



PATIENT PRESENTING CLINICAL SIGNS

Albano Cora Inconsistent diarrhea, weight loss Gabapentin, Carprofen, Tramadol

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.

GSD

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

FS 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 7.7 cm in length. The right kidney measured 6.8 cm in length.

AGE

2014

WEIGHT

2014

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was indistinctly visualized yet overtly normal In size, position and shape measuring 0.39 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited generalized enlargement with regional mild symmetrically rounded medial capsule contour yet with maintained capsule integrity and a finely textured homogeneous parenchyma. Normal splenic vascularity was noted. No masses were noted.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Gastrointestinal

Dr. Carney 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.

INVOICE

14466

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.

DATE

8/2/22

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



PATIENT *Pancreas*

Albano Cora 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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

GSD

- Overtly normal gastrointestinal tract / colon

SEX

- Mild splenomegaly with regional rounded medial capsule contour

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

The mild splenomegaly was nonspecific yet not overtly indicative of neoplastic criteria. Considerations may include benign hyperplasia, hematopoiesis, breed-associated hypersplenism, incidental splenitis, or similar. Given the patient's weight loss, screening splenic FNA with a 25-gauge needle and assuming normal clotting status could be considered primarily to ensure only benign changes are present. However, no overt suspicion of splenic neoplastic criteria.

2014

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At times, the gastroenterocolic sonographic presentation may not correlate with current or previous gastrointestinal signs. In patients with recurrent gastrointestinal signs and evidence of weight loss, considerations may include; dysbiosis, given the breed, dietary hypersensitivity / food allergy, occult parasitism, IBD, or less likely infiltrative intestinal neoplasia. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to rule out parasitic ova/Giardia, +/- resting cortisol to rule out occult Addison's Disease.

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

IMAGING PERFORMED BY

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PATIENT

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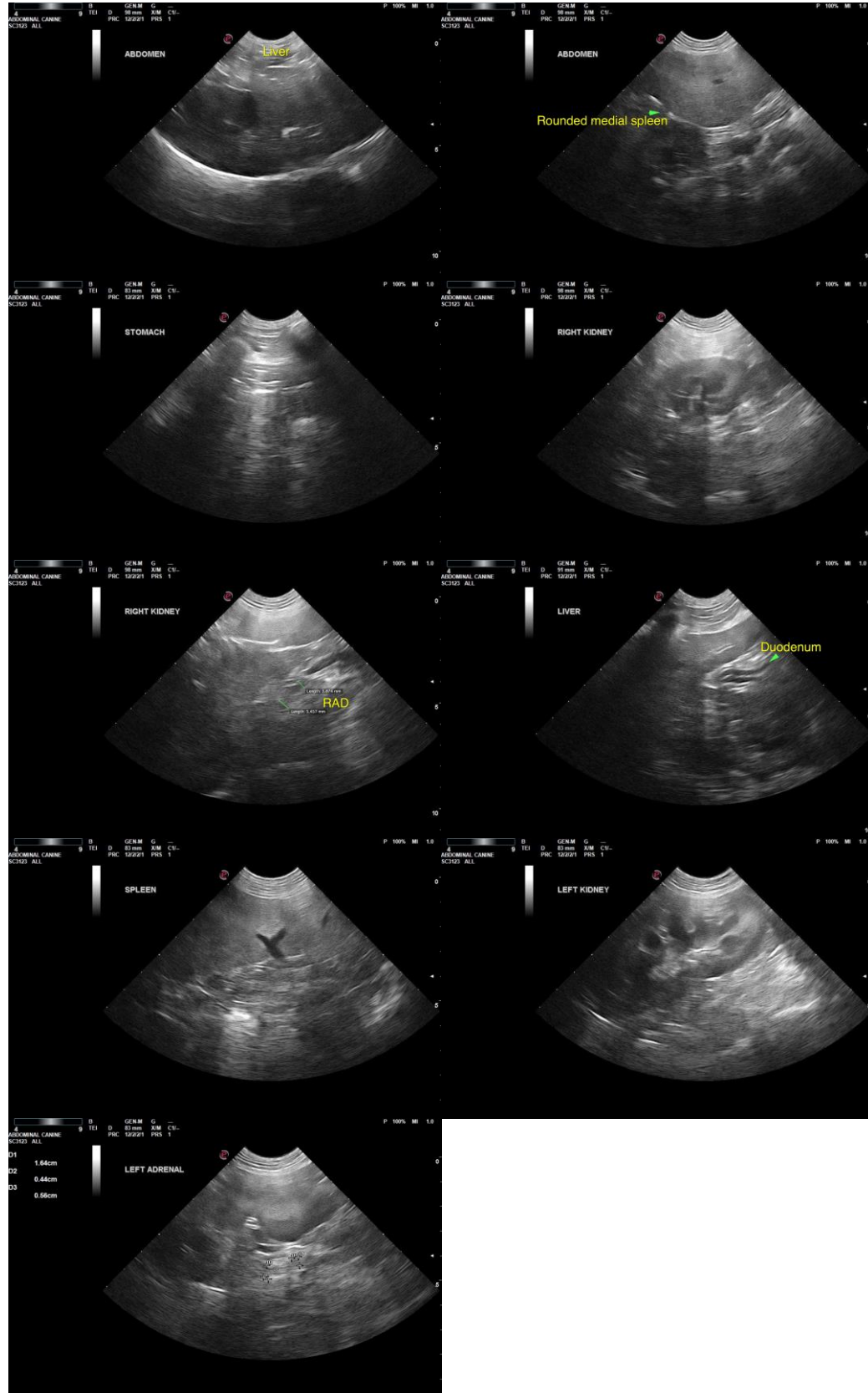
Dr. Carney

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PATIENT

Albano Cora

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.

BREED

GSD

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