork - WNL Radiographs - dilated loops of SI, gas distended

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.

The residual prostate was free of pathology.

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 6.1 cm in length. The right kidney measured 6.1 cm in length.

Adrenal Glands

The left adrenal gland exhibited a subjective mild flattened shape yet normal position and echogenicity. The left adrenal gland measured 2.7 cm length x 0.39 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 2.1 cm length x 0.50 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.



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Gastrointestinal

The stomach presented normal visualized intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of subtly shadowing ingesta and lumen gas. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering and a maintained 1:3 muscularis/mucosa ratio with minor focal to segmental intestinal mucosal speckling. Similar appearing nonshadowing ingesta / chyme was present in the segmental intestinal tract. No obstructive pattern was noted. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.34 cm width. The ileum wall measured 0.28 cm width.

Normal visualized colon wall layers were present with subjective semi-formed to possible mild soft fecal matter.

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 essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.5 cm length x 0.96 cm. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with focal nonspecific mucosal speckling and mild gastric and segmental intestinal ingesta
- Intermittent mild sonographically benign / reactive mesenteric lymphadenopathy
- Semi-formed possibly soft fecal matter in colon
- Subjective mild subnormal left adrenal gland - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, dysbiosis, nonspecific gastroenteritis to potential emerging inflammatory bowel, occult parasitism, occult Addison's Disease, or other gastroenteropathy are all potentials. No evidence of gastrointestinal foreign material or obstructive pattern was noted.

Fresh fecal analysis to assess for parasitic ova / Giardia, a GI panel to include PLI/TLI/Cobalamin/Folate and screening resting cortisol level are warranted. 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.



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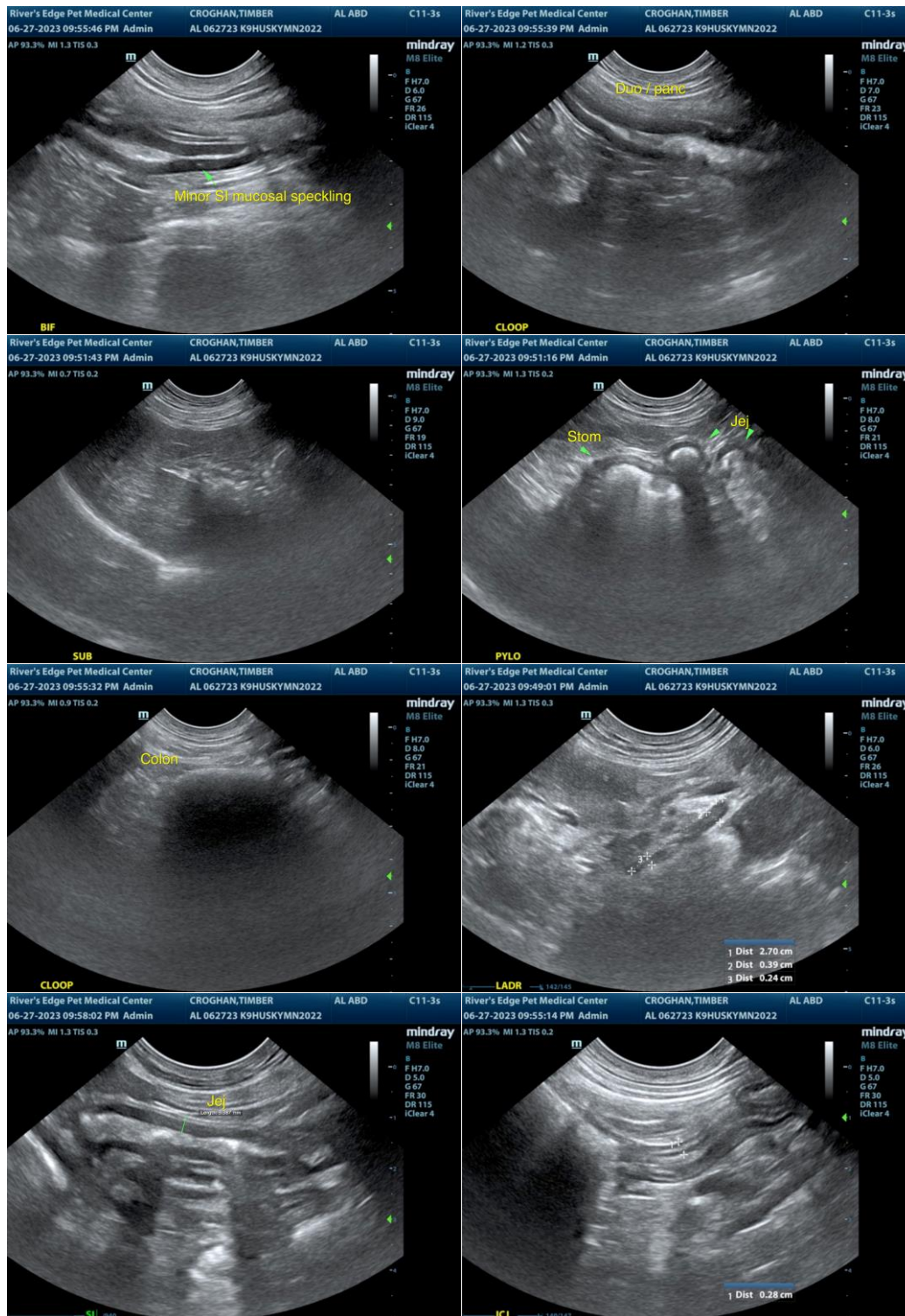
Dr. Anne Todd

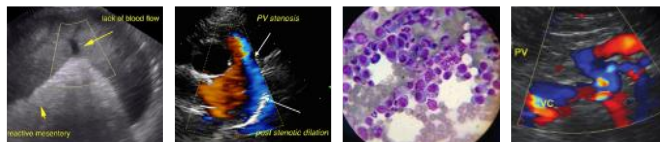
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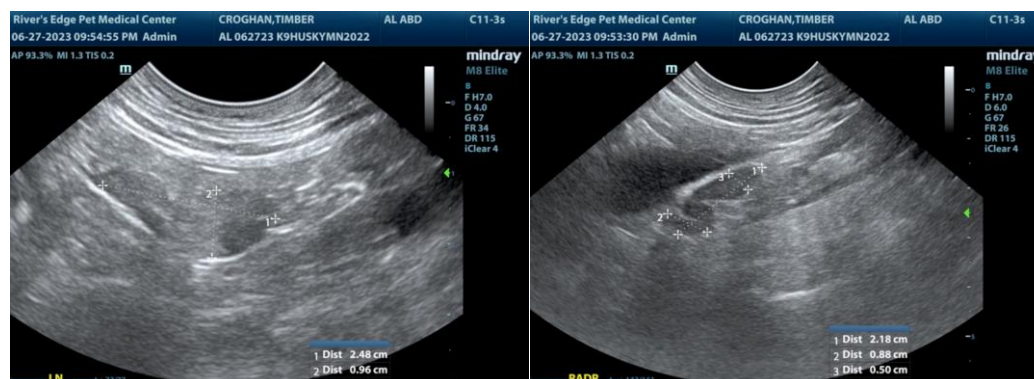
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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