



**PATIENT**

Bella Sanchez

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

FS

**AGE**

5 years

**WEIGHT**

71 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. Bravo

**INVOICE**

14363

**DATE**

7/22/22

**PRESENTING CLINICAL SIGNS**

Possible IBD/pancreatitis - patient has diarrhea, no vomiting, no anorexia.  
Abnormal PE/Chem/CBC/UA Results: CPL normal, RADs appear WNL.

**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.

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 4.7 cm in length. The right kidney measured 5.0 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland subjectively measured 2.2 cm length x 0.43 cm width at the caudal pole. The right adrenal gland subjectively measured 2.0 cm length x 0.35 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. Potential for mild splenic folding was present, which is not indicative of underlying splenic pathology and likely a patient variant.

**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 mild nondependent, mildly hyperechoic debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

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.



<b>PATIENT</b>	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental to generalized mild small intestinal ileus pattern without evidence of obstructive criteria or loss of Intestinal wall layering.
Bella Sanchez	
<b>SPECIES</b>	Normal visible colon wall layers were present with subjective semi-formed to soft feces consistent with reported diarrhea.
Canine	
<b>BREED</b>	<b><i>Pancreas</i></b>
German Shepherd	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.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	Focal to 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 0.75 cm diameter. No evidence of peritoneal free fluid was noted.
<b>AGE</b>	
5 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
71 lbs.	<ul style="list-style-type: none"> <li>• Nonspecific enteropathy with nonobstructive segmental ileus</li> <li>• Intermittent, mild benign / reactive mesenteric lymphadenopathy</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The overall appearance of the small intestine was nonspecific with potential considerations, given the current history of diarrhea, including dietary intolerance / food hypersensitivity, dysbiosis given the breed, structurally insignificant inflammatory bowel, occult parasitism, or other enteropathy is possible. No sonographic evidence of active pancreatitis, although the possibility of low-grade to chronic pancreatitis could be present yet sonographically normal. However, potential for low-grade pancreatitis is considered unlikely given the normal cPL.
<b>IMAGING PERFORMED BY</b>	
Kelly Vazquez	
<b>HOSPITAL NAME</b>	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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.
Animal Paradise Hospital	
<b>REFERRING VET</b>	
Dr. Bravo	
<b>INVOICE</b>	Although considered unlikely given the overly normal adrenal presentation, a resting cortisol level to rule out occult Addison's Disease could be considered.
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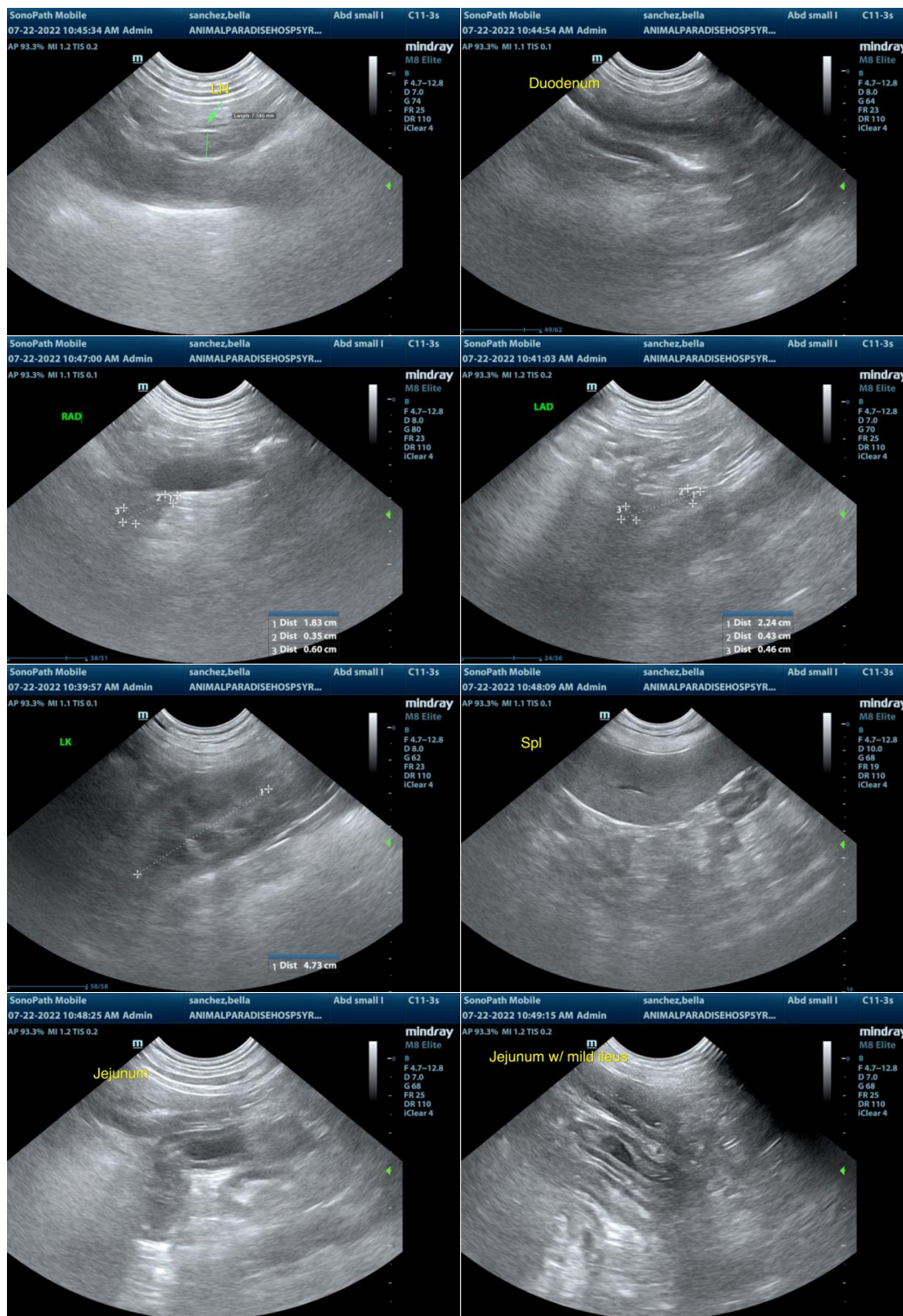
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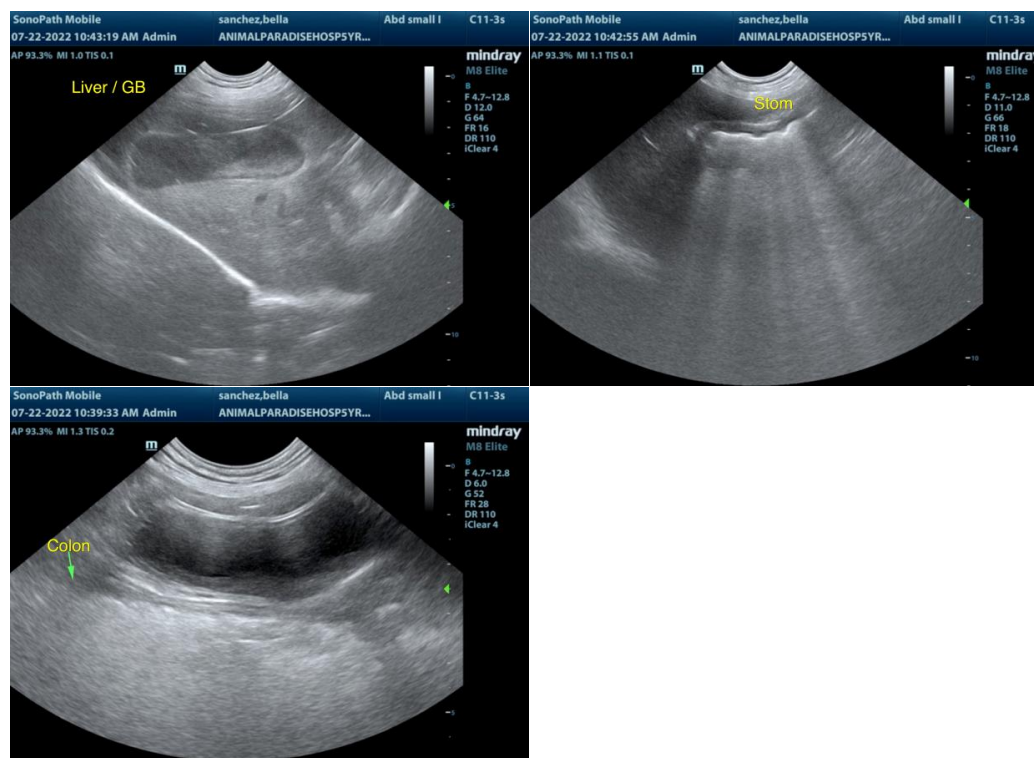
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
info@SonoPath.com