



PATIENT PRESENTING CLINICAL SIGNS

Willow Anderson Several month duration loose stool Trazadone, Metronidazole, Myciquum, i/d

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder was normal in size and tone with mild anechoic urine present with no sediment or calculi. Focal area of mildly folded dorsal urinary bladder wall was noted, which is likely a patient variant likely owing to lack of urine distention and is incidental. No evidence was noted of congenital abnormalities such as urachal remnant. The urethra exhibited normal structure and tone to a depth of 4.0 cm.

Great Dane

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

FS

AGE 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 7.6 cm in length. The right kidney measured 8.4 cm in length.

2018

WEIGHT **Adrenal Glands**

123

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.2 cm length x 0.64 cm width at the caudal pole. The right adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring approximately 1.0 cm width.

INTERPRETED BY

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

Spleen

The spleen exhibited subjective mild enlargement yet maintained symmetrical capsule contour and a finely textured homogeneous parenchyma with no masses or nodules. Normal splenic vascularity was present.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Blue Ridge VC

REFERRING VET

Dr. Filchner

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. The ventral gastric body wall width measured 0.65 cm. Suspect previous gastric body wall tacking, given the appearance of the pylorus, yet not definitive. No overt evidence of mechanical pyloric outflow obstruction was noted.

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PATIENT
 Willow Anderson
 The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing small intestinal chyme was present. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.38 cm width.

SPECIES
 Canine
 Normal visible colon wall layers were present with generalized semi-formed to 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.

BREED

Great Dane

Free Abdomen

SEX

FS

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 lymph node measured 1.5 cm x 0.4 cm. No evidence of peritoneal free fluid was noted.

AGE

2018

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Overtly normal gastrointestinal tract and colon with subjective semi-formed / soft fecal matter
- Intermittent benign / reactive mesenteric lymph nodes - mild lymphoid hyperplasia or reactive lymphadenitis owing to underlying intestinal disease / inflammation likely
- Mild splenomegaly - benign, patient variant, benign hyperplasia, hematopoiesis likely

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of visceral, specifically gastroenterocolic, pathology was present. At times, the gastroenterocolic presentation may not correlate sonographically with chronic to recurrent gastrointestinal signs reported. In patients with chronic to recurrent gastrointestinal signs, considerations may include; dietary intolerance / food allergy (even on current ID), dysbiosis, occult parasitism, low-grade to chronic pancreatitis, or inflammatory bowel disease, both of which may present as sonographically normal. No overt evidence of gastrointestinal neoplastic criteria or structural pathology, i.e., intussusception, etc. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Although considered unlikely, resting cortisol level to rule out occult Addison's Disease could be considered.

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The reported elevated TLI is nonspecific in dogs potentially secondary to structurally insignificant low-grade pancreatitis or intestinal disease.

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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 (current Metronidazole vs. Tylosin) and as needed gastrointestinal support with an assessment of

