



PATIENT

Otis Munger

SPECIES

Canine

BREED

Labrador Retriever

SEX

MI

AGE

8 years

WEIGHT

30.1 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

INVOICE

14740

DATE

8/1/23

PRESENTING CLINICAL SIGNS

Diarrhea since April 2023, very gassy, not eating well, weight loss(5 kg since April 2023). Bowel movements explosive, occasionally solid. Will strain to pass BM and vocalize then passes a pencil thick stream of liquid and close to liquid in texture. Abdominal palpation unremarkable. Has some skin flare up noted today for US. Has been on Fortiflora and Metronidazole in the past.

Abnormal PE/Chem/CBC/UA Results: CBC - low 1.32, MCH low, MHCH low, Retic/hemoglobin low, CBC comments morphology normal. Chemistry - ALbumin 25(27-39)Globulins high 45(24-40)Spec cPL normal, U/A SG 1.021, pH 5.5, Urine protein 1+, Blood 1+

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 prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 5.9 cm x 4.2 cm.

The left and right testicles were sonographically unremarkable.

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 7.5 cm in length. The right kidney measured 6.8 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 3.2 cm length x 0.73 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 1.9 cm length x 0.80 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.



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Liver/ Gallbladder

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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

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The stomach presented overtly normal visualized wall layering. The stomach appeared to be moderately distended with gas.

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The small intestine presented intact overtly normal wall layering with a maintained normal wall layer ratio. Segmental to generalized subjective increased intestinal gas pattern was noted with mild segmental, nonshadowing intestinal ingesta / chyme. There was no overt obstructive pattern noted.

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The visualized colon exhibited overtly normal intact wall layering with subjective colon gas distention.

Pancreas

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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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Enlarged nonhomogeneous prostate - benign prostatic hyperplasia, potential for prostatitis
- Intact, overtly normal gastrointestinal wall layering exhibiting gastric and segmental to generalized subjective increased gastrointestinal gas pattern with concurrent mild segmental intestinal ingesta / chyme
- Overtly normal visualized colon exhibiting subjective gas distention

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling is required for further assessment, yet neutering would be ideal given the strong potential for prostatic colon impingement.

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There was no overt evidence of structural gastroenterocolic pathology as an obvious cause of the patient's clinical signs or weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological/musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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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 (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.



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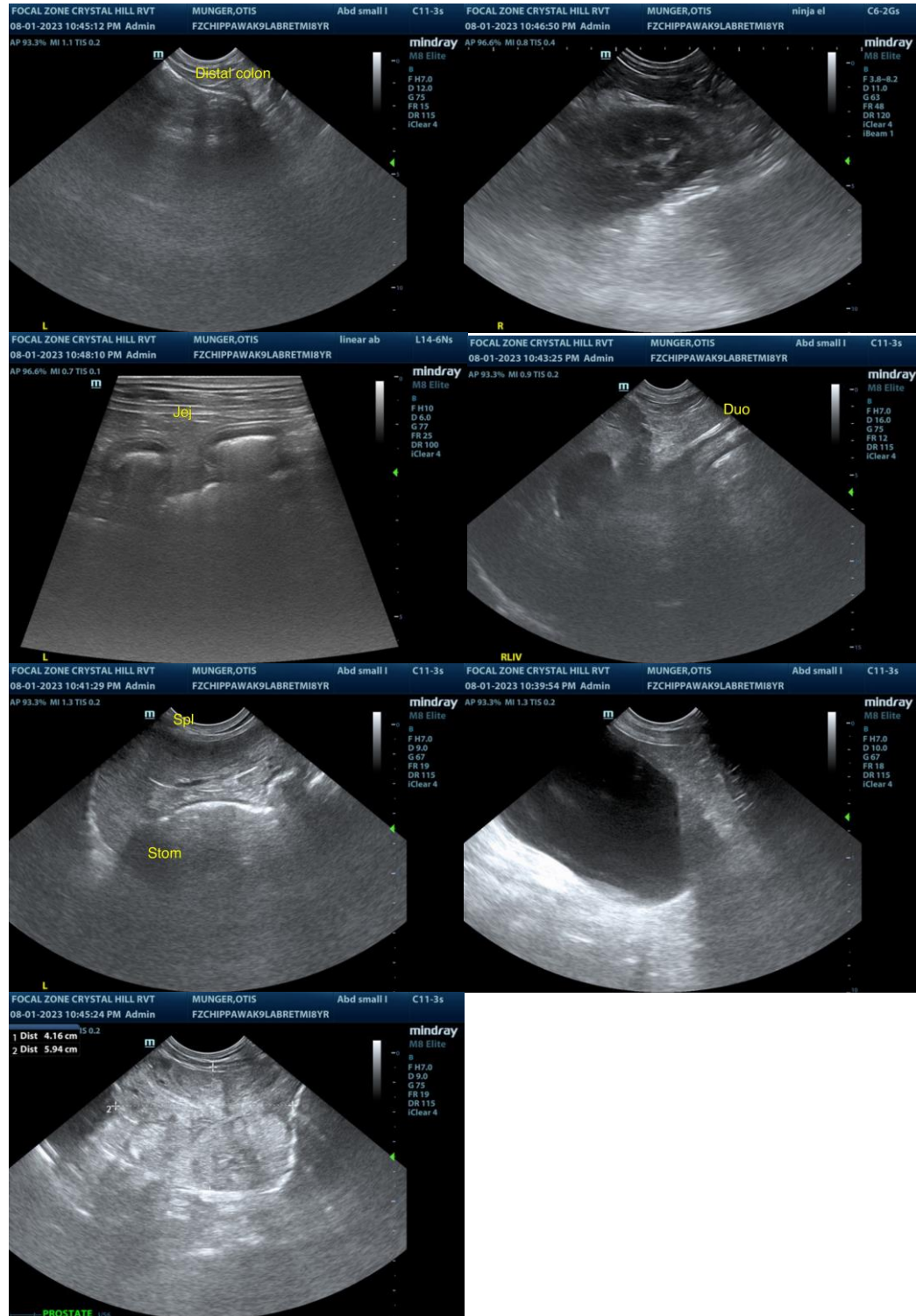
Dr. Dowell

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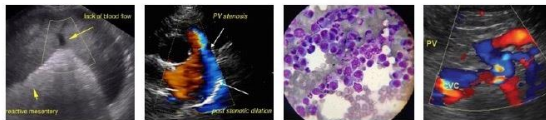
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

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