

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Beau Friesen	July 23rd - Beau stopped eating, normal activity, bm & urine July 25th - not eating and runny stools From then on has been off and on food since then. Now having chronic diarrhea. Localized or diffuse GI disease? Any loss of layers in GI? Had PCR campy as puppy which was difficult to control but has been non clinical for a year on HA/HP food. Now currently 3 weeks of waxing and waning diarrhea. (despite through fecal testing). Metronidazole and Vit B12 given.
<b>SPECIES</b>	Unremarkable CBC/Chemistry panel, Cobalamin 410, Folate >54, Na/K ratio 32, Albumin 36
Canine	
<b>BREED</b>	
Cane Corso	
<b>SEX</b>	
MN	
<b>AGE</b>	
1.5 yr	
<b>WEIGHT</b>	
145 lbs.	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP	<b>Urinary System</b>
<b>IMAGING PERFORMED BY</b>	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.
Crystal Hill	The area of the aortic trifurcation was free of pathology.
<b>HOSPITAL NAME</b>	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 6.5 cm in length. The right kidney measured 6.6 cm in length.
Norwich Veterinary Clinic	<b>Adrenal Glands</b>
<b>REFERRING VET</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology.
Kungl	<b>Spleen</b>
<b>INVOICE</b>	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.
14587	<b>Liver/ Gallbladder</b>
<b>DATE</b>	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.
8/12/22	<b>Gastrointestinal</b>
	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.



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
Beau Friesen	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SPECIES</b>	<b><i>Pancreas</i></b>
Canine	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.
<b>BREED</b>	<b><i>Free Abdomen</i></b>
Cane Corso	No overt lymphadenopathy or peritoneal effusion was present.
<b>SEX</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
MN	<ul style="list-style-type: none"> <li>• Sonographically unremarkable abdomen</li> </ul>
<b>AGE</b>	<ul style="list-style-type: none"> <li>• Overtly normal gastrointestinal tract and pancreas</li> </ul>
1.5 yr	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>WEIGHT</b>	No obvious sonographic evidence of structural gastrointestinal pathology, as well as no sonographic evidence of active pancreatitis as contributing factors to the patient's recurrent to chronic gastrointestinal disease.
145 lbs.	At times, the gastrointestinal and pancreatic presentation does not always correlate with present gastrointestinal signs. In patients with chronic GI signs, potential considerations may include; dietary intolerance / food allergy, dysbiosis, occult parasitism, (less likely given thorough fecal testing), Inflammatory bowel disease, or low-grade to chronic pancreatitis (both of which may present as sonographically normal), occult Addison's Disease, or less likely in this case, intestinal neoplasia.
<b>INTERPRETED BY</b>	The mildly elevated folate is nonspecific yet may suggest upper small intestinal disease. A resting cortisol level to rule out occult Addison's Disease is warranted. ACTH Stimulation test is recommended if resting cortisol level (<2.0).
R. McKenzie Daniel, DVM, DABVP	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), antibiotic trial (current Metronidazole with potential Tylosin trial if Metronidazole is ineffective) 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.
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
Norwich Veterinary Clinic	
<b>REFERRING VET</b>	
Kungl	
<b>INVOICE</b>	
14587	
<b>DATE</b>	
8/12/22	



**PATIENT**

Beau Friesen

**SPECIES**

Canine

**BREED**

Cane Corso

**SEX**

MN

**AGE**

1.5 yr

**WEIGHT**

145 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Norwich Veterinary  
Clinic

**REFERRING VET**

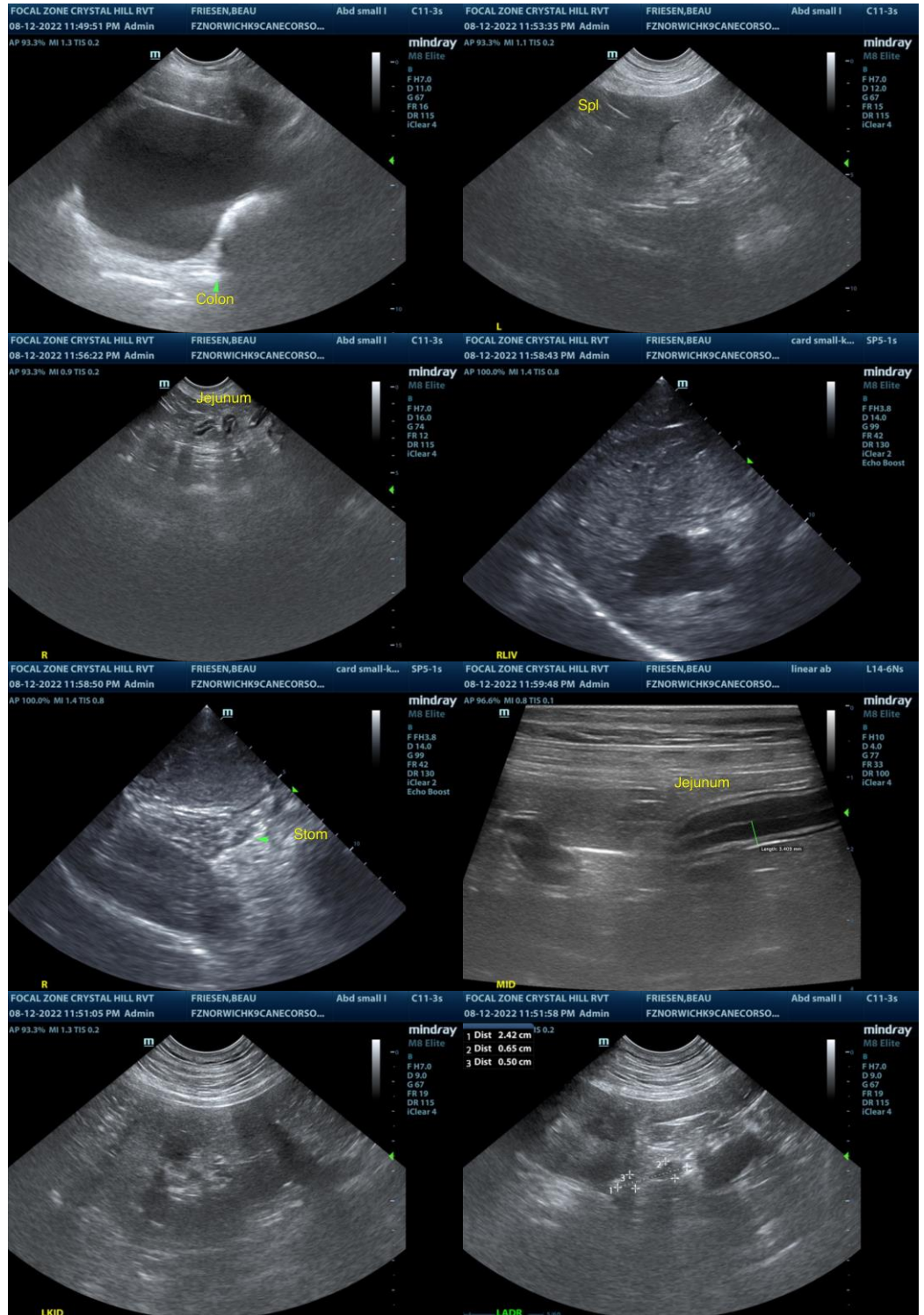
Kungl

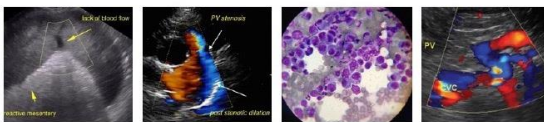
**INVOICE**

14587

**DATE**

8/12/22





## PATIENT

Beau Friesen

**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.**

## SPECIES

Canine

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.

## BREED

Cane Corso

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**[info@SonoPath.com](mailto:info@SonoPath.com)**

## SEX

MN

## AGE

1.5 yr

## WEIGHT

145 lbs.

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

Norwich Veterinary  
Clinic

## REFERRING VET

Kungl

## INVOICE

14587

## DATE

8/12/22