



PATIENT

Kaya Metcalf

SPECIES

Canine

BREED

Leonberger

SEX

FS

AGE

9yr

WEIGHT

58.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alistair Westcott
DVM

REFERRING VET

Dr. Westcott

INVOICE

11468ag

DATE

08/22/2022

PRESENTING CLINICAL SIGNS

Bloody diarrhea for a week. Has had a history of gastric ulcers and pancreatitis. More or less eating and drinking normally. Placed on Metronidazole, omeprazole and refilled Deramaxx (NSAID)

Abnormal PE/Chem/CBC/UA Results: Unremarkable PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 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.

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 9.2 cm in length. The right kidney measured 8.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.45 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 0.56 cm width at the cranial pole.

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.

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 hyperechoic to congealed debris. The cystic and common bile ducts were normal.

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 0.7 cm in width.

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 0.58 cm in width. The jejunum wall measured 0.57 cm in width.



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Normal visible colon wall layers were present with apparent formed feces in lumen. The proximal colon wall measured 0.23 cm in width.

Pancreas

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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.

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Leonberger

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

SEX

- Unremarkable GI tract and colon

FS

Secondary

- Mild gallbladder debris (non-mucocele)

AGE

9yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of GI or colon mural pathology was observed in this scan. The reported hematochezia may suggest some degree of mild colitis. No evidence of recurrent gastric ulcer or sonographically evident active pancreatitis. Potential for low grade to chronic pancreatitis could be present and appear sonographically normal.

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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), and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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A resting cortisol level to rule out Addison's disease could be considered based on history of gastric ulceration and GI signs although thought unlikely.

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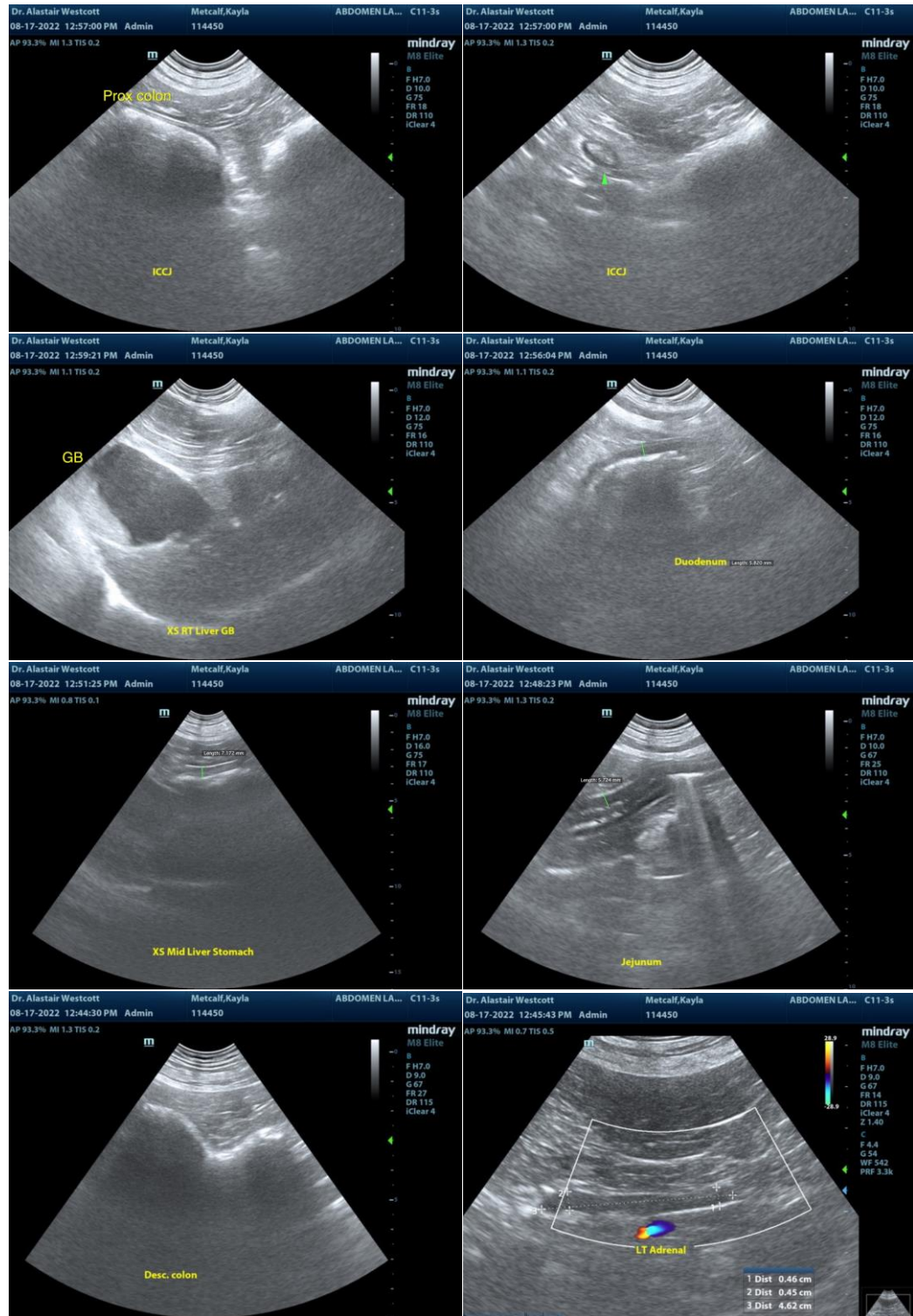
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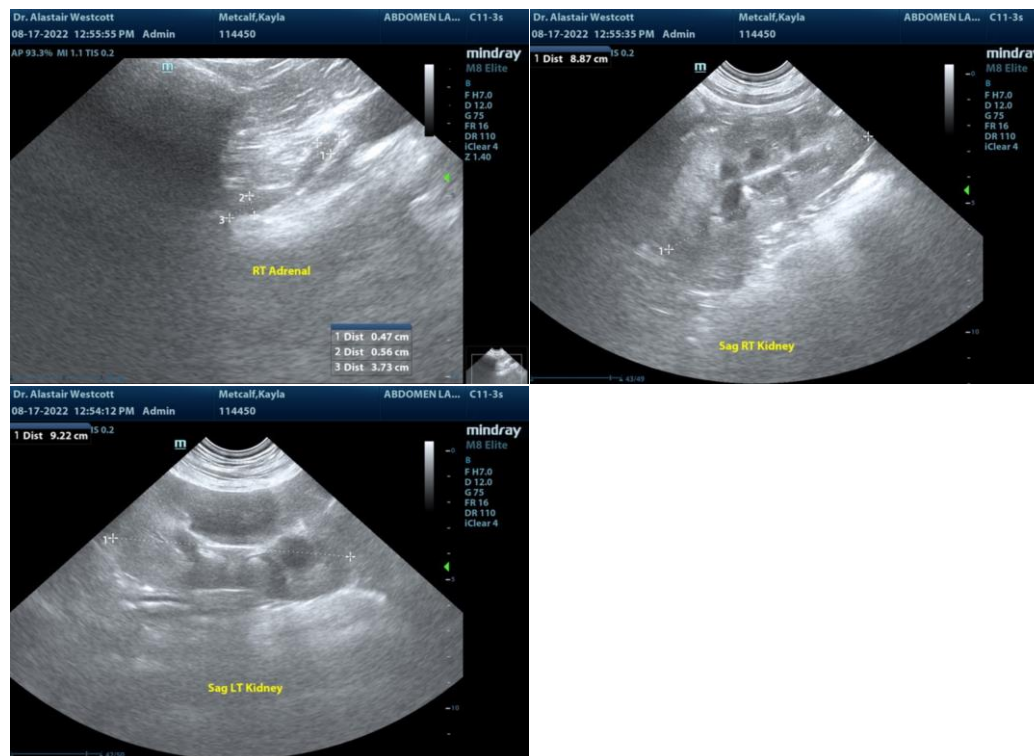
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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