


PATIENT PRESENTING CLINICAL SIGNS

Ginger Grummett Ongoing history of recurrent diarrhea and occasional vomiting. R/O IBD or other. Is on Safe Guard, Metronidazole, Sulcrate.
 Abnormal PE/Chem/CBC/UA Results: NSF

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
BREED

Mini Poodle

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

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 2.8 cm in length. The right kidney measured 2.9 cm in length.

AGE

3yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands
WEIGHT

6.2lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width at the caudal pole and 1.5 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole and 1.2 cm.

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

Crystal Hill

Liver
HOSPITAL NAME

Dog and Cat Clinic of
 Niagara

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.

REFERRING VET

Dr. Haidy

Gastrointestinal

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. The gastric body wall measured 0.30 cm in width.

INVOICE

11461ag

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 jejunum wall measured 0.22 cm in width.

DATE

08/22/2022

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



PATIENT

Pancreas

Ginger Grummett

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.

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Mini Poodle

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Normal GI tract/colon

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant abdominal visceral pathology was present in this study as a definitive cause of the patient's clinical signs.

AGE

3yr

At times the presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, with considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease without evidence of mural changes or other.

WEIGHT

6.2lb

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease although thought less likely 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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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**IMAGING
PERFORMED BY**

Crystal Hill

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Niagara

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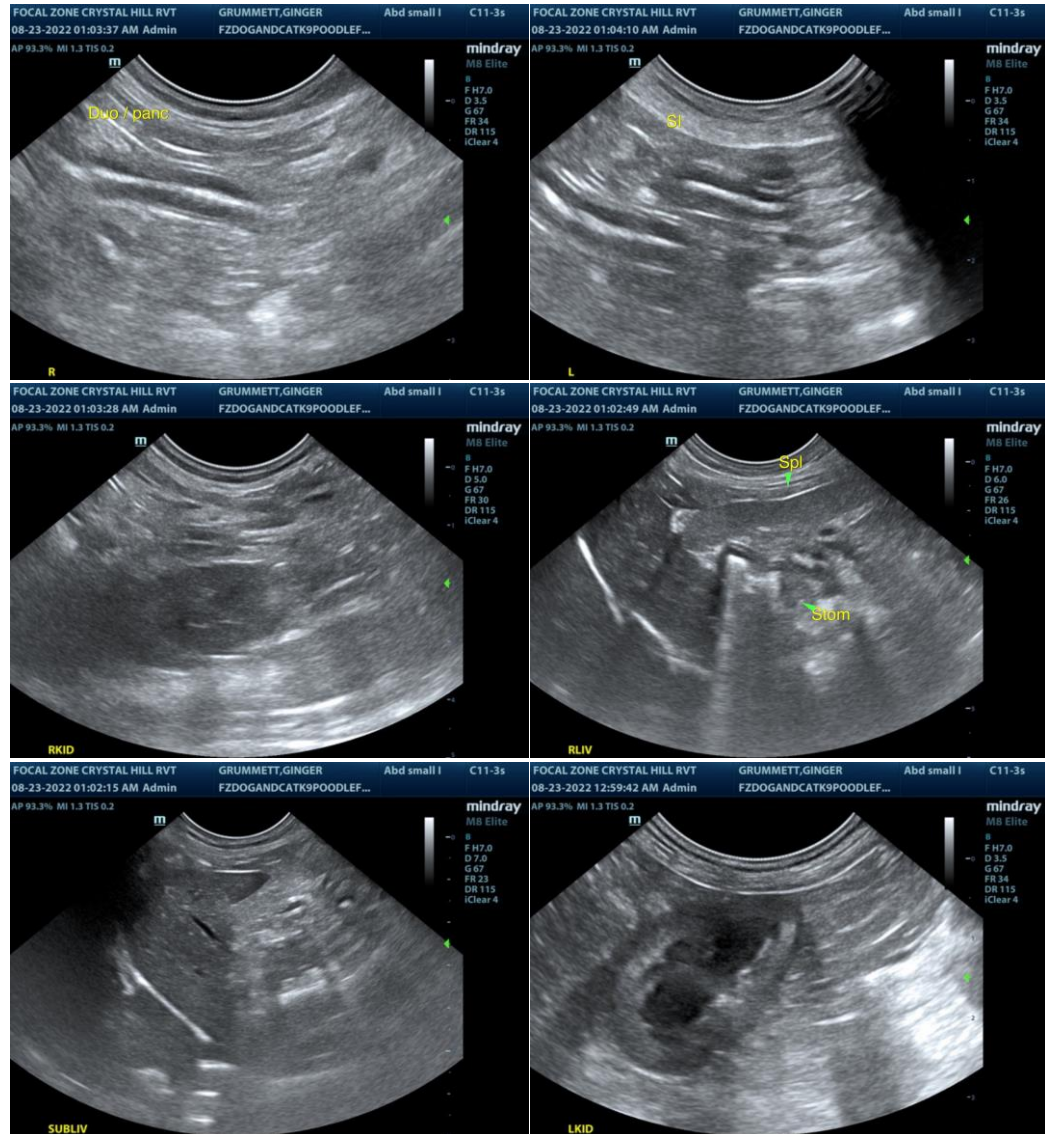
Dr. Haidy

