



PATIENT PRESENTING CLINICAL SIGNS

Angel Halupka Anorexia, diarrhea, history of HGE Panacur, Metronidazole

Abnormal PE/Chem/CBC/UA Results: CBC wnl, Chem GLOB 2.3, ALB 2.3, Na:K 37 snap cPL wnl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

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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 3.0 cm in length. The right kidney measured 3.2 cm in length.

AGE

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 1.5 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 1.4 cm length.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

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 with thin walls and primarily anechoic luminal content with mild non-organized debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Lehigh Valley AH Bath

REFERRING VET

Dr. Tan

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and gas with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.3 cm in width. The pylorus wall measured 0.45 cm in width.

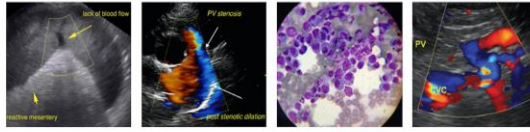
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The small intestine presented intact yet prominent wall layering to the level of the ileum. The ileum exhibited prominent yet intact wall layering to the level of the ileocolic junction. The lumen of the

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08/18/2022



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small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm in width. The jejunum wall measured 0.32 cm in width.

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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 focal area of hypoechoic parenchyma in the area of the pancreas base caudal to the pylorus was noted. 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.

AGE

2019

ULTRASONOGRAPHIC FINDINGS

- Mild gastritis with gastric hypomotility
- Enterocolitis pattern with subjective moderate ileitis-possible IBD
- Focal hypoechoic area of pancreas base parenchyma-possible low grade inflammation

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract was suggestive of inflammatory criteria with considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease or low-grade pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia. Correlation with pending ACTH is warranted.

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. Endoscopic intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

INTERPRETED BY

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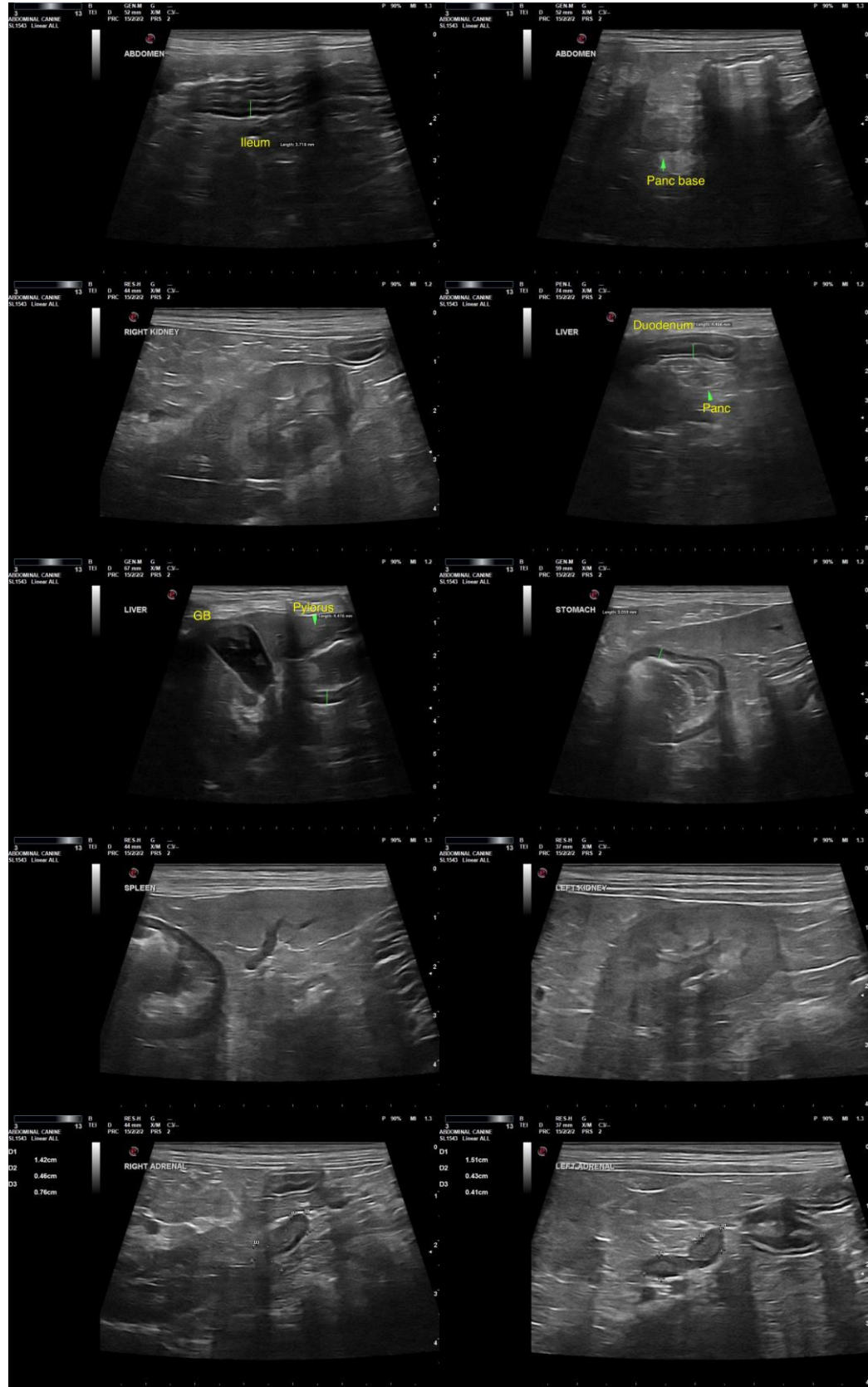
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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