

PATIENT PRESENTING CLINICAL SIGNS

Stella Smith
Diarrhea 4 days, not improving with bland diet.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Abdomen slightly tense with mid-abdominal pain. Fur coat dry. Stage 2 pddz. Labs: BUN 37, Cr. 1.1mg/dl. Amylase 1531, Lipase WNL Hct 62% with slight increase RBC's and Hgb.

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder was normal in size and tone with normal appearance to the urinary bladder wall. A solitary small non-shadowing echo present in the area of the ureteral papillae. Which may indicate mildly prominent ureteral papillae accumulated sediment or impinging ventral colon. No evidence of urinary bladder tumors or calculi and visible pelvic urethra to a depth of 2 cm. Anechoic urine was present in the lumen with no uroliths. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE

5 yrs

WEIGHT

2.19 kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 3.4 cm in length. The right kidney measured 3.8 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 1.4 cm in length x 0.47 cm in 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 1.2 cm in length x 0.28 cm in width at the caudal pole.

IMAGING PERFORMED BY

Dr. Wedny Turner

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.

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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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta sonographically consistent with food with no signs of ileus, obstruction, or foreign material.

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.



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The colon sonographically normal visualized wall layering. The colon contained generalized semi-formed to possible soft fecal matter consistent with patient history.

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Canine

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

Chihuahua

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract
- Semi-formed / soft fecal matter in the colon
- Normal bilateral kidneys

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Secondary Findings

- Suspect indistinct prominent ureteral papillae accumulate sediment or impinging colon in area of trigone lumen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis, +/- screening C/S if evidence of inflammatory sediment is suggested. No sonographic evidence of structural gastro enterocolic pathology as an obvious cause of the patients gastrointestinal signs. At times, the gastro enterocolic sonographic appearance may not correlate with gastrointestinal signs. Considerations may include dietary intolerance/food hypersensitivity even (with a bland diet) dysbiosis, structurally insignificant inflammatory bowel, or mild pancreatitis both of which may present sonographically normal infectious disease, occult parasitism, occult Addison's disease, or other enterocolopathy.

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Further assessment may include fresh fecal analysis to assess for parasitic ova/giardia, a GI panel to include PLI/TLI/Cobalamin/Folate, and resting cortisol level.

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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 an assessment of clinical response may prove beneficial.

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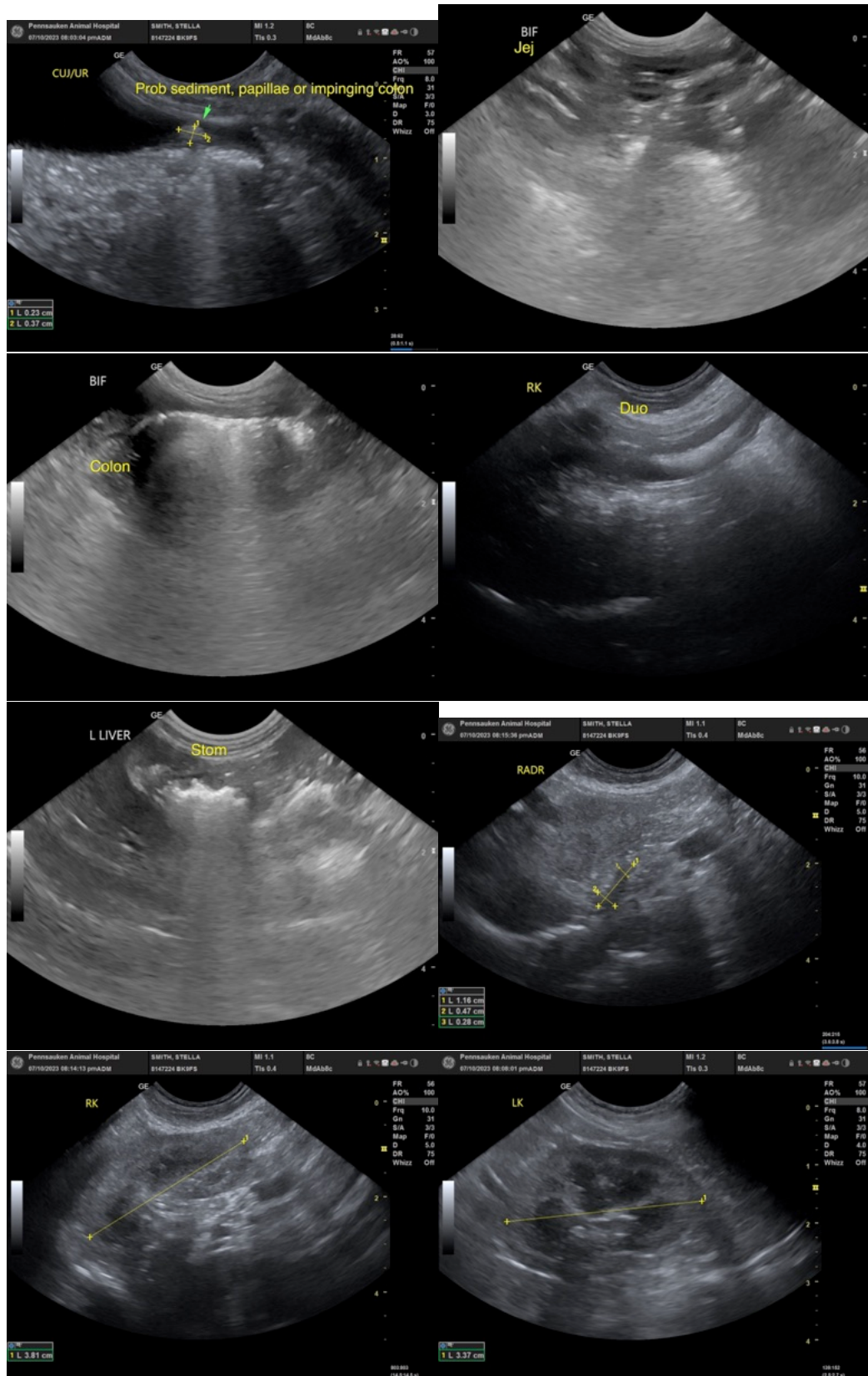
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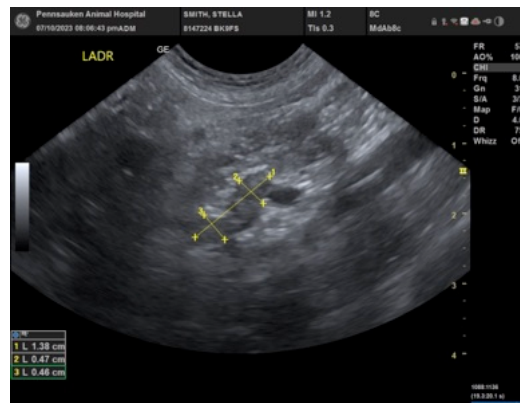
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com