



PATIENT

Matrix Cabrera

SPECIES

Canine

BREED

Border Collie Mix

SEX

MN

AGE

10 Months

WEIGHT

Border collie Mix

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Wyman-
Greenwald

INVOICE

14001

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Diarrhea, not gaining weight, vomiting yesterday, ate today and kept it down. No current meds.

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

The area of the aortic trifurcation was free of pathology.

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 4.9 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 0.38 cm width at the caudal pole and 0.45 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 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 and sonographically unremarkable wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.



PATIENT	The small intestine presented intact and sonographically unremarkable wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.
Matrix Cabrera	
SPECIES	Normal visible colon wall layers were present with subjective semi-formed feces in lumen.
Canine	Pancreas
BREED	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.
Border Collie Mix	
SEX	Free Abdomen
MN	Intermittent mesenteric 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 lymph node measured 3.3 cm x 0.67 cm.
AGE	
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WEIGHT	<ul style="list-style-type: none"> Overtly normal gastrointestinal tract with gastrointestinal ingesta Intermittent benign / reactive mesenteric lymph nodes - hyperplasia, minor reactive lymphadenitis, or immunologic immaturity possible
Border collie Mix	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of gastrointestinal pathology as an obvious cause of the patient's gastrointestinal signs and failure to gain weight was evident.
IMAGING PERFORMED BY	The presence of generalized gastrointestinal ingesta likely correlates with reported meal ingestion. Some degree of possible inefficient peristalsis cannot be definitively excluded. However, no evidence of mechanical / metabolic ileus or other obstructive pathologies such as foreign material, intussusception, etc. Possible considerations in this case may include dietary Intolerance / food allergy, occult parasitism, dysbiosis, IBD, or other gastroenteropathy. Further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis to rule out parasitic ova / giardia.
Shari Reffi, CVT	
HOSPITAL NAME	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 (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Recheck fasted ultrasound vs. possible endoscopic biopsies may be indicated if GI signs continue despite empirical therapy.
Newton VH	
REFERRING VET	Although considered unlikely, resting cortisol level to rule out occult Addison's Disease is suggested.
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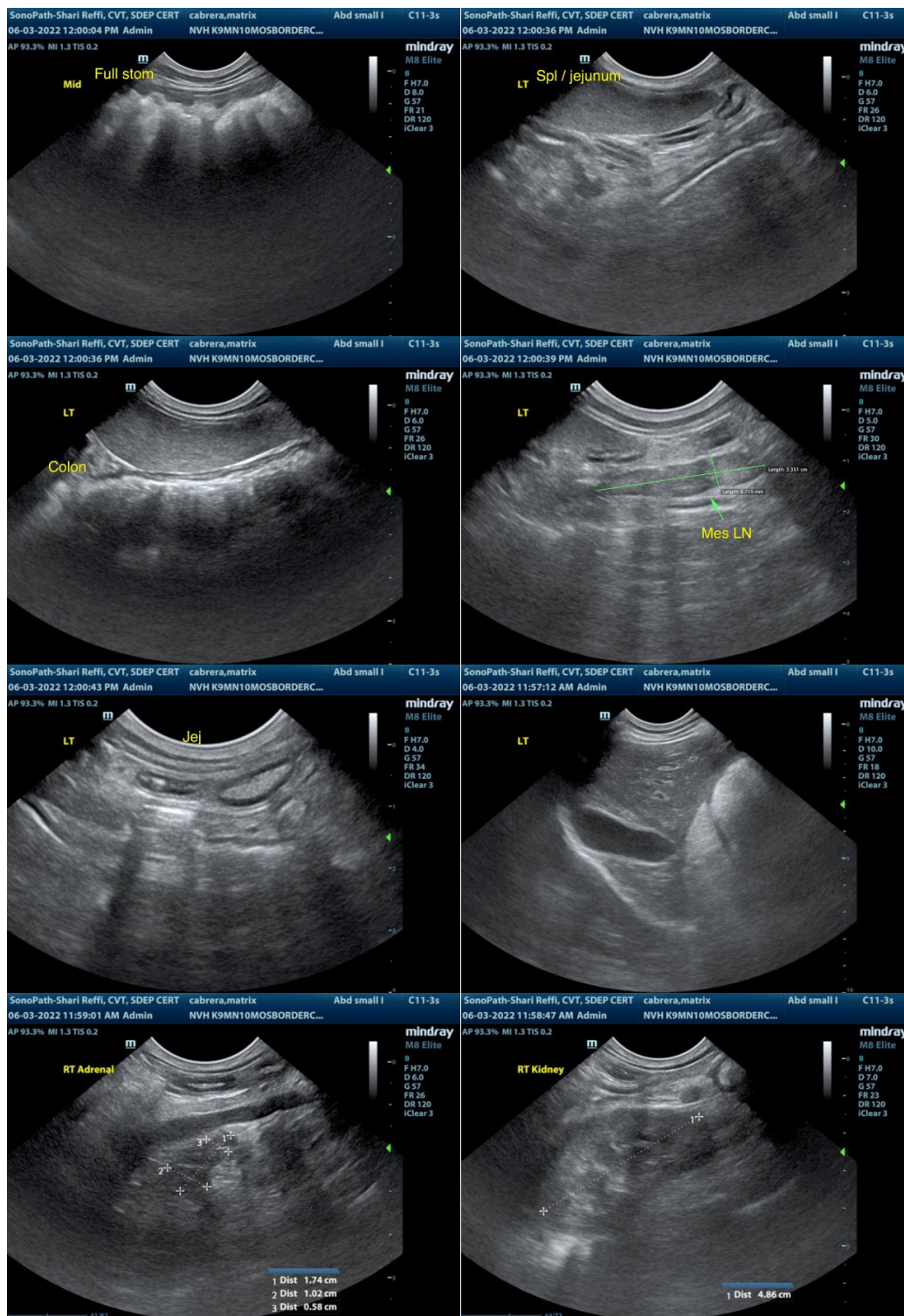
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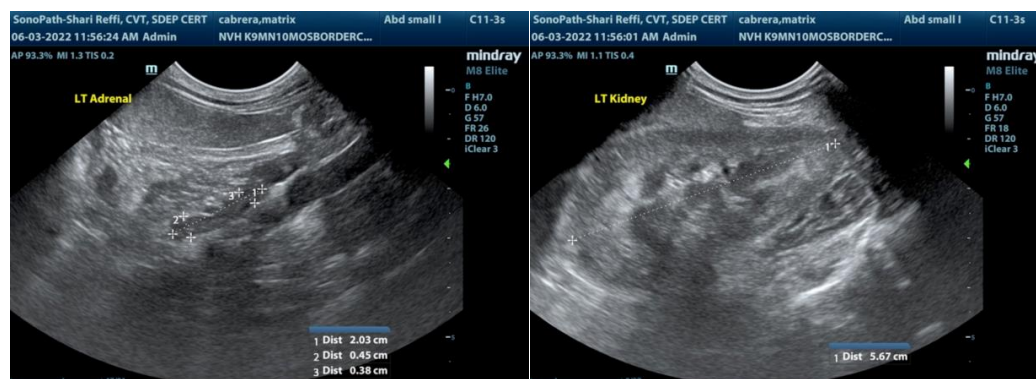
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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