



PATIENT

Sunny Colwill

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

11 y

WEIGHT

17.4 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River AH

REFERRING VET

Casey Schuelke, DVM

INVOICE

14596

DATE

8/12/22

PRESENTING CLINICAL SIGNS

History chronic diarrhea, responsive to Amoxi-Clav but returns when discontinued. Prolific quantity and frequent. Otherwise, acting normally. GI PCR negative. ALT 129.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small dependent cystic calculi were present in the urinary bladder lumen. Anechoic urine primarily was present without evidence of concurrent sediment. A small polyp was noted in the midventral wall measuring 0.35 cm diameter. An example of a calculus measuring 0.63 cm in diameter. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.7 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 0.53 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.47 cm width at the cranial 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. Mild, nondependent, mildly hyperechoic gallbladder debris was present. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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.



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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. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.21 cm width.

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Normal visible colon wall layers were present with semi-formed to soft feces in lumen, suggestive of reported diarrhea. The colon wall width measured 0.18 cm.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Focal to intermittent mildly prominent 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 lymph node measured 0.46 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

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- Urinary bladder cystic calculi (estimate 2) with solitary small ventral polyp
- Mild chronic renal changes with pinpoint medullary mineral
- Overtly normal gastrointestinal tract / colon
- Focal to intermittent minor benign / reactive mesenteric lymph nodes
- Minor pancreatic remodeling
- Low-grade hepatopathy - minor reactive or low-grade inflammatory hepatopathy i.e., cholangiohepatitis possible
- Mild gallbladder debris (non-mucocele)- Incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Urine C/S on a sterile urine sample to rule out underlying UTI is suggested.

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Given the positive response of diarrhea to antibiotics, dysbiosis or antibiotic-responsive diarrhea may be a primary consideration in this patient. Additional considerations may include dietary intolerance / food allergy, IBD, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, or occult parasitism. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

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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 (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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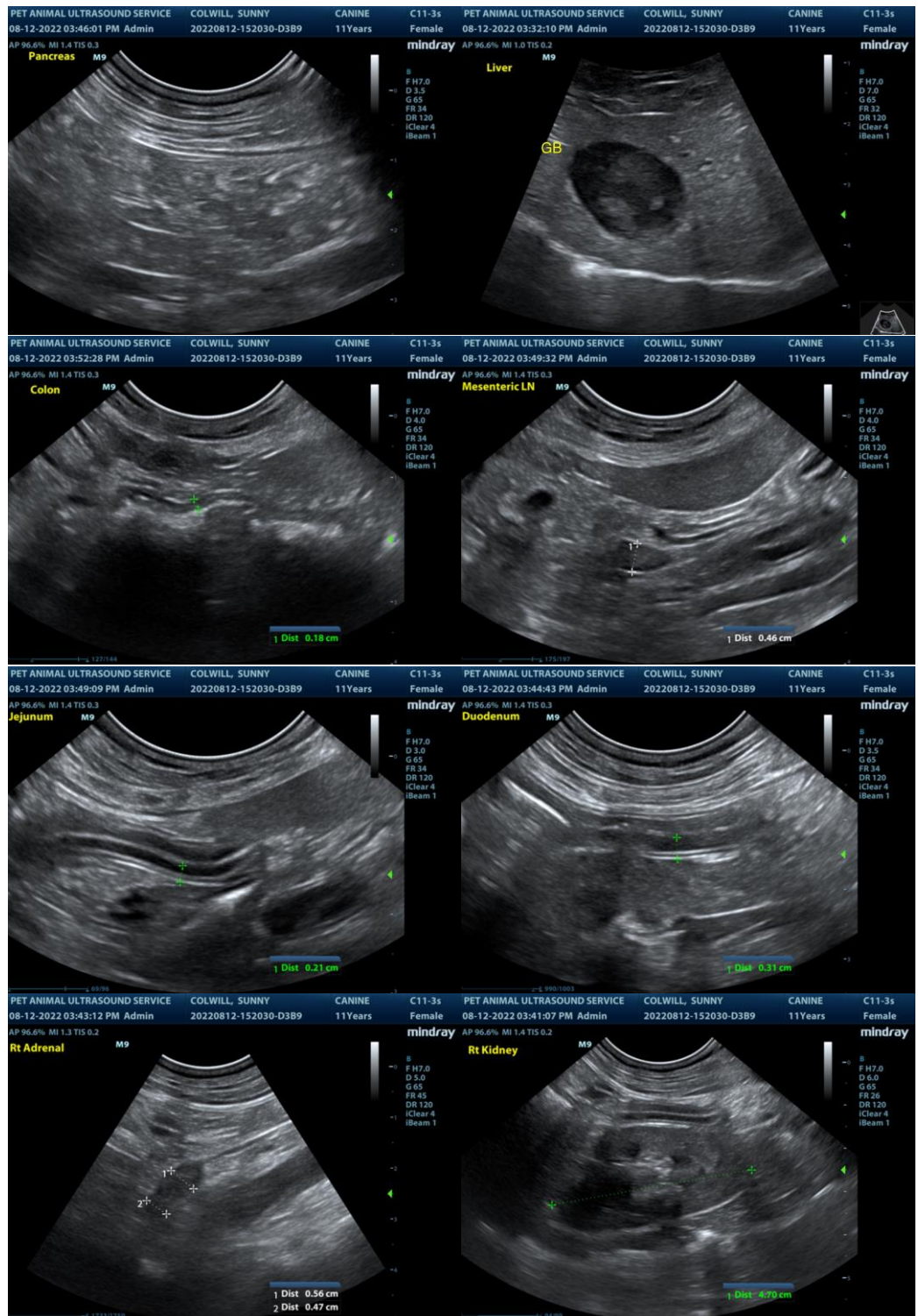
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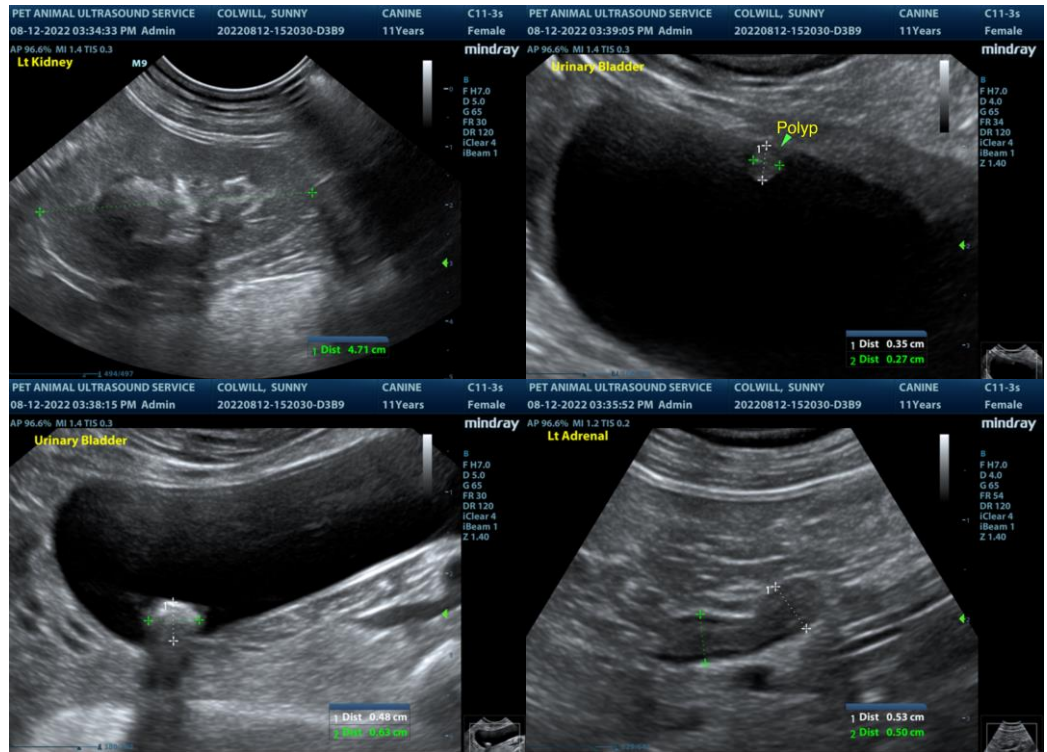
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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