

**PATIENT**

Apollo Koestner

SPECIES

Canine

BREED

Silken Windhound

SEX

Intact Male

AGE

2 years

WEIGHT

26.3 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Molly Bies

INVOICE

12114

DATE

8/11/21

PRESENTING CLINICAL SIGNS

Off and on vomiting, diarrhea and lethargy.

Abnormal PE/Chem/CBC/UA Results: Radiographs hard to evaluate due to patient's body shape and composition. Yelped when palpating mid-abdomen, cranial to bladder today. Very thin body condition

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 exhibited expected size and echogenicity for a young intact male canine without pathology, measuring 1.8 cm in 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 5.5 cm in length. The right kidney measured 5.5 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 1.8 cm length x 0.38 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 2.2 cm length x 0.49 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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited subjective moderate gastric fundus and body gas distention. Full evaluation of the gastric interior was limited owing to the presence of gas. A minor amount of retained echogenic, subtle progressively shadowing pyloric ingesta was present. The pylorus body wall width measured 0.26 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, subjectively mild small bowel gas distension was noted. No evidence of mechanical obstruction or overt foreign material was noted. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.21 cm.

Normal visible colon wall layers were present with luminal gas and subjective formed feces in lumen.

Pancreas

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

Intermittent, midabdominal mesenteric lymph 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 of the lymph nodes measured 0.75 cm width.

No effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Moderate gastric gas distention with minor retained pyloric ingesta
- Sonographically unremarkable small bowel with segmental mild gas pattern - no overt evidence of small bowel mechanical obstruction or overt foreign material
- Intermittent mesenteric lymphadenopathy - subjectively consistent with benign lymphadenopathy i.e., lymphoid hyperplasia with potential for minor reactive lymphadenitis, no overt neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, sonographic reassessment of the stomach following resolution of gas distention is recommended. The presence of minor retained pyloric ingesta is nonspecific yet if documented NPO prior to the ultrasound, some degree of possible gastric stasis may be possible.

Although no overt evidence of gastrointestinal mural pathology, mechanical obstructive pattern, or obvious foreign material, underlying gastrointestinal disease i.e., malabsorption / maldigestive disorder, dysbiosis, inflammatory bowel disease, or other is suspected. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to assess for parasitic ova / Giardia and although considered less likely, resting cortisol +/- ACTH stimulation test if resting cortisol is <2.0 to rule out occult Addison's Disease is recommended. Empirically, a limited antigen or hydrolyzed diet



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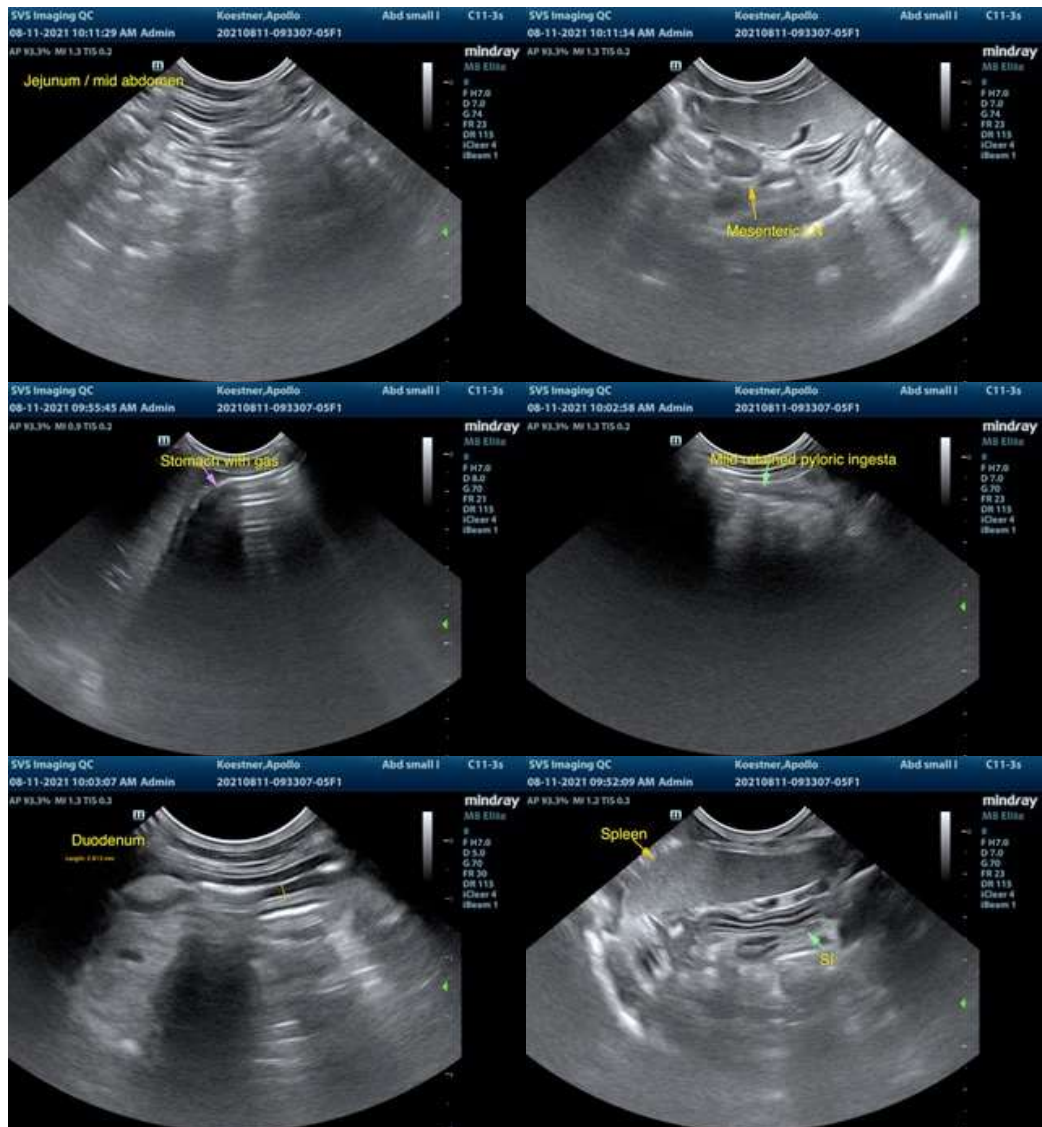
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trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies should be strongly considered given the patient's body condition and if gastrointestinal signs continue despite empirical therapy.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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