



PATIENT

Hazel Myhre

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

6 years

WEIGHT

34.5 kb

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland,
DVM

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

REFERRING VET

Mill Bay Veterinary
Hospital

INVOICE

14572

DATE

8/11/22

PRESENTING CLINICAL SIGNS

Hazel is an RVT's dog. She presented for bilateral flank hair loss on July 27th. Hazel has a history of colitis which apparently resolved after a course of Baytril. She currently receives monthly cartophen (a DMOAD like Adequan) injections. No C/S/V/D/PU/PD reported. Hazel has normal appetite with a reduced activity level. PE was unremarkable other than the hair loss. She has a BCS of 7/9. T4 was normal. CBC/Chem/UA showed panhypoproteinemia and increased amylase. Trace proteinuria. Liver values are normal. Bile acids are normal. PT/PTT is normal. On PE August 10, Hazel's hair loss is resolving. Repeat bloodwork on August 10 showed lower protein levels.

Abnormal PE/Chem/CBC/UA Results: July 27 (reference lab values): TP=44 (56-73) Alb=23 (30-40) Glob=21 (22-38) Amylase=1716 (227-1423) UA: usg=1.028 Trace protein +1 bilirubin August 10 (in-house lab values): TP=48 (52-82) Alb=21 (23-40) Glob=27 (25-45) Amylase=1152 (500-1500)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 6.4 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology subjectively measuring 0.60 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited subjective mild distention with luminal gas. The ventral gastric body wall width measured 0.41 cm.

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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with mild areas of segmental nonobstructive small intestinal ileus. Segmental propensity for mild increased mucosa echogenicity to mild mucosal fogging was noted. No overt evidence of loss of intestinal wall layering or visualized intestinal masses was noted.

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Normal visible colon wall layers were present with formed fecal matter.

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The area of the pancreas appeared to be sonographically unremarkable without sonographic evidence of active pancreatic inflammation or other pancreatic pathology.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Intact small bowel walls exhibiting minor segmental nonobstructive ileus with propensity for segmental mild increased mucosa echogenicity to mild mucosal fogging
- Sonographically unremarkable colon
- Overtly normal pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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DVM

Although gastrointestinal signs were not reported in this patient, yet given normal hepatic presentation and without evidence of significant proteinuria, the potential for emerging protein-losing enteropathy may be a consideration in this patient.

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Potential for low-grade pancreatitis, which may present as sonographically normal, cannot be definitively excluded. However, potential mild recent reactive amylase elevation owing to underlying gastrointestinal inflammation is suspected.

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Given lack of current gastrointestinal signs, novel protein or hydrolyzed diet trial, broad spectrum deworming, and continued monitoring of protein levels going forward would be reasonable. Baseline UPC could be considered for further quantification if persistent yet mild proteinuria is noted.

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Although considered unlikely, resting cortisol level to rule out occult Addison's Disease, could be considered.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Sonographic reassessment of the gastrointestinal tract is suggested if gastrointestinal signs arise or if persistent/progressive decreased serum protein levels are noted.



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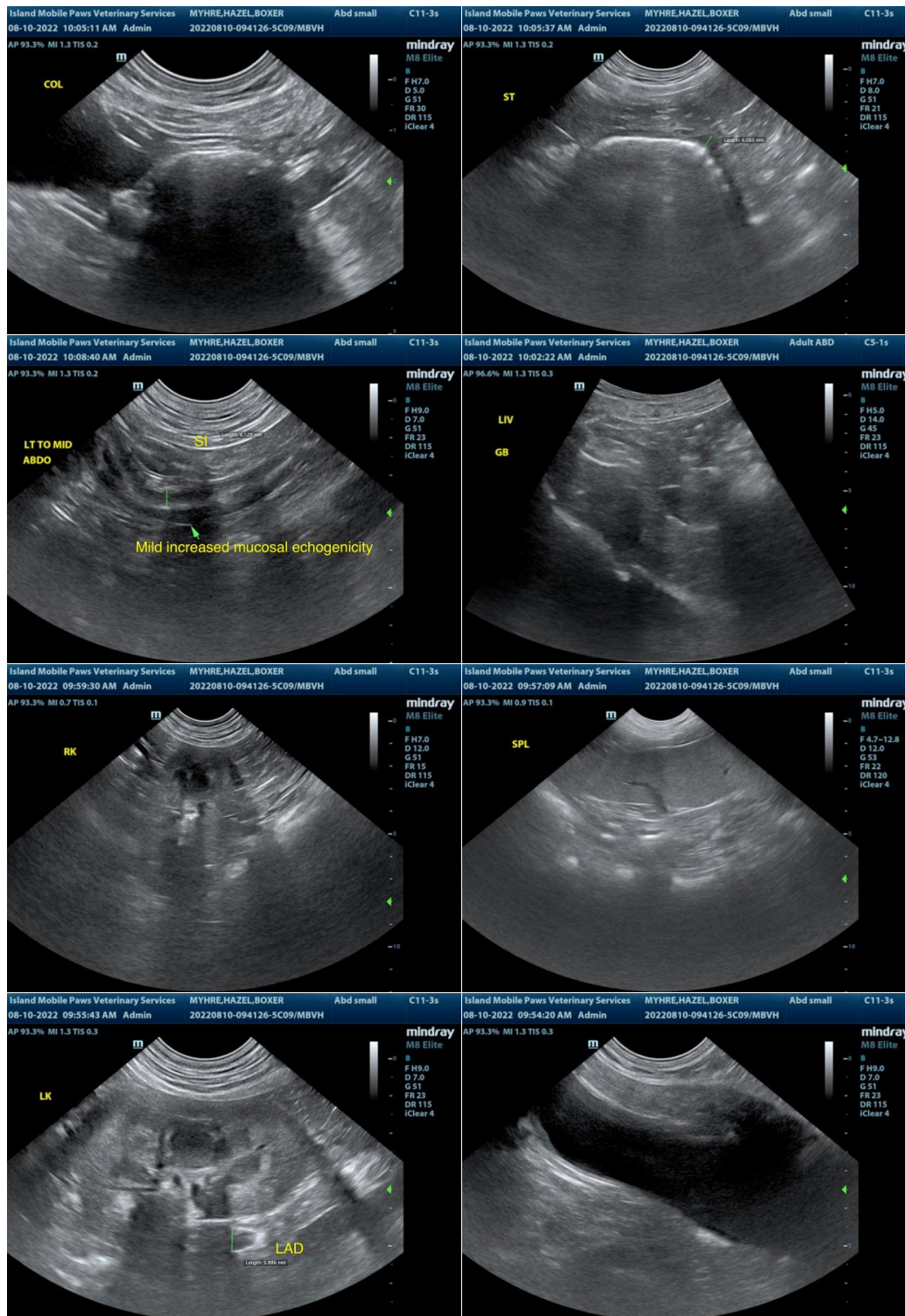
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com