

**PATIENT**

Madi Dare

SPECIES

Canine

BREED

Pitbull

SEX

SF

AGE

7 years

WEIGHT

52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Douglas

INVOICE

14641

DATE

8/17/22

PRESENTING CLINICAL SIGNS

chronic diarrhea with occasional vomiting; will respond to metronidazole but symptoms return within 2 days of discontinuing. non responsive to food trials or pro biotics.

Abnormal PE/Chem/CBC/UA Results: recurrent elevated amylase and lipase and abnormal cPLs. PE WNL

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Minor loss of corticomedullary border demarcation was present with nonobstructive areas of medullary mineral to small renoliths present in both kidneys. The left kidney measured 6.5 cm in length. The right kidney measured 6.4 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 2.6 cm length x 0.65 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.52 cm width at the caudal 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.

The gallbladder was non-distended in size containing primarily anechoic content with minor congealed, mildly hyperechoic luminal debris. The potential for emerging gallbladder polyp is considered a less likely yet alternative differential diagnosis. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

**PATIENT*****Gastrointestinal***

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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. The gastric body wall width measured 0.35 cm.

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The small intestine presented intact yet segmental to generalized mildly prominent wall layering owing to segmental to generalized propensity for mildly prominent muscularis and submucosa layers. The duodenum wall measured 0.55 cm width. The jejunum wall measured 0.42 cm width. The ileocolic wall measured 0.6 cm width.

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Normal visible colon wall layers were present with semi-formed to soft fecal matter consistent with reported diarrhea.

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Pancreas

The pancreas was subtly prominent in size with areas of capsule asymmetry exhibiting isoechoic to heterogeneous parenchyma compared to adjacent omentum.

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Free Abdomen

Intermittent, mildly prominent yet variably sized mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of subtle perilymphatic omental reactivity was evident. An example of lymph node size was 3.3 cm x 1.6 cm.

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ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**

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

Primary Findings

- Enteropathy with potential for mild to moderate ileitis
- Associated nonspecific yet subjectively benign / reactive mesenteric lymphadenopathy
- Mildly prominent to heterogeneous pancreas - suspect low-grade potentially chronic pancreatitis

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Secondary Findings

- Bilateral nonobstructive renal medullary mineralization to small renoliths
- Focal congealed gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

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The small intestine exhibited minor mural changes which may suggest underlying inflammatory enteropathy or potential IBD. General considerations in patients exhibiting chronic gastrointestinal signs may include, dietary Intolerance / food hypersensitivity, dysbiosis / antibiotic responsive diarrhea which may potentially be considered a top differential diagnosis, given the positive response to antibiotics, occult parasitism, IBD, low-grade potentially chronic pancreatitis which may present as sonographically normal, or less likely infiltrative neoplasia.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to rule out parasitic ova/Giardia. Empirically, a limited antigen or hydrolyzed diet trial with

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svsmobileimaging.com 309-737-3070



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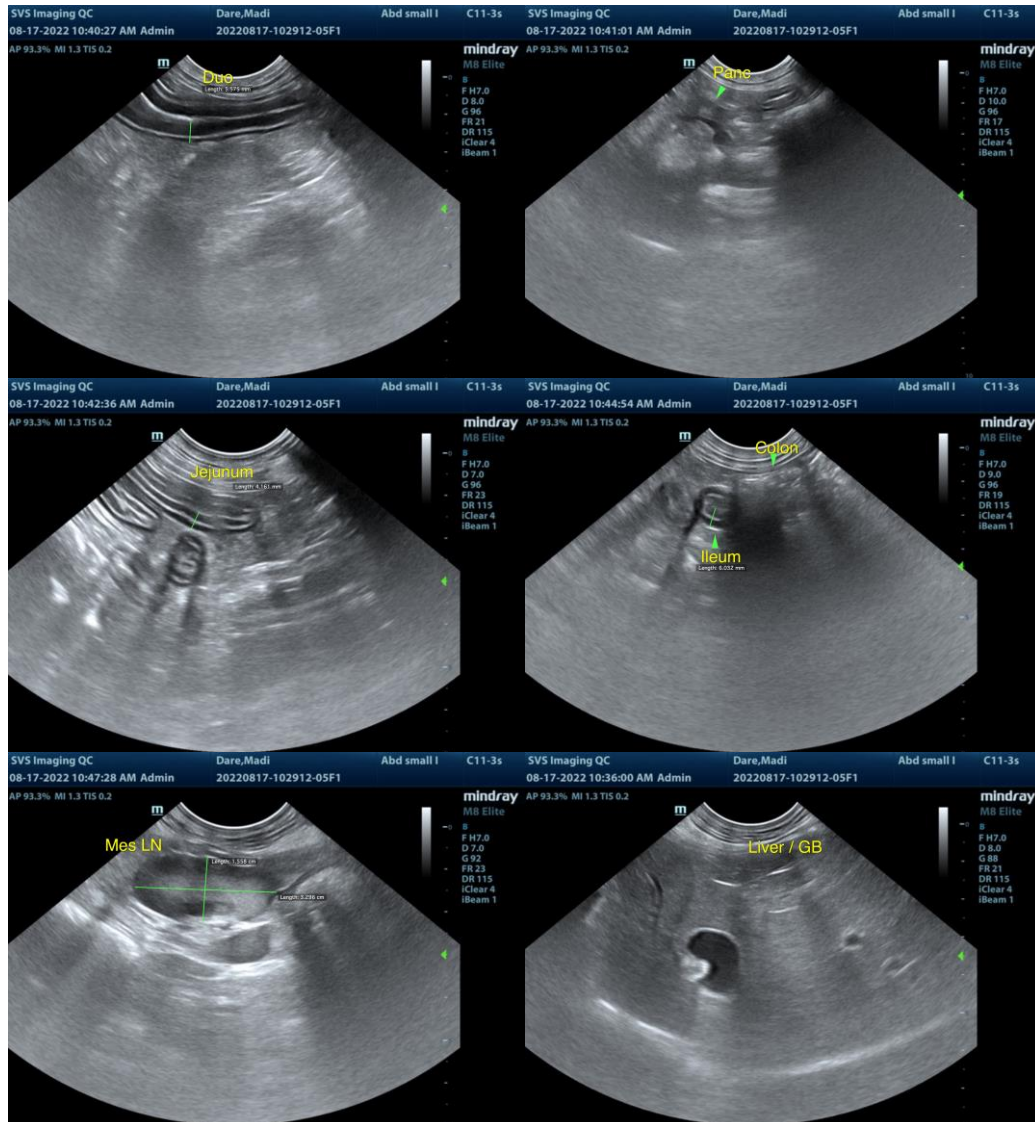
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potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), appropriate antibiotics with potential for long-term antibiotic therapy at the lowest effective dose to control clinical signs with as needed gastrointestinal support and assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy and additional diagnostics.





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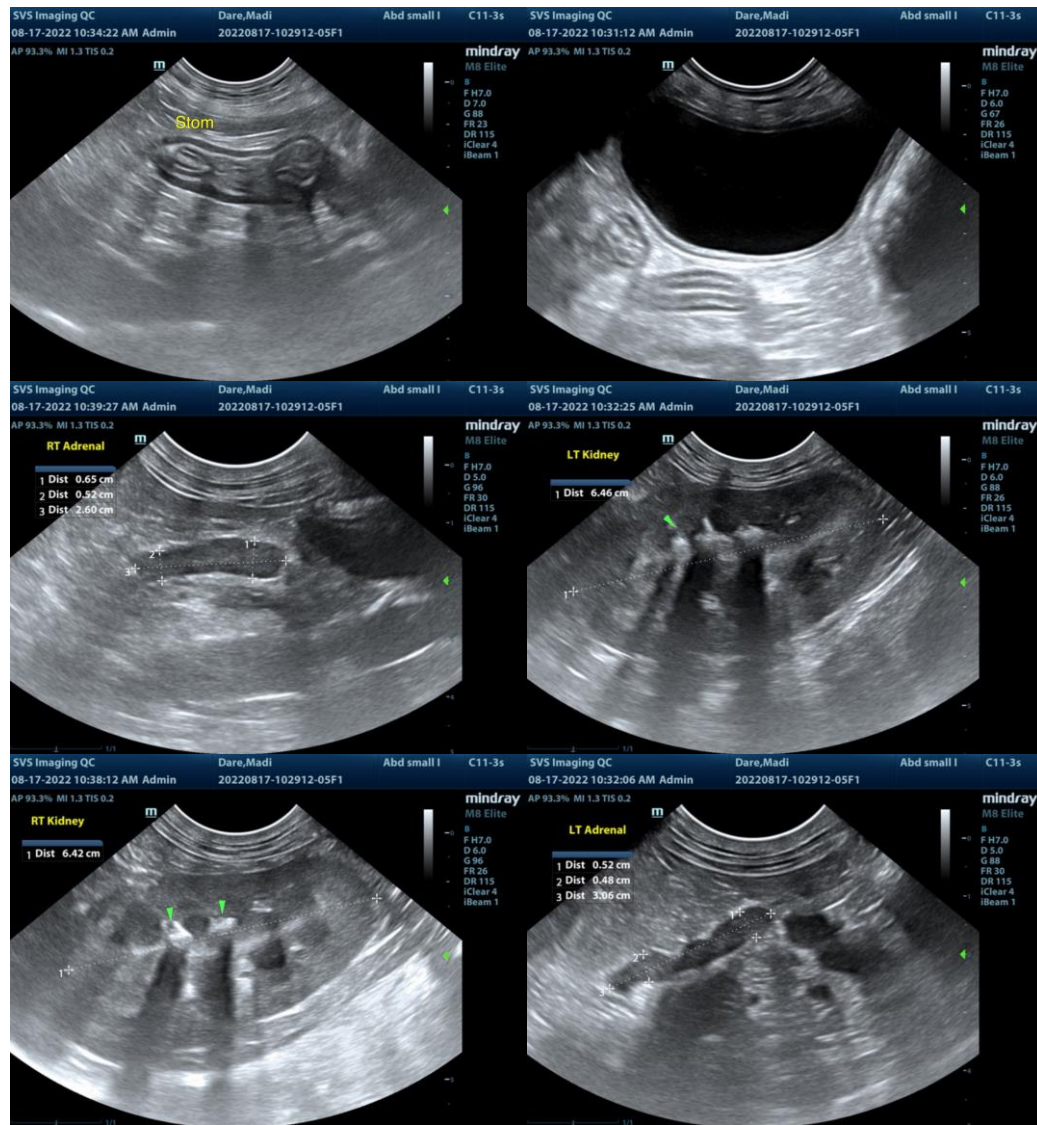
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com