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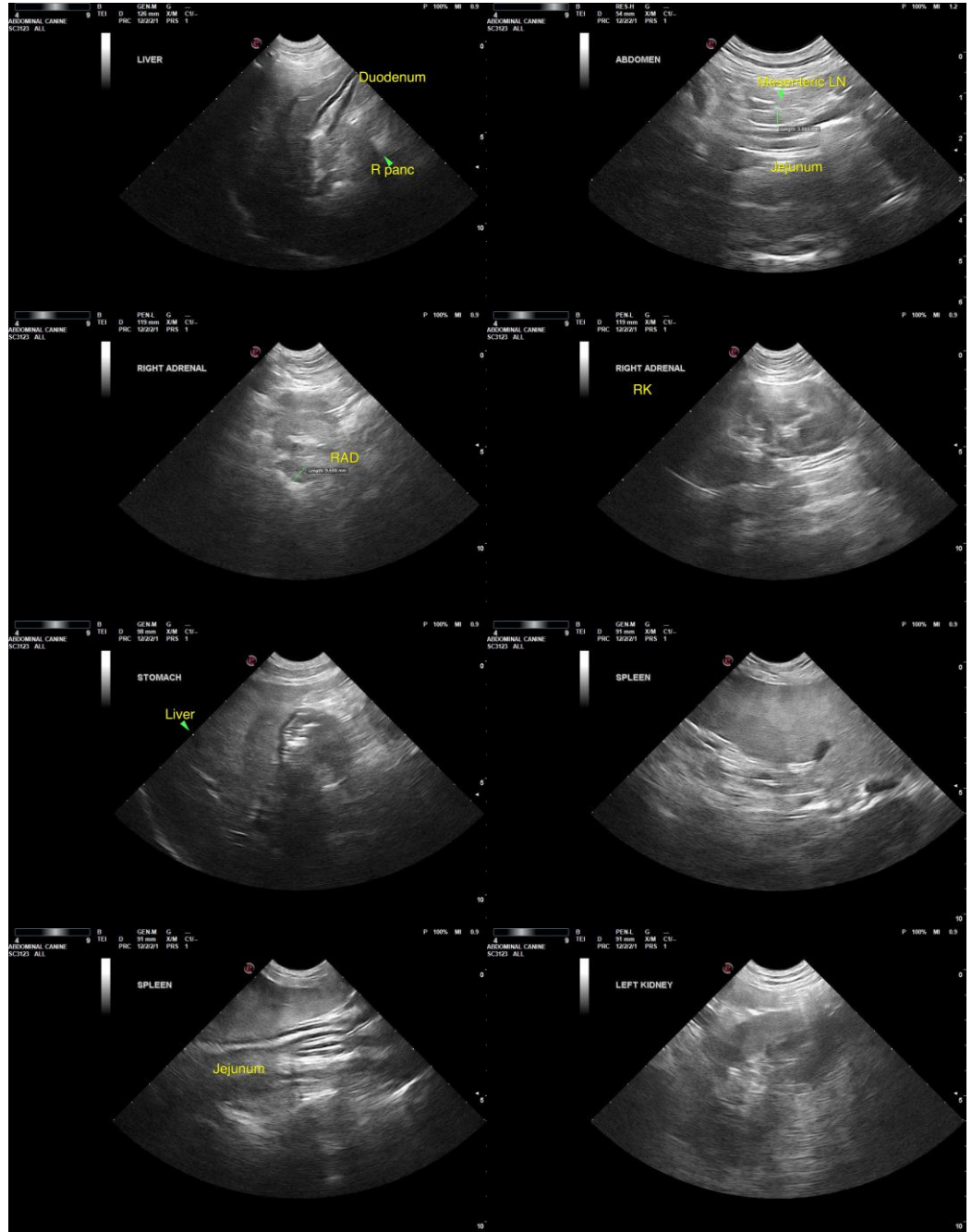
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clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.



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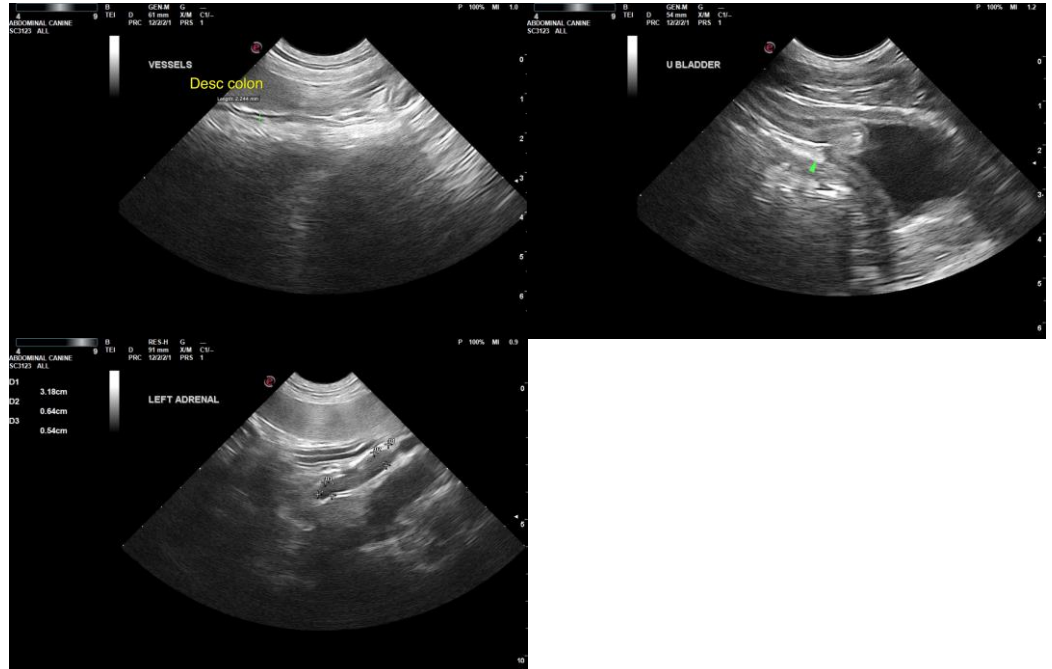
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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