



**PATIENT**

Sammy Stiles

**SPECIES**

Canine

**BREED**

Pyrenees

**SEX**

MN

**AGE**

8 yrs

**WEIGHT**

75 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. C

**INVOICE**

14665

**DATE**

8/23/22

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea. Current meds: sulfasalazine, Visbiome, Purina HA  
Abnormal PE/Chem/CBC/UA Results: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

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 7.1 cm in length. The right kidney measured 7.7 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.69 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.60 cm width at the caudal 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/ 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 moderate, nondependent, mildly hyperechoic gallbladder debris. The gallbladder was otherwise normal. 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 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.



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Normal visible colon wall layers were present with semi-formed to potential soft fecal matter, consistent with clinical history.

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***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 were evident.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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***Primary Findings***

- Sonographically unremarkable gastrointestinal tract and colon

***Secondary Findings***

- Moderate gallbladder debris (non-mucocele)

**WEIGHT**

75 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Overall, no overt evidence of overt gastroenterocolic pathology as an obvious definitive cause or contributing factor to the patient's chronic diarrhea. At times, the sonographic presentation of the GI tract and colon does not always correlate with the patient history of chronic gastrointestinal signs. Considerations may include; dietary intolerance / food hypersensitivity (less likely given current diet), dysbiosis, occult parasitism, IBD, or low-grade to chronic pancreatitis (both of which may present as sonographically normal), with no evidence of infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted.

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Jessica Miller

In addition to current therapy, potential diet rotation including alternative novel protein or hydrolyzed diet with likely long-term dietary therapy, as well as empirical deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days, even if fecal testing is negative, could be considered.

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Although considered unlikely given the normal adrenal presentation, a resting cortisol level to rule out occult Addison's Disease could be considered.

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Dietary fiber supplementation may prove beneficial.

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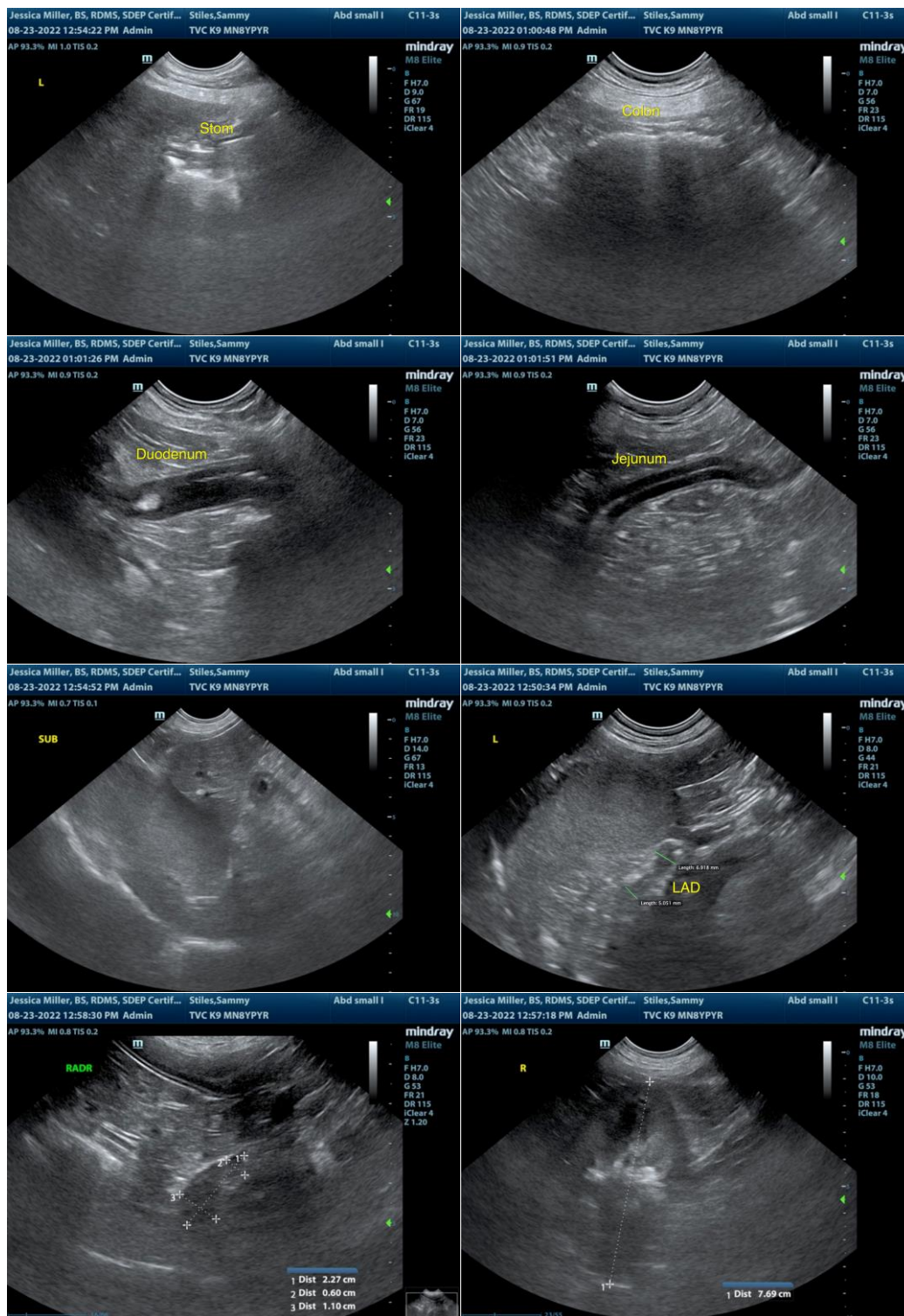
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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