



**PATIENT**

Charlie Stoner

**SPECIES**

Canine

**BREED**

Mix

**SEX**

FS

**AGE**

14.5 years

**WEIGHT**

23 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Jennifer Todd

**HOSPITAL NAME**

Lambs Gap Animal  
Hospital

**REFERRING VET**

Dr. Lindsey Knouse

**INVOICE**

17315

**DATE**

7/20/23

**PRESENTING CLINICAL SIGNS**

Charlie is a fourteen year old, FS, mixed breed who was seen for acute vomiting of bile 10 times in one day, hematochezia, and had significant weight loss noted on exam 7/3/23 In house bloodwork showed mild lymphocytosis, amylase was slightly low. No parasites in fecal.

Started cerenia, bland diet, metronidazole and pepcid. Improvement on meds but then diarrhea returned off of meds. Due to chronic weight loss and diarrhea, an abdominal ultrasound and fasted GI panel was recommended. TLI/PLI/Cobalamin/Folate were submitted to lab today.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length. Pinpoint to minor medullary mineral was noted in both kidneys.

**Adrenal Glands**

The bilateral adrenal glands were normal in size, based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.9 cm length x 0.54 cm width at the caudal pole. The right adrenal gland measured 2.3 cm length x 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor echogenic gallbladder sediment. The cystic and common bile ducts were normal. No evidence of inflammatory criteria was noted.



**PATIENT**

***Gastrointestinal***

Charlie Stoner

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

**SPECIES**

Canine

The small intestine presented intact generalized wall layering with propensity for segmental to generalized mildly prominent intestinal mucosa layer. No evidence of loss of intestinal wall layering, intestinal masses, or mechanical / metabolic intestinal ileus to the level of the colon. Subjectively mildly prominent ileum wall was noted at the level of the ileocolic junction. The duodenum wall measured 0.40 cm width. The jejunum wall measured 0.37 cm width. The ileocolic wall measured 0.49 cm width.

**BREED**

Mix

**SEX**

The colon exhibited normal borderline prominent wall layering. The colon contained subjective semi-formed fecal matter.

FS

***Pancreas***

**AGE**

14.5 years

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.

**WEIGHT**

23 lbs.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes
- Nonspecific enteropathy with suspect ileitis and mild colitis
- Mild hepatic parenchymal remodeling
- Mild gallbladder sediment (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Dietary intolerance / food hypersensitivity (even of recent bland diet), dysbiosis, inflammatory bowel, low-grade to chronic pancreatitis, which may present as sonographically normal, infectious disease, occult parasitism even with negative fecal testing, and infiltrative neoplasia (less likely) are all potentials. Correlation with pending GI panel is recommended.

**REFERRING VET**

Dr. Lindsey Knouse

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 or similar), as needed antibiotic trial i.e., Metronidazole or Tylosin, and as needed gastrointestinal support with assessment of gastrointestinal response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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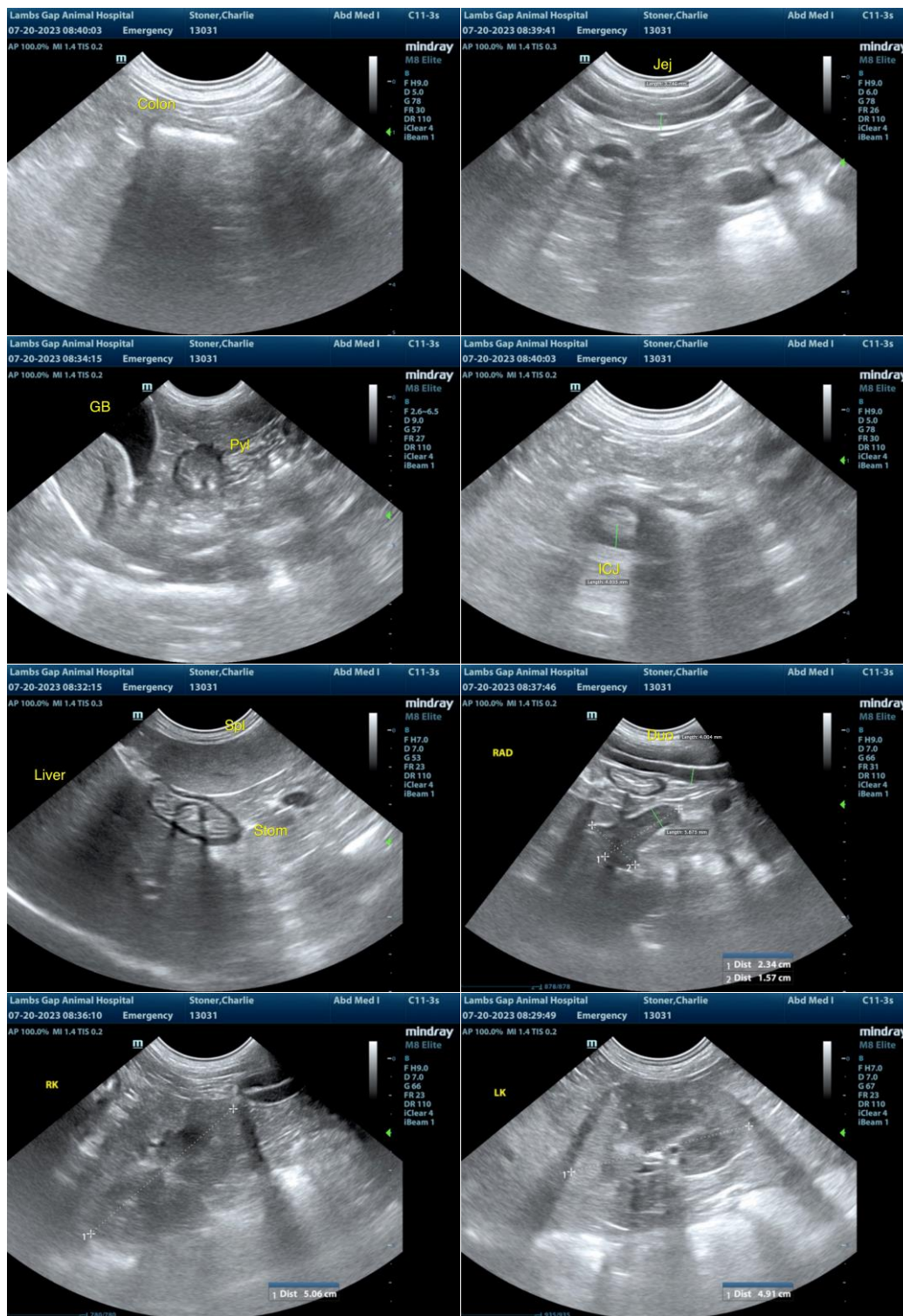
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[info@sonopath.com](mailto:info@sonopath.com)