



**PATIENT**

Duke Solombrino

**SPECIES**

Canine

**BREED**

Coonhound Mix

**SEX**

MN

**AGE**

7 years

**WEIGHT**

53.0

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

Dr. Hannah Fearing

**INVOICE**

14285

**DATE**

7/13/22

**PRESENTING CLINICAL SIGNS**

Duke has been on and off eating for a couple of days. At the time of bloodwork he was on and off eating. He started having diarrhea on 7/9

Abnormal PE/Chem/CBC/UA Results: Bloodwork all normal except for CLP test: 732 Lipase:537 Bilirubin: 0.1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No overt pathology was noted in the area of the residual prostate.

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 6.3 cm in length. The right kidney measured 6.0 cm in length.

**Adrenal Glands**

No overt pathology was noted in the area of the left adrenal gland, although not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole and 0.67 cm width at the cranial 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 gastric walls with mild retained anechoic gastric fluid and pockets of luminal gas. No evidence of mechanical pyloric outflow obstruction was noted.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper duodenal ileus pattern was present. No evidence of mechanical duodenal obstruction was noted. No overt gastrointestinal foreign material or obstructive pathology was visualized.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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 were evident.

## SEX

MN

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## AGE

7 years

## ULTRASONOGRAPHIC FINDINGS

- Structurally normal gastrointestinal tract and colon with mild gastroduodenal hypomotility
- Sonographically unremarkable pancreas

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

Overall, no overt evidence of significant or obstructive gastrointestinal pathology, as well as no sonographic evidence of active pancreatitis was noted. Structurally insignificant inflammatory bowel episode, dietary indiscretion, occult parasitism, IBD, or low-grade pancreatitis, both of which may present as sonographically normal, could be possible.

## IMAGING PERFORMED BY

Dr. Hannah Fearing

Further assessment may include resting cortisol level +/- full ACTH Stimulation test If resting cortisol is <2.0, as well as a GI panel to include PLI/TLI/Cobalamin/Folate.

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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.

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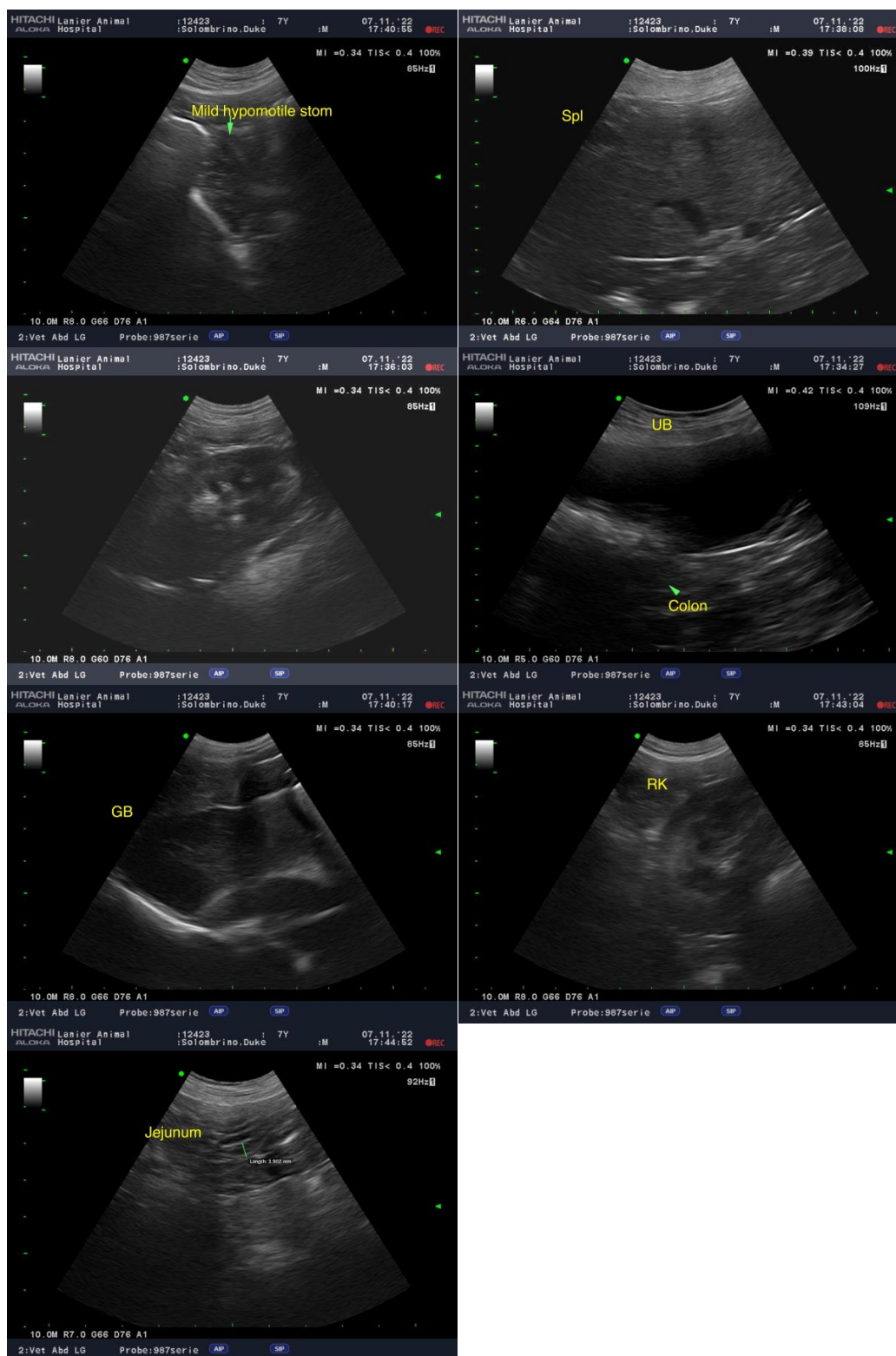
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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**