



PATIENT PRESENTING CLINICAL SIGNS

Diddly Baker

SPECIES

Canine

BREED

Queensland Cattle Dog

SEX

Neutered Male

AGE

13 Years

WEIGHT

51.4

Patient has an approximately 2 month history of soft to runny stool. This was thought to be triggered by antibiotic administration (given for skin infection) in June, but has failed to resolve with time and various symptomatic treatments (bland diet, probiotics, metronidazole). Patient has lost about 3 lbs. Exam is unremarkable as regards diarrhea. Patient does have neurogenic KCS and chronic head tilt, severe dental disease, chronic mild skin and ear problems thought to be secondary to allergies. Abnormal PE/Chem/CBC/UA Results: Fecal ova and parasites and Giardia ELISA negative. Idexx Healthchek done in June: WBC 18,500, Neuts 14,301, Eos 1,832, Plt 717,000, Chemistries unremarkable. T4 <0.4 (Patient has prior diagnosis of hypothyroidism and dose of Thyrotabs was increased in June)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

The residual prostate was normal at 0.76 cm 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 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 6.2 cm. The right kidney measured 6.6 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.2 cm length x 0.64 cm at the caudal pole. The left adrenal gland measured 2.1 cm x 0.54 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, non-expansive, uniformly echogenic nodule was noted in the right mid to lateral liver, measuring 0.96 cm diameter. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barbara Brasted-Maki

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PATIENT *Gastrointestinal*

DIDDLEY BAKER
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic ingesta with subtle progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.20 cm. Pylorus wall measured 0.42 cm.

BREED
Queensland Cattle Dog

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. Duodenum wall measured 0.37 cm. Jejunum wall measured 0.33 cm.

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Normal visible colon wall layers were present with semiformal to soft feces. Descending colon wall measured 0.15 cm.

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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 was evident.

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Free Abdomen
No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild age related kidneys
- Gastric ingesta
- Mild enterocolitis
- Benign hepatic nodule – consistent with probable lipogranuloma or focal nodular hyperplasia

IMAGING PERFORMED BY

Jenna Walsh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant structural gastroenterocolic mural pathology. The presence of gastric ingesta may correlate with post-prandial presentation. If documented NPO, potential for some degree of metabolic gastric stasis may be considered. Dietary intolerance/food hypersensitivity, dysbiosis, or non-specific inflammatory enterocolic process without evidence of mural changes possible. A GI panel to assess serum cobalamin and folate levels +/- resting cortisol to rule out occult Addison's disease may be considered, although the bilateral adrenal glands appear to be sonographically normal.

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Given the lack of response to previous empirical therapy, hydrolyzed diet, continued high colony count probiotic, and Tylosin trial (given the lack of response to Metronidazole) may prove beneficial. Although fecal and giardia testing was negative, empirical deworming (i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks) is recommended.



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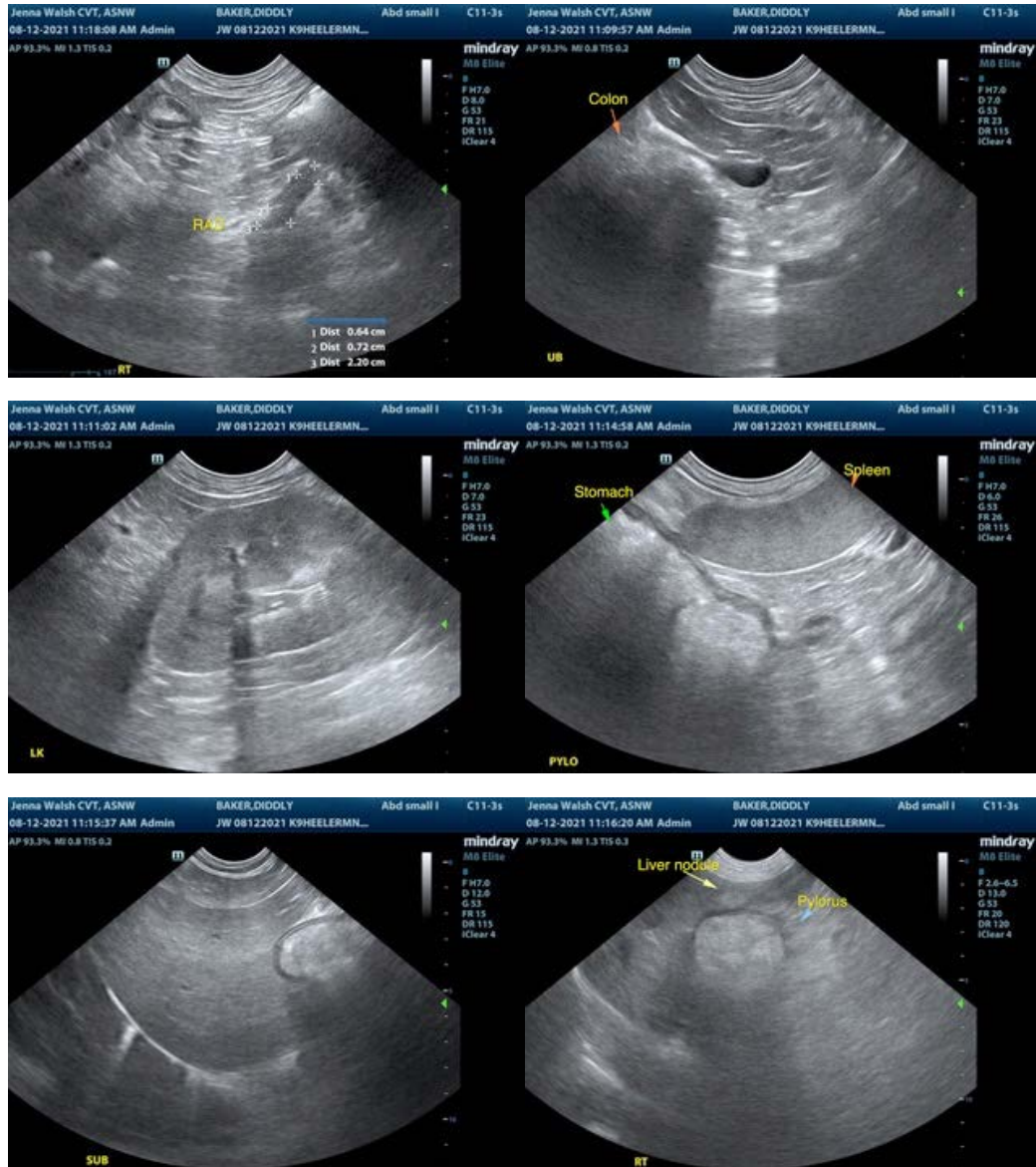
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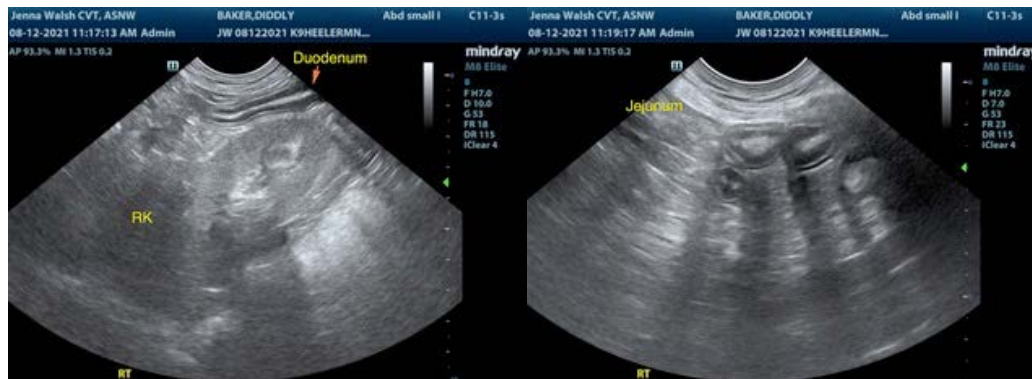
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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