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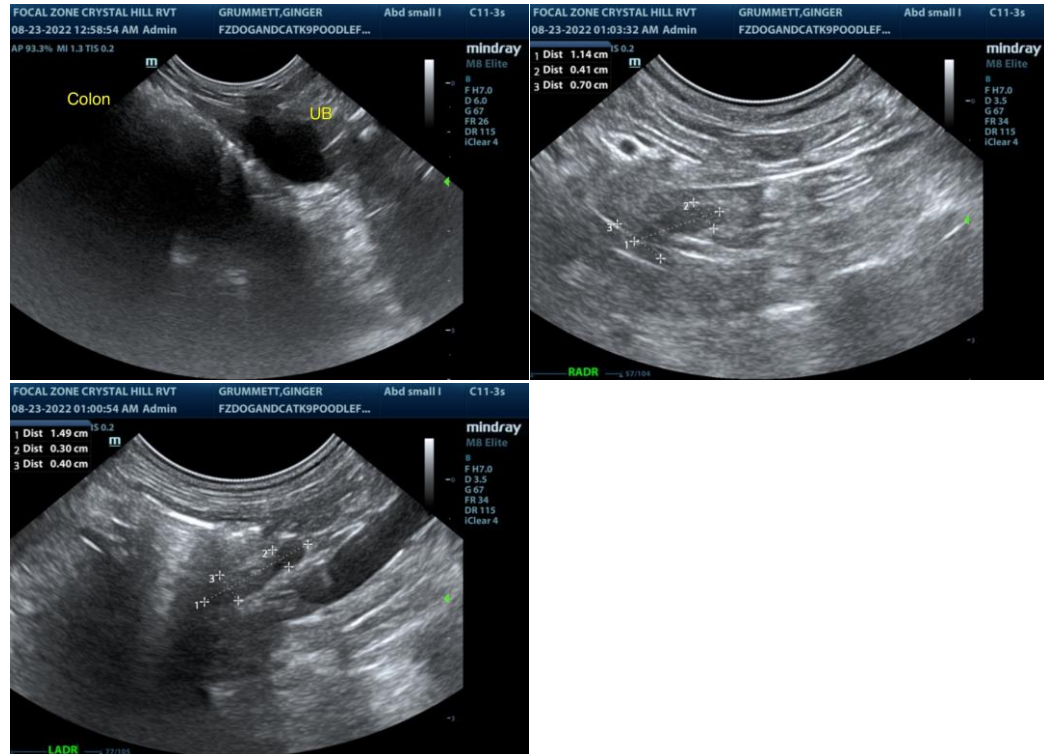
Dr. Haidy

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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.

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)

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