



**PATIENT PRESENTING CLINICAL SIGNS**

Gabby Lippincott

Chronic large bowel diarrhea since young (2-3 years) that was fiber responsive on w/d/ Recently diarrhea returned and i/d + high dose flagyl tried by r DMV. No improvement until moved over to GI biome. Diarrhea returned off flagyl and since returning P to flagyl diarrhea has continued. On exam: Pot-bellied appearance, hair thinning. History bladder stone . Assess for cause of diarrhea; adrenal changes; any evidence of GI neoplasia. On Metronidazole 250 mg, 1/2 q12h; Fortiflora

**SPECIES**

Canine

**BREED**

Cockapoo

Abnormal PE/Chem/CBC/UA Results: CBC: Hct-58(H), Hgb-21.4(H) WBC-12.3(n), Plt-256(n) Chem: Cl-105(mild dec), ALP-515(h), rest WNL BNP-842(n) UA: SpG-1.022, rest WNL T4:0.8(L) Fecal-Neg 4Dx-neg x4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

FS

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 a solitary dependent calculus measuring 0.6 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**AGE**

10yr

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 corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of non-obstructive medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.2 cm in length.

**WEIGHT**

18lb

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.46 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**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.

**HOSPITAL NAME**

Anchor Animal Hospital

**Liver**

**REFERRING VET**

Dr. Levitt

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**INVOICE**

11390ag

The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

**DATE**

08/18/2022

**Gastrointestinal**



**PATIENT**

Gabby Lippincott

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.

**SPECIES**

Canine

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. The duodenum wall measured 0.41 cm in width. The jejunum wall measured 0.47 cm in width.

**BREED**

Cockapoo

Normal visible colon wall layers were present with mild to moderate distention with apparent semi formed to soft feces in lumen consistent with diarrhea pattern. The descending colon wall measured 0.1 cm in width.

**SEX**

FS

**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.

**AGE**

10yr

**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

18lb

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder calculus
- Mild age-related kidneys with medullary mineral
- Vacuolar hepatopathy pattern
- Non-inflamed gallbladder mucocele
- Sonographically unremarkable GI tract/colon exhibiting mild colonic distention

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urine C/S on a sterile urine sample if not done is suggested. No overt evidence of adrenal pathology noted on this study. Adrenal testing could be considered if clinical signs are present. Assessment of T4 levels suggested as gallbladder mucoceles have been associated with hypothyroidism. No evidence of GI neoplastic criteria was present.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

Empirically a novel protein diet with potential fiber supplementation vs higher fiber diet, Tylosin trial given refractory response to metronidazole, cobalamin supplementation and high colony count probiotics may prove beneficial.

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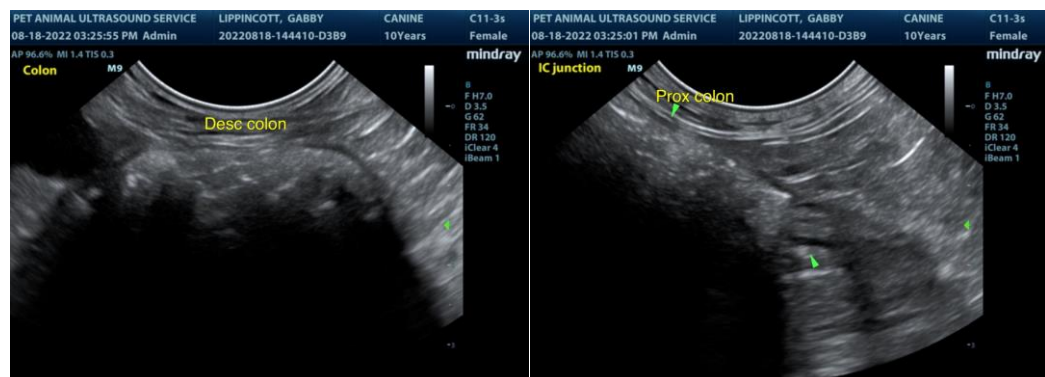
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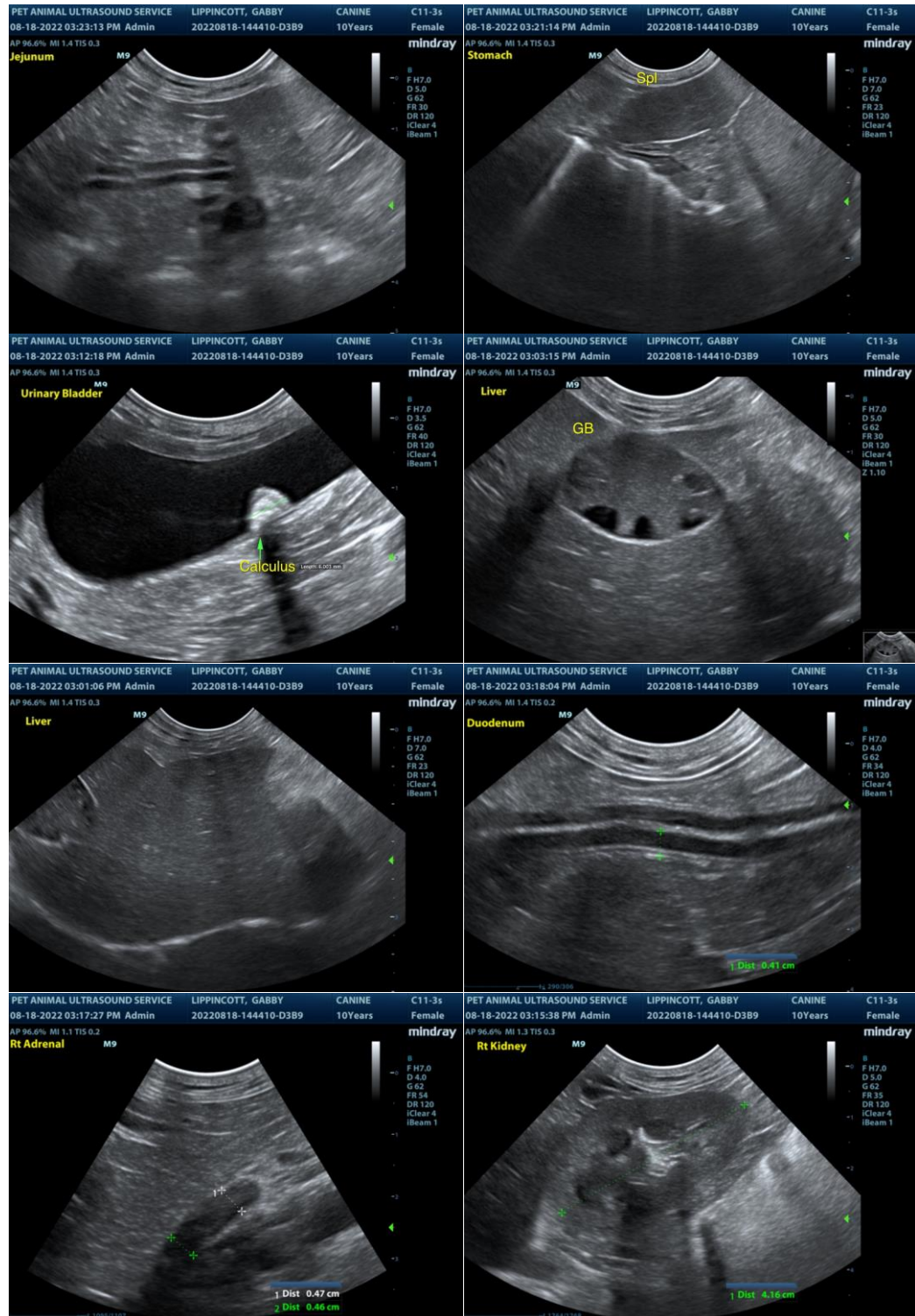
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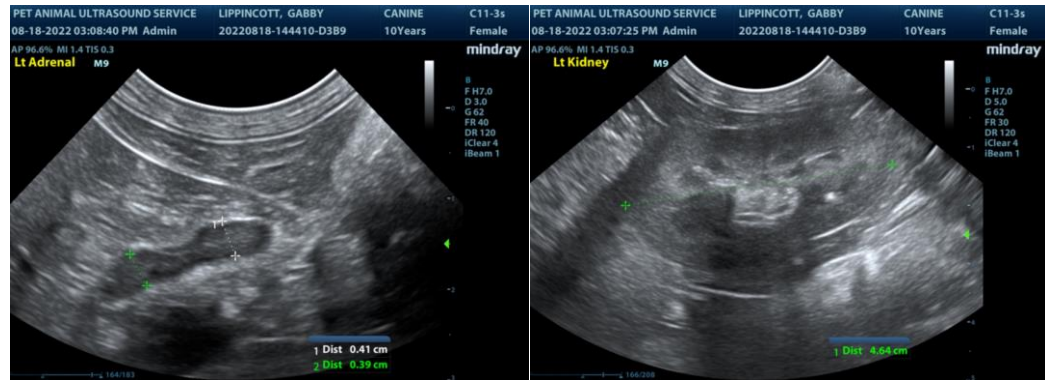
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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