

PATIENT PRESENTING CLINICAL SIGNS

Zeus Talaber History: Chronic diarrhea, recent decreased appetite, weight loss
Medication: Tylosin, B12

SPECIES
Canine Unremarkable CBC, Chemistry Panel- Albumin 2.5, Spec cPL 228
GI Panel- Cobalamin <150, Folate 16.1, PLI 58, TLI >50

BREED

German Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

AGE

10 years

The residual prostate exhibited mild prominent size, yet maintained symmetrical capsule contour with discernable capsule marginations compared to adjacent tissue. Primarily homogeneous, non-mineralized parenchyma was present. The residual prostate measured 2.2 cm in diameter.

WEIGHT

91 Pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.1 cm in length. The right kidney measured 8.4 cm in length.

Adrenal Glands

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.3 cm length x 0.63 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and conformation.

HOSPITAL NAME

Lehigh Valley AH
(Bath)

Spleen

REFERRING VET

Dr. Tan

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.

INVOICE

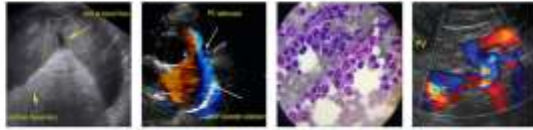
Liver/ Gallbladder

12119

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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PATIENT

Gastrointestinal

Zeus Talaber

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. The gastric body wall width measured 0.51 cm.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A segmental, mild, nonobstructive jejunal ileus pattern was present. No signs of obstruction or foreign material were noted. The duodenum wall width measured 0.43 cm. The jejunum wall width measured 0.38 cm.

BREED

German Shepherd

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

SEX

Neutered Male

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.

AGE

10 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

91 Pounds

Primary Findings

- Prominent residual prostate with homogeneous parenchyma and without parenchymal mineralization
- Enteropathy with segmental mild jejunal ileus - dysbiosis, Inflammatory bowel disease, other enteropathy possible

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 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The prominent residual prostate is of unclear clinical significance given the lack of reported dysuria, stranguria, or similar clinical signs. This may be a normal patient variant without evidence of inflammatory or neoplastic criteria. However, if evidence of abnormal urination pattern is noted, recheck sonographic assessment of the prostate is recommended.

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Recheck GI panel primarily to assess current cobalamin levels is recommended. Potential increased frequency of cobalamin supplementation i.e., every two weeks, may be considered empirically with an assessment of clinical response. Given the brief propensity for alterations in GI flora, a high colony count probiotic such as Provable Forte or Visbiome is recommended with continued limited antigen to hydrolyzed diet trial and current Tylosin. Broad-spectrum deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks is suggested even if fecal testing is negative. Although considered unlikely, adrenal screening with resting cortisol +/- ACTH stimulation test if resting cortisol is <2.0 may be considered to rule out occult Addison's Disease, given the patient's chronic gastrointestinal signs.

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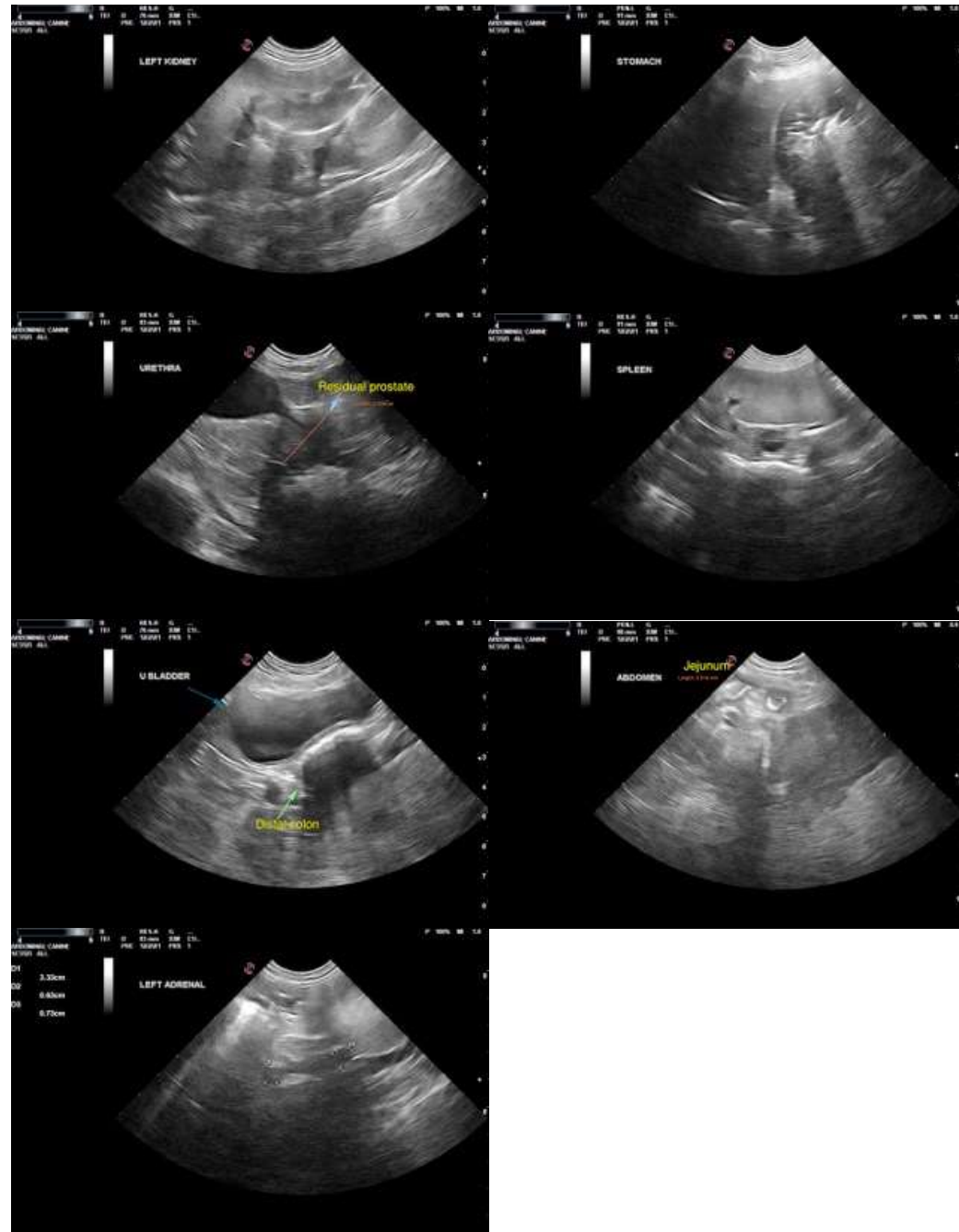
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Neutered Male

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