



PATIENT

Petey Thomson

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

6 years

WEIGHT

4.35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pattie Mayfield DVM

HOSPITAL NAME

La Paw AH

REFERRING VET

Stephanie Sur DVM

INVOICE

14432

DATE

7/27/22

PRESENTING CLINICAL SIGNS

Petey presented to BAESC for referral abdominal ultrasound (AUS) for the following concerns: - Intermittent lack of appetite, soft stool- diarrhea, past 7 days - Has intermittent anorexia and signs of abdominal discomfort, typically every 7-10 days x 6 months Current Medication: Provable kit, cerenia, clavamox, EN diet
Abnormal PE/Chem/CBC/UA Results: PE: BAR, nervous, but sweet. Mild paraphimosis, easily reduced. Abdomen tense, but non-painful. Unremarkable exam. Diagnostic Tests Performed/Results: - BUN and creatinine creeping up slowly (27/0.8), 1+ proteinuria, MA WNL - fecal negative, spec cPI WNL. - possible cocci in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate was free of overt pathology, measuring 0.75 cm diameter.

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 3.7 cm in length. The right kidney measured 3.5 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 1.3 cm length x 0.34 cm 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 length x 0.52 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 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.



PATIENT

Gastrointestinal

Petey Thomson

The stomach presented intact yet mildly prominent wall layering owing to generalized mildly prominent gastric mucosa. A mild amount of retained anechoic fluid was present in the gastric and pyloric lumen. The gastric body wall width measured 0.43 cm. The pylorus wall width measured 0.45 cm.

SPECIES

Canine

The small intestine exhibited intact yet segmental to generalized prominent wall layering owing to subjective propensity for segmental to generalized mildly prominent small intestinal mucosa. No evidence of loss of Intestinal wall layering, mechanical / metabolic ileus, or intestinal masses were present to the level of the colon.

BREED

Terrier Mix

SEX

Normal visible colon wall layers were present with subjective formed to semi-formed feces in lumen.

MN

Pancreas

AGE

6 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

4.35 kg

Free Abdomen

No evidence of significant lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern
- Intact yet segmental to generalized mildly prominent small bowel walls

IMAGING PERFORMED BY

Pattie Mayfield DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited intact yet subjectively prominent segmental to generalized wall layering which although there is a potential for patient variant, may suggest underlying mild inflammatory process such as mild IBD. Dietary intolerance / food hypersensitivity, occult parasitism, or other gastroenteropathy are possible. Potential for low-grade to chronic pancreatitis, which may be a contributing factor to chronic gastrointestinal signs, could be present yet sonographically normal.

HOSPITAL NAME

La Paw AH

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Full CBC / Chemistry panel, if not recently done, is suggested to assess for or rule out metabolic causes of chronic gastrointestinal signs. No evidence of gastrointestinal neoplastic criteria or active pancreatitis was noted.

REFERRING VET

Stephanie Sur DVM

INVOICE

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

14432

DATE

7/27/22

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 (Proviale 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.



PATIENT

Petey Thomson

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

6 years

WEIGHT

4.35 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pattie Mayfield DVM

HOSPITAL NAME

La Paw AH

REFERRING VET

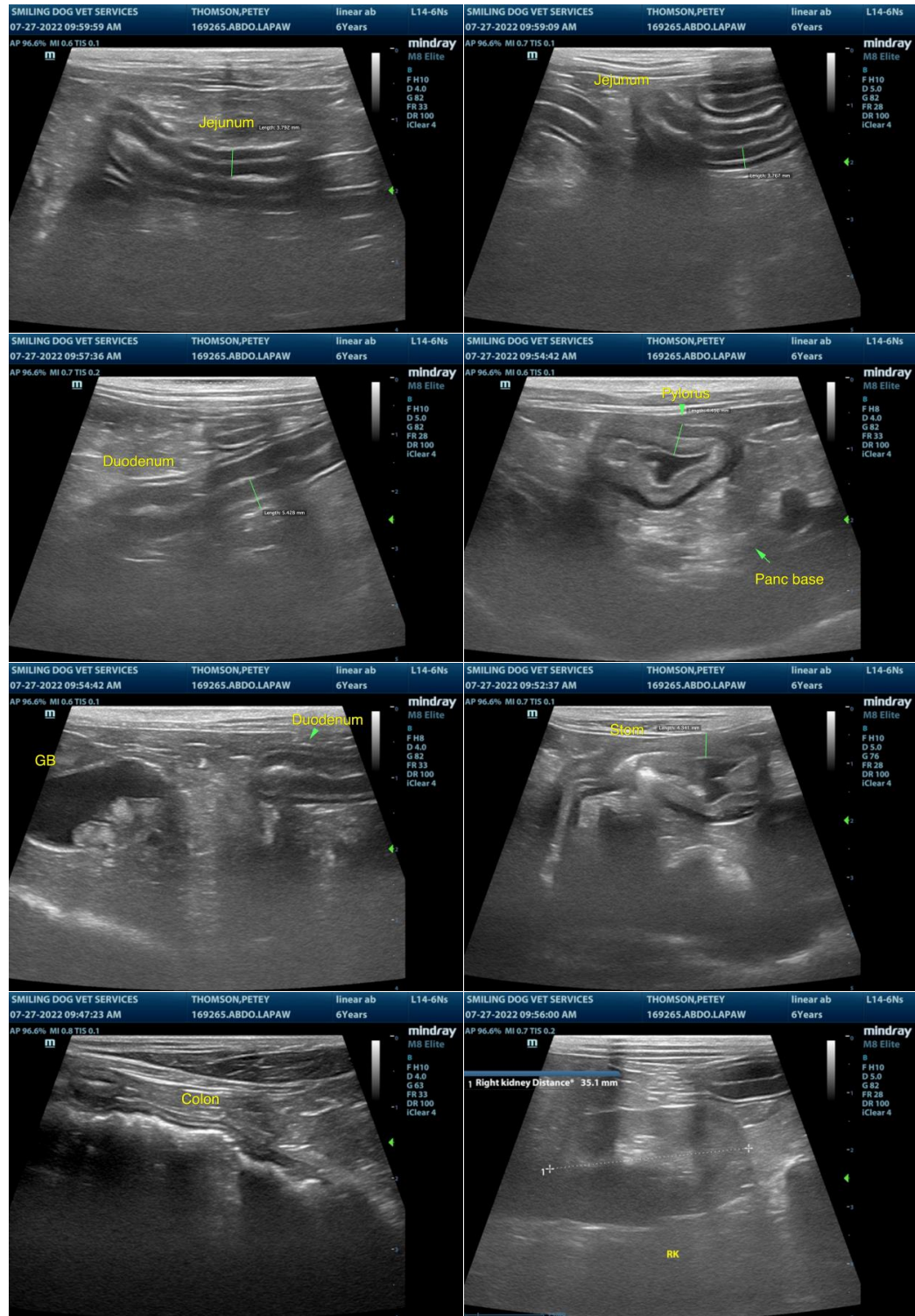
Stephanie Sur DVM

INVOICE

14432

DATE

7/27/22





PATIENT

Petey Thomson

SPECIES

Canine

BREED

Terrier Mix

SEX

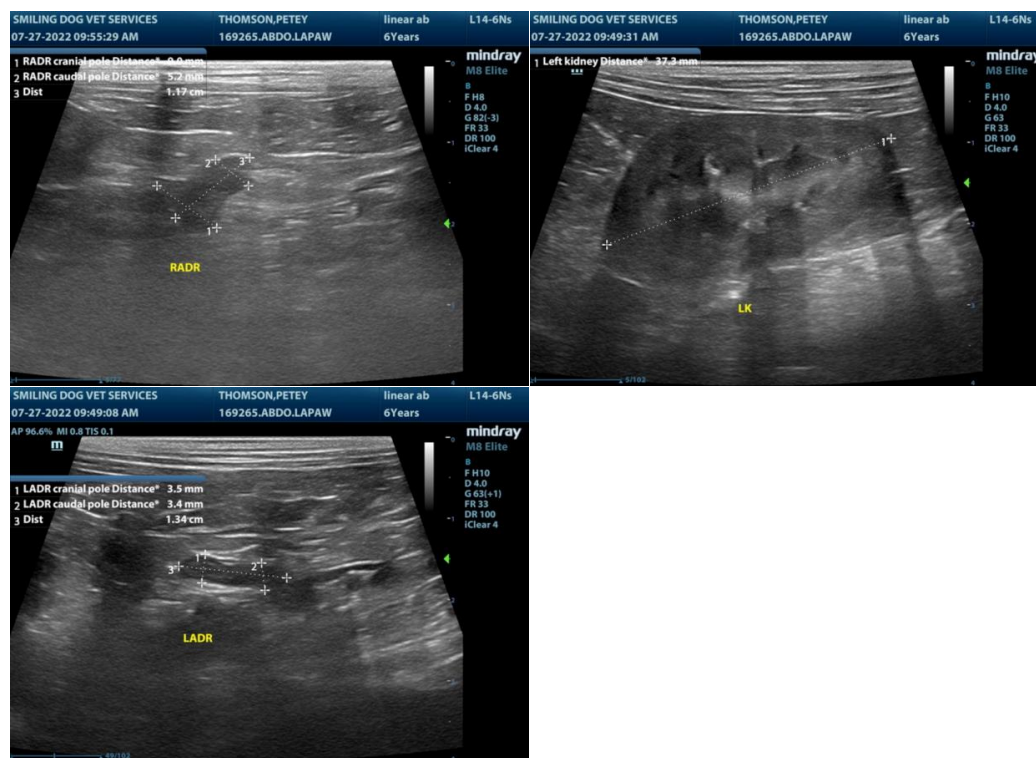
MN

AGE

6 years

WEIGHT

4.35 kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Pattie Mayfield DVM

HOSPITAL NAME

La Paw AH

REFERRING VET

Stephanie Sur DVM

INVOICE

14432

DATE

7/27/22

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