



PATIENT

PRESENTING CLINICAL SIGNS

Brandi Puffert

Presents for inappetence and diarrhea starting couple weeks ago, initially responded to supportive outpatient care but today pt had blood clots in her diarrhea. She does take Rimadyl daily (last dose yesterday), only ongoing health issue is arthritis. Some gradual weight loss X months.

SPECIES

Canine

Good coat and body condition, stiff gait hind, bloody diarrhea

Mild elev SDMA (21, ref < 14) w normal BUN, Cr

BREED

Mix

Isostenuria with USG 1.024, bilirubinuria 3+, microscopic hematuria (d/t cysto?), no bacteria or crystals

Mild elev ALKP 219, remainder of full chem panel is normal

SEX

FS

CBC is normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

14

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

WEIGHT

17.28kg

Normal size and margination was 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 corticomodullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the left kidney.

INTERPRETED BY

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

The left kidney measured 5.1 cm in length. The right kidney measured 6.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

IMAGING PERFORMED BY

Dr. Callihan

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm width in the cranial pole and 0.97 cm width in the caudal pole. No obvious pathology in the area of the right adrenal gland.

HOSPITAL NAME

Animal Emergency
Care

Spleen

The spleen exhibited generalized parenchyma heterogeneity with nondisruptive hyperechoic nodules in the medial parenchyma adjacent to the hilus. 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.

REFERRING VET

Dr. Callihan

Liver

INVOICE

11341ag

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

DATE

08/14/2022



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor particulate to mildly hyperechoic luminal debris. The cystic and common bile ducts were normal.

Gastrointestinal

SPECIES

Canine

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

BREED

Mix

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized mildly prominent to hyperechoic submucosa present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.47 cm. The jejunum wall measured 0.37 cm in width.

Prominent colon wall layering was present with apparent non formed feces in lumen.

SEX

FS

Pancreas

The pancreas was normal to mildly prominent in size with nonhomogeneous to hyperechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

AGE

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Free Abdomen

No peritoneal effusion was present.

WEIGHT

12.28kg

Intermittent mildly prominent to enlarged mesenteric 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).

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern - possible inflammatory bowel
- Intermittent prominent benign/reactive mesenteric lymph nodes
- Hyperechoic pancreas - chronic pancreatitis vs fibrosis
- Bilateral chronic kidneys with mild left kidney pyelectasia
- Mild hepatic parenchyma remodeling
- Minor gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Dietary indiscretion / food allergy, IBD / colitis, dysbiosis possible with some contribution to the GI signs owing to chronic pancreatitis suspected. A GI panel to PLI/TLI/folate/B12 and fresh fecal analysis to rule out parasites suggested.

REFERRING VET

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

Thoracic radiographs may be considered to rule out pathology as a contributor to the weight loss.

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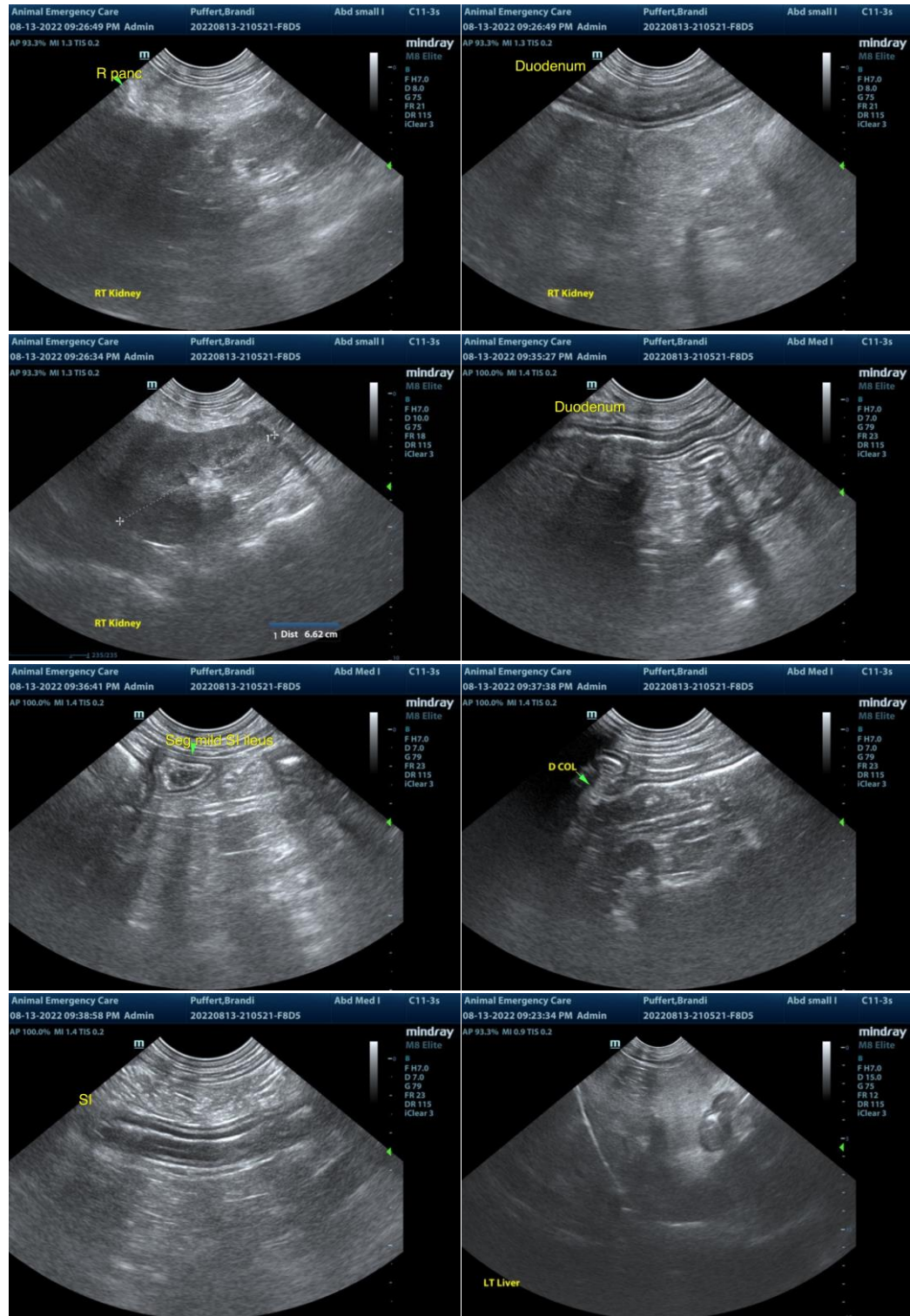
Dr. Callihan

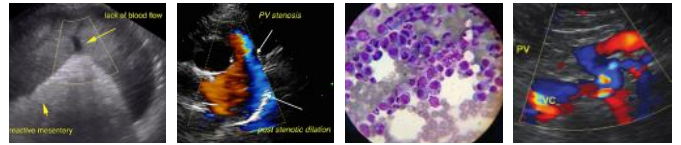
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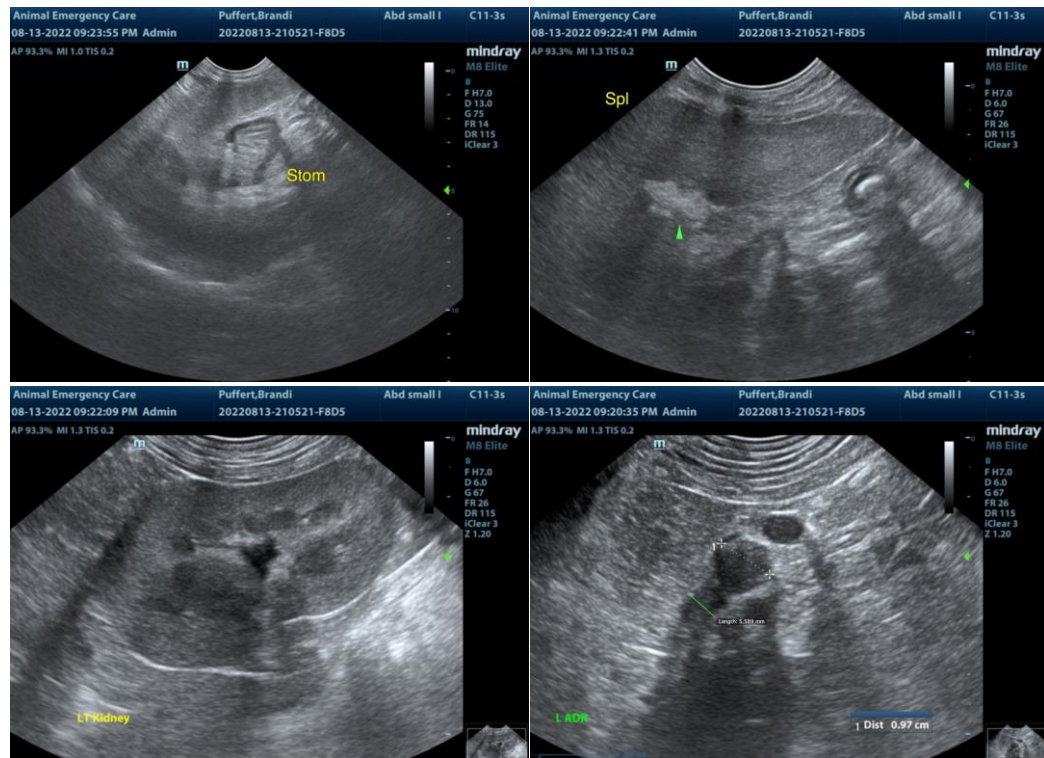
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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