



PATIENT PRESENTING CLINICAL SIGNS

Cooper Perkin History: Diarrhea since April, moderate resolution with medication, frank blood in stool, high anxiety FortiFlora, bland diet

SPECIES Labs: WBC 18 w/mild neutrophilia, HCT 56.9 Chem wnl ALB 3.1

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Basenji Mix

SEX

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

MN

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 4.9 cm in length. The right kidney measured 4.7 cm in length.

AGE

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WEIGHT

33.5

The area of the aortic trifurcation was free of pathology. The area of the iliac trifurcation was free of pathology.

No overt pathology in the area of the residual prostate measuring 1.0 cm.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 2.2 cm length.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent subtle hypoechoic nondisruptive splenic nodules were present an example measuring 0.64 cm in diameter. 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.

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Liver

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 with mild luminal debris. The cystic and common bile ducts were normal.

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Gastrointestinal

DATE
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.



PATIENT

Cooper Perkin

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 duodenum wall measured 0.33 cm in width. The jejunum wall measured 0.25 cm in width.

SPECIES

Canine

Normal visible colon wall layers were present in the visual proximal and transverse colon extending into the proximal to mid descending colon. The distal descending colon and colorectum exhibited variable mural thickening with decreased mural echogenicity and loss of discernable wall layering with apparent nonformed feces in lumen. The distal descending colon wall measured up to 0.84 cm in width. Subtle evidence of peri colonic reactive mesentery was noted with multiple variably enlarged hypoechoic mesenteric lymph nodes.

BREED

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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 was evident.

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Free Abdomen

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Subtle evidence of peri colonic reactive mesentery was noted with multiple variably enlarged hypoechoic mesenteric lymph nodes. No peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Thickened descending colon/descending colorectum with loss of wall layer detail
- Multiple enlarged to hypoechoic mesenteric lymph nodes with evidence of peri lymphatic reactive mesentery
- Subtle splenic nodules-suspect benign, subtle areas of hyperplasia or hematopoiesis suspected
- Mild gallbladder debris-incident

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened descending colon/colorectum may indicate chronic colitis/ulcerative colitis or infectious colitis with potential for infiltrative colonic neoplasia. Concurrent mesenteric lymphadenitis owing to chronic colitis or early metastatic/neoplastic lymphadenopathy is possible. If accessible, an ultrasound guided FNA of an enlarged mesenteric lymph node could be considered for screening cytology. Endoscopic colonic biopsies would be required for a definitive diagnosis. Empirically, enrofloxacin +/- metronidazole and/or amoxicillin trial with hydrolyzed diet and as needed high colony count probiotic with assessment of clinical response and sonographic monitoring of the colon would be reasonable. A guarded prognosis is indicated.

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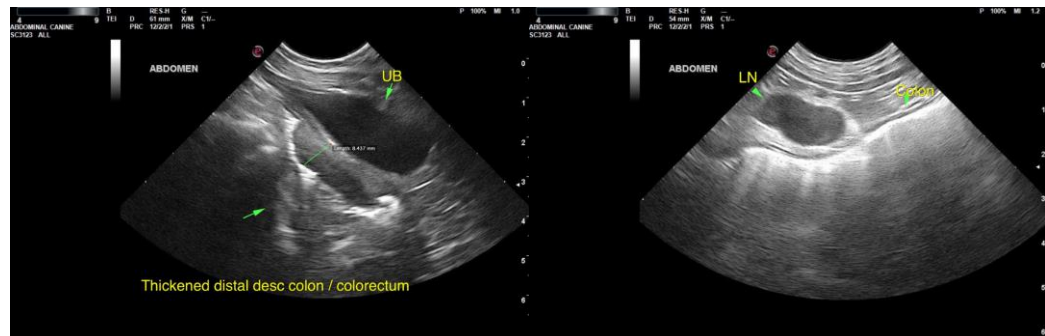
Dr. Ballek

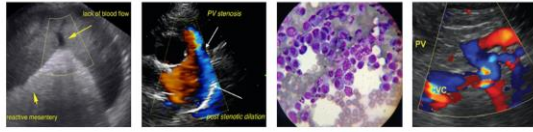
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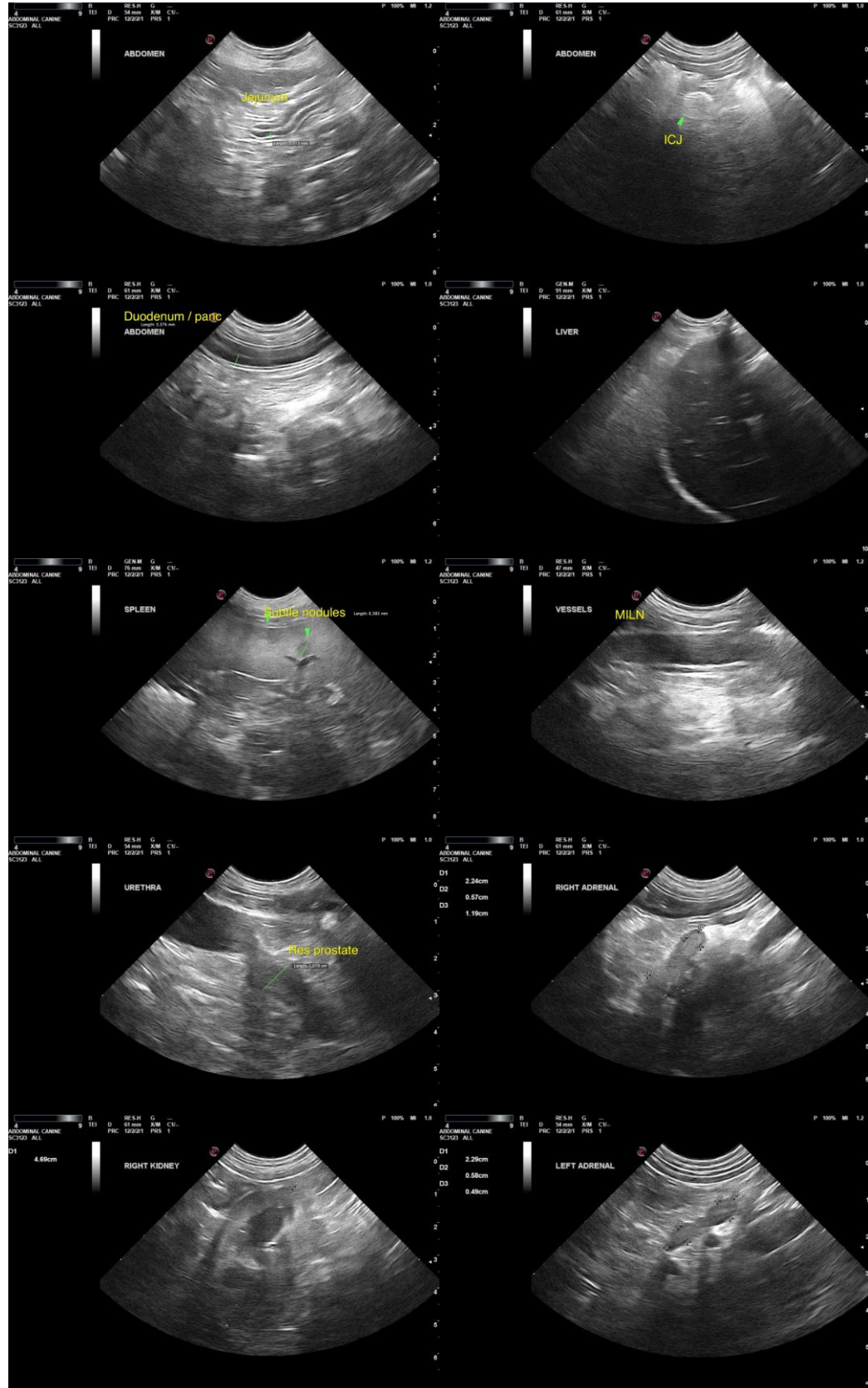
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SEX

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.

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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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