



PATIENT

Maxi Cadwell-Faso

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

13 years

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley
McCaughan

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. Ashley
McCaughan

INVOICE

14894

DATE

8/23/23

PRESENTING CLINICAL SIGNS

Recent episode of vomiting and bloody diarrhea. She has had several of these episodes in the past. Currently a finicky eater: Hill's I/D, chicken, duck treats as topper to encourage her to eat. O lives at a distance, in town to visit friends.

Abnormal PE/Chem/CBC/UA Results: Labs pending to Antech (CBC/Chem25/T4/UA) On examination, extremely anxious. EENT - mod tartar; eyes LS OU; ears -wnl Oral exam - mod tartar; dark red to lavender tongue GIT - soft and pliable on abdominal palpation A - gastroenteritis - bloody diarrhea, vomitus - acute on chronic episodes Plan 1. SQF, Cerenia 1 mg/kg SQ w/ send home oral tabs Cerenia 2. Labwork out - can add on Folate/Colbalamin as well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and proximal urethra were not definitively visualized.

There was no overt pathology in the area of the iliac trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands. No overt pathology was noted in the area of the left or right adrenal glands.

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 exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor, nondependent, focally congealed gallbladder sediment. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented overtly normal intact wall layering. The stomach contained a mild amount of nonshadowing ingesta, sonographically consistent with food, along with mild luminal gas. The gastric body wall measured 0.41 cm width.

The small intestine presented generalized intact wall layering with maintained wall layer detail and overall normal ratio. Focal, intermittent hyperechoic intestinal mucosal speckling was noted. The duodenum wall measured 0.49 cm width. The jejunum wall measured 0.45 cm width.

Overtly normal visible colon wall layers were present with semi-formed fecal matter, consistent with patient history.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern, possible inflammatory bowel
- Mild age-related renal changes
- Mild hepatomegaly - consistent with benign hepatomegaly criteria
- Minor gallbladder sediment (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there was no sonographic evidence of significant visceral pathology, including no overt evidence of intrabdominal or gastroenterocolic neoplastic criteria.

Dietary intolerance / food hypersensitivity, recurrent nonspecific gastroenteritis with potential for inflammatory bowel, low-grade pancreatitis which may present as sonographically normal, occult parasitism, occult Addison's Disease, or other gastroenterocolopathy are possible. Correlation with pending lab work, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as screening resting cortisol level are 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 if clinically indicated and with consideration for possible adverse effects on normal gastrointestinal flora with assessment of clinical response may prove beneficial. Endoscopic intestinal biopsies may be considered if progression / recurrent gastrointestinal signs despite empirical gastrointestinal supportive dietary therapy.



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