



PATIENT PRESENTING CLINICAL SIGNS

Dexter Marte Chronic diarrhea, occasional vomiting.
 Medication: probiotic

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

Australian Cattle Dog Mix

SEX The residual prostate was free of pathology.

MN The area of the aortic trifurcation was free of pathology.

AGE 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 5.7 cm in length. The right kidney measured 6.0 cm in length.

2013

WEIGHT 50

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 0.58 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 2.7 cm length x 0.58 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited subjective mild enlargement with 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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
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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 mild to moderate, nonorganized, gallbladder sediment. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Nankman

INVOICE

14853

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained ingesta, fluid, or foreign material.

DATE
 8/17/23



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The small intestine exhibited segmental variable wall thickening exhibiting intact to indistinct wall layer detail in the mid-ventral abdomen, likely consistent with a jejunal location. The thickened segment of jejunum measured potentially 6.0-7.0 cm in length, but potentially longer with wall width up to 1.4 cm. Concurrent segments of normal-appearing small intestine exhibiting intact wall layering and normal wall layer ratio were also visualized. There was no evidence of an intestinal obstructive pattern.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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 were evident.

Free Abdomen

Regional, primarily peri intestinal hyperechoic omentum and subjective mild volume peritoneal effusion were noted. There was no overtly visualized or significant omental lymphadenopathy, although mild peri intestinal omental lymphadenopathy is possible.

ULTRASONOGRAPHIC FINDINGS

- Segmental irregularly thickened small intestine, potential emerging small intestinal mural mass - likely consistent with jejunal location
- Sonographically unremarkable stomach and colon
- Regional primarily peri intestinal hyperechoic omentum and mild volume peritoneal effusion
- Subjective mild splenomegaly - nonspecific, suggestive of benign criteria i.e., incidental hyperplasia, hematopoiesis, or splenitis
- Gallbladder sediment (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status screening, splenic FNA cytology using a 25-gauge needle could be considered primarily to ensure only benign changes are present. Intestinal biopsies are required for a definitive diagnosis. Sonographically, the thickened segments of intestine appear to likely be amendable to surgical resection.

Assessment of serum cobalamin and folate levels could be considered. Three-view chest radiographs are suggested if not done to rule out intrathoracic pathology as a contributing factor. Empirically, as-needed gastrointestinal support is recommended.



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SPECIES

Canine

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.

BREED

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Mix

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.

SEX

MN

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