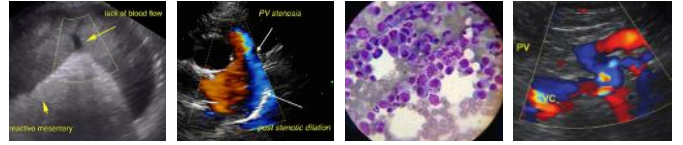




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
O'Henry Wellock	Patient presents for chronic diarrhea. Deworming status unknown. Current meds: Tylan powder, Amoxi, Viokase.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Low TLI.
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Mix	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.
<b>SEX</b>	
MN	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 5.1 cm in length.
<b>AGE</b>	
2yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	No overt pathology in the area of the residual prostate measuring 0.80 cm in diameter.
41lb	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	Both adrenal glands exhibited potential for mild subnormal size with normal position. The left adrenal gland measured 0.33 cm width at the caudal pole and 2.0 cm length. The right adrenal gland measured 0.47 cm width at the caudal pole and 2.1 cm length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Kelly Vazquez	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
Westwood Regional Vet Hospital	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Dr. Silver	
<b>INVOICE</b>	<b>Gastrointestinal</b>
11419ag	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild to moderate amount of retained fluid/chyme with no signs of ileus, obstruction or foreign material.
<b>DATE</b>	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.
08/19/2022	



**PATIENT**

O'Henry Wellock

Normal visible colon wall layers were present with mild to moderate distention and apparent semi formed feces in lumen.

**Pancreas**

**SPECIES**

Canine

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.

**BREED**

Mix

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Mild hypomotile stomach
- Unremarkable small bowel
- Overtly normal pancreas
- Borderline subnormal bilateral adrenal glands

**AGE**

2yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The low TLI may suggest pancreatic insufficiency as a primary cause of the patient's diarrhea. Considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or less likely low-grade pancreatitis.

Pancreatic enzyme supplementation with low fat diet and assessment of clinical response would be reasonable. Assessment of cobalamin/folate levels is suggested if not done. 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.

The potential for subnormal adrenal size may be a patient variant. A resting cortisol level to rule out occult Addison's disease is recommended.

**WEIGHT**

41lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood Regional  
Vet Hospital

**REFERRING VET**

Dr. Silver

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**DATE**

08/19/2022



**PATIENT**

O'Henry Wellock

**SPECIES**

Canine

**BREED**

Mix

**SEX**

MN

**AGE**

2yr

**WEIGHT**

41lb

**INTERPRETED BY**

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Kelly Vazquez

**HOSPITAL NAME**

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**REFERRING VET**

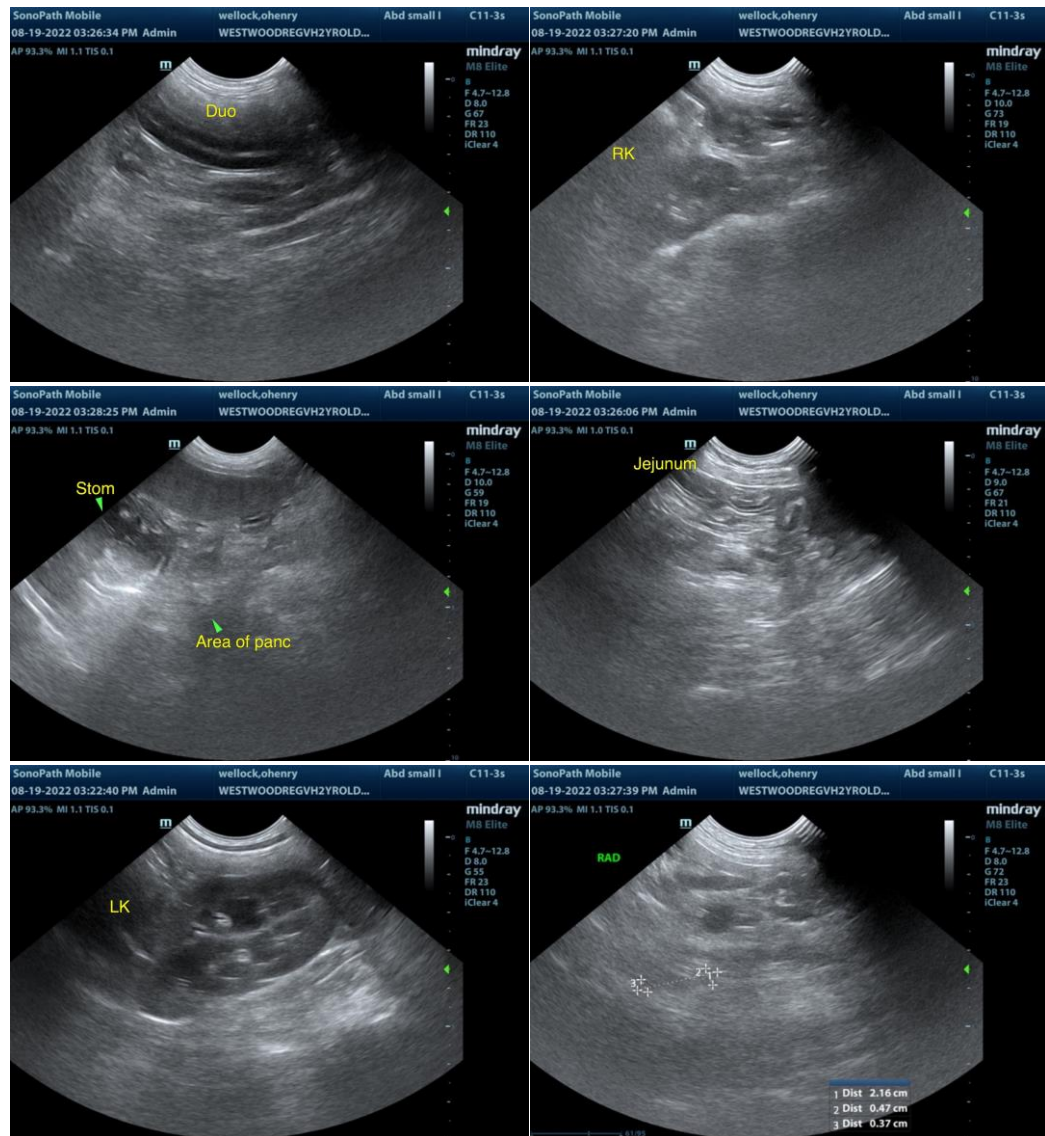
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**DATE**

08/19/2022





**PATIENT**

O'Henry Wellock

**SPECIES**

Canine

**BREED**

Mix

**SEX**

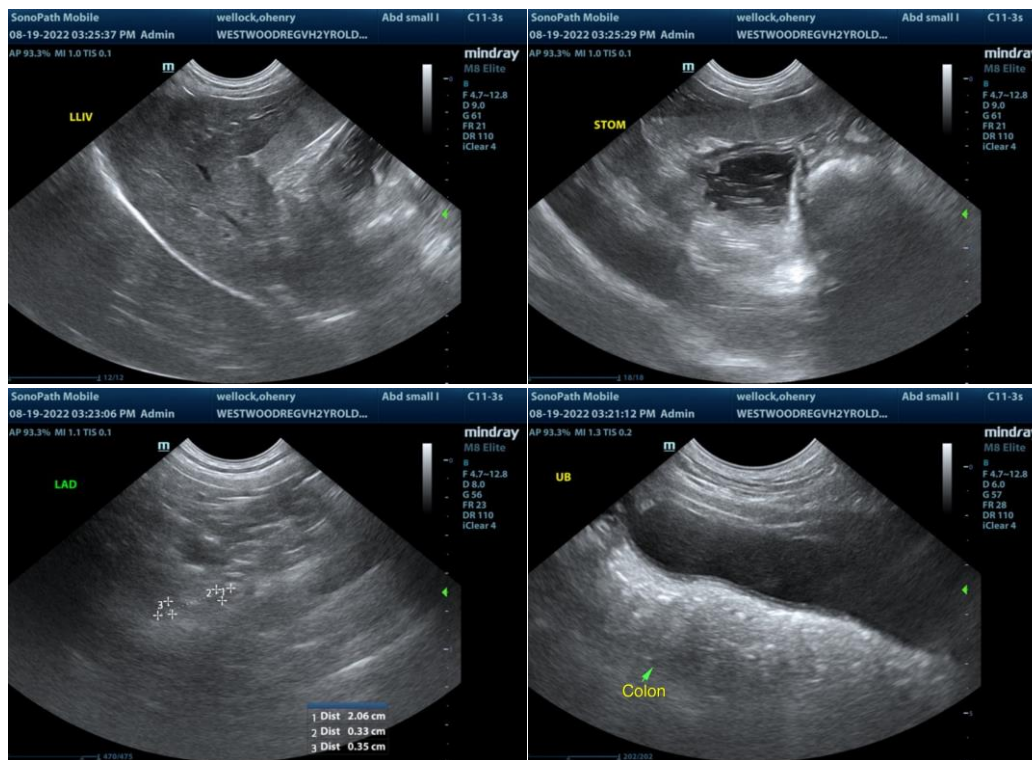
MN

**AGE**

2yr

**WEIGHT**

41lb



**INTERPRETED BY**

R. McKenzie Daniel,  
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Vet Hospital

**REFERRING VET**

Dr. Silver

**INVOICE**

11419ag

**DATE**

08/19/2022

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