



PATIENT PRESENTING CLINICAL SIGNS

Dolly Hukriede presents for urgent care exam. main concern: P has had diarrhea off and on since last visit on July 12. P has been on the bland diet of chicken and rice since then. In the last week or so the diarrhea has increased in frequency and severity. O noticed a bloody stool sample yesterday that she brought in for sampling in the morning. As the day went on each stool sample would get a little more bloody. Energy has been decreased since the increase in diarrhea episodes. This morning p threw up bile. Diarrhea - r/o chronic pancreatitis, hemorrhagic gastroenteritis (bacterial, parasitic, viral, open), GI neoplasia, metabolic disease, open. Weight loss - r/o chronic pancreatitis, GI neoplasia, gastroenteritis, metabolic disease, open. Current Medications metronidazole 250mg, pro-pectin paste, vetmedin, salix, gabapentin,

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS *Urinary System*

AGE The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 were noted.

WEIGHT 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of bilateral medullary mineral, mild pyelectasia and small cortical cysts were present. The left kidney measured 5.2 cm in length. The right kidney measured 5.4 cm in length.

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Jenna Walsh CVT

Adrenal Glands

The bilateral adrenal glands were moderately enlarged based on caudal pole width measurement in light of body weight. Capsule asymmetry and subtle non-homogenous non-mineralized parenchyma was noted. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.9 cm width at the cranial pole. The left adrenal gland measured 1.75 cm in length x 0.74 cm caudal pole.

HOSPITAL NAME

Animal Care Center

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary small benign caudal splenic myelolipoma was present. 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.

REFERRING VET

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Liver/Gallbladder

The liver exhibited subjective mild enlargement with symmetrical capsule contour and mild non-homogenous parenchyma exhibiting intermittent subtle non-homogenous nodules. 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 with mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

DATE

08/10/2023



PATIENT *Gastrointestinal*

Dolly Hukriede The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta sonographically suggestive of food with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental hyperechoic jejunal mucosal speckling was present with no pathology at the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

BREED

Chihuahua Mix

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Soft fecal matter was present in the colon lumen with lumen dilation.

SEX

FS

Pancreas

The pancreas base and right pancreatic limb was normal to mildly prominent in size with non-homogenous variably hyperechoic parenchyma.

AGE

14yr

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

13.4lb

ULTRASONOGRAPHIC FINDINGS

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- Moderate chronic renal changes with medullary mineral, mild pyelectasia and small cortical cysts.
- Non-specific mild non-homogenous adrenal glands- functional vs non-functional adenoma, benign hyperplasia possible with emerging neoplasia such as pheochromocytoma, adenocarcinoma less likely.
- Mildly enlarged non-homogenous subtly nodular liver-nonspecific, vacuolar hepatopathy, inflammatory disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely.
- Gallbladder debris (non-mucocele).
- Suspect non-specific enterocolitis with soft feces in colon.
- Probable chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A fresh fecal analysis is recommended to rule out parasitic ova/giardia. A screening BP is advised to assess for evidence of hypertension which may allude to emerging adrenal neoplastic criteria i.e., pheochromocytoma. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment given patient's 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 (Provable or Visbiome) with assessment of clinical response may prove beneficial. A full CBC/chemistry panel and UA +/- C/S is recommended if not already done.

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Dolly Hukriede

SPECIES

Canine

BREED

Chihuahua Mix

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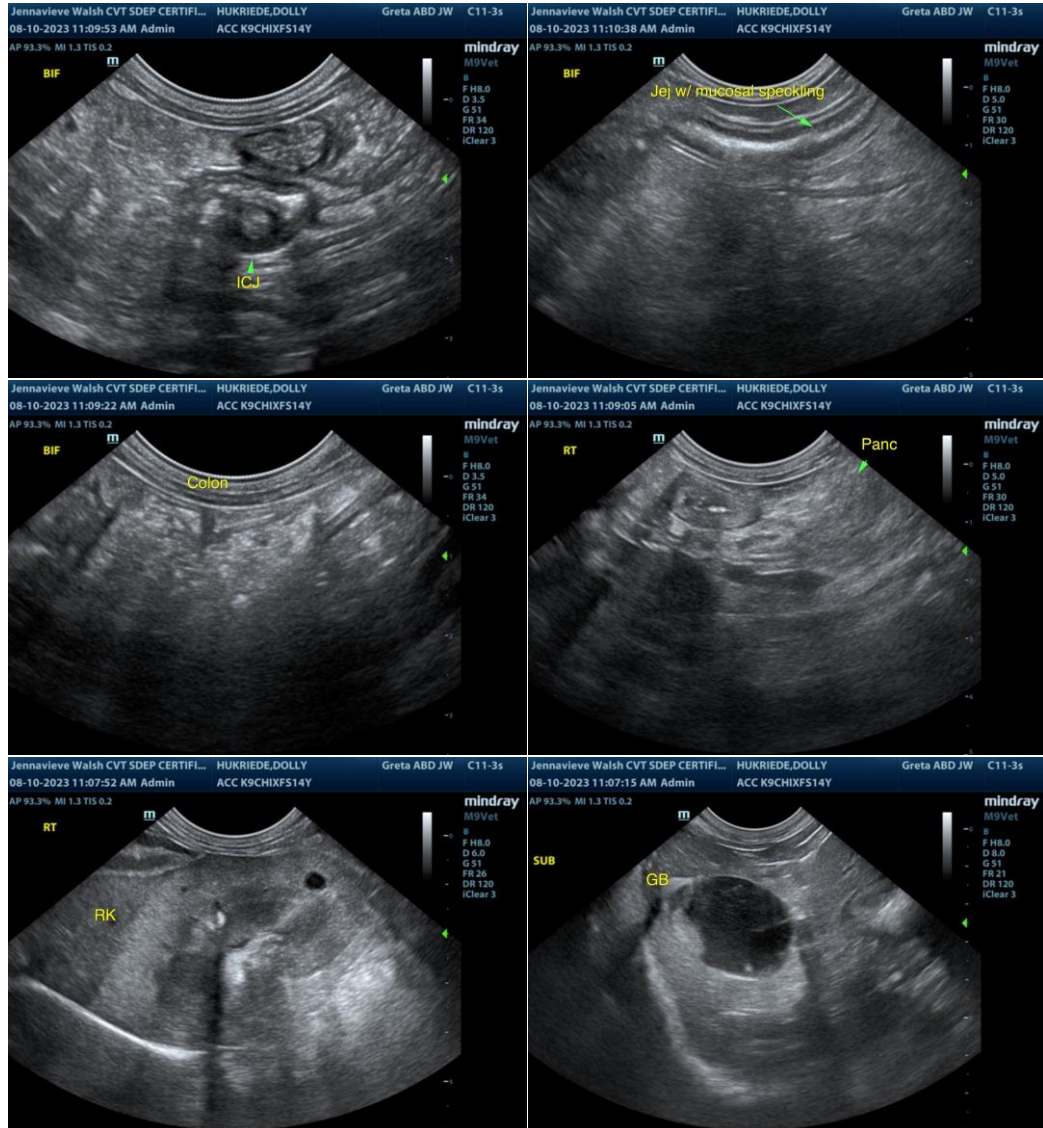
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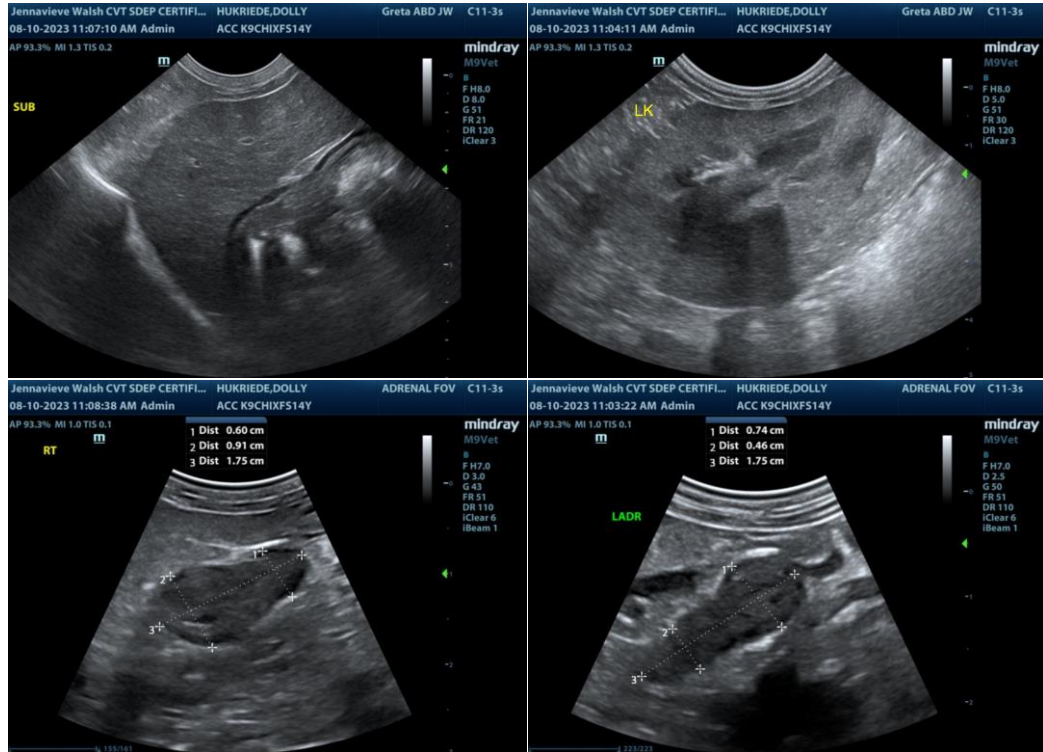
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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