



PATIENT	PRESENTING CLINICAL SIGNS
Melba Dvorak	Severe Diarrhea for approx 12weeks Discuss concerns with cachexia and neoplasia, vs IBD or food intolerance. has a great appetite, no vomiting, significant weight loss quickly well controlled addisons disease Ruled out thyroid disease meds: prednisone 1mg EOD, Florinef 0.3mg BID, Melatonin 5mg SID, Metronidazole 375mg BID
SPECIES	Abnormal PE/Chem/CBC/UA Results: please see attached BW
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Shep X	Urinary System
SEX	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.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
9 years	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 6.4 cm in length. The right kidney measured 7.4 cm in length.
WEIGHT	
30 kg.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width at the caudal pole and 0.23 cm width at the cranial pole. The right adrenal gland was small in size with flattened contour and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.24 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Kelly Reschny	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.
HOSPITAL NAME	Liver/ Gallbladder
Graham AH	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.
REFERRING VET	Gastrointestinal
Dr. Seager	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.
INVOICE	
14246	
DATE	
7/7/22	



PATIENT	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.
Melba Dvorak	Normal visible colon wall layers were present with subjective semi-formed feces in lumen.
SPECIES	<i>Pancreas</i>
Canine	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	<i>Free Abdomen</i>
Shep X	Intermittent, jejunal lymph nodes were present. The lymph nodes were mildly prominent in size and essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.6 cm x 0.6 cm. No evidence of omental masses or peritoneal free fluid was noted.
SEX	
FS	
AGE	ULTRASONOGRAPHIC FINDINGS
9 years	<i>Primary Findings</i>
WEIGHT	<ul style="list-style-type: none"> • Overtly normal gastrointestinal tract / colon • Intermittent mildly prominent benign / reactive jejunal lymph nodes • Subnormal bilateral adrenal glands - consistent with Addison's Disease
30 kg.	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP	Overall, no evidence of significant gastroenterocolic structural pathology was noted. At times, the gastroenterocolic presentation does not always correlate with the severity or chronicity of gastrointestinal signs exhibited. In light of chronic gastrointestinal signs, dysbiosis, dietary intolerance/food allergy, structurally insignificant inflammatory bowel disease, occult parasitism, pancreatic insufficiency, or infiltrative intestinal neoplasia (less likely) could be possible.
IMAGING PERFORMED BY	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not recently done, fresh fecal analysis to rule out parasitic ova / Giardia is suggested. 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. Continued monitoring of body weight and serum protein levels is recommended. Endoscopic Intestinal biopsies may be indicated if GI signs and weight loss continue despite recommended diagnostic and empirical therapy.
Kelly Reschny	
HOSPITAL NAME	
Graham AH	
REFERRING VET	
Dr. Seager	
INVOICE	
14246	
DATE	
7/7/22	



PATIENT

Melba Dvorak

SPECIES

Canine

BREED

Shep X

SEX

FS

AGE

9 years

WEIGHT

30 kg.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Graham AH

REFERRING VET

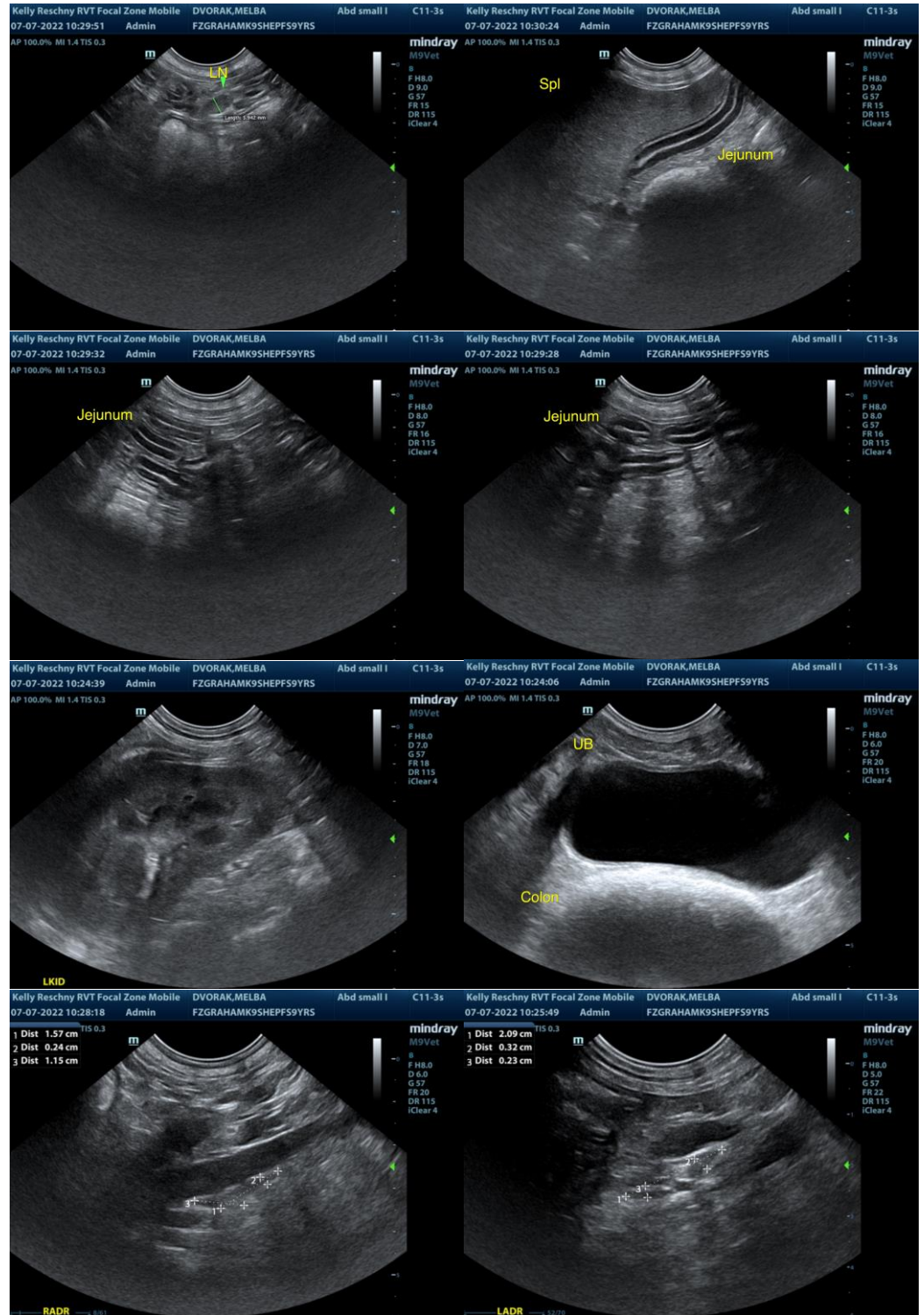
Dr. Seager

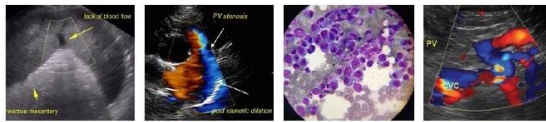
INVOICE

14246

DATE

7/7/22





PATIENT

Melba Dvorak

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.

SPECIES

Canine

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.

BREED

Shep X

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

FS

AGE

9 years

WEIGHT

30 kg.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Seager

INVOICE

14246

DATE

7/7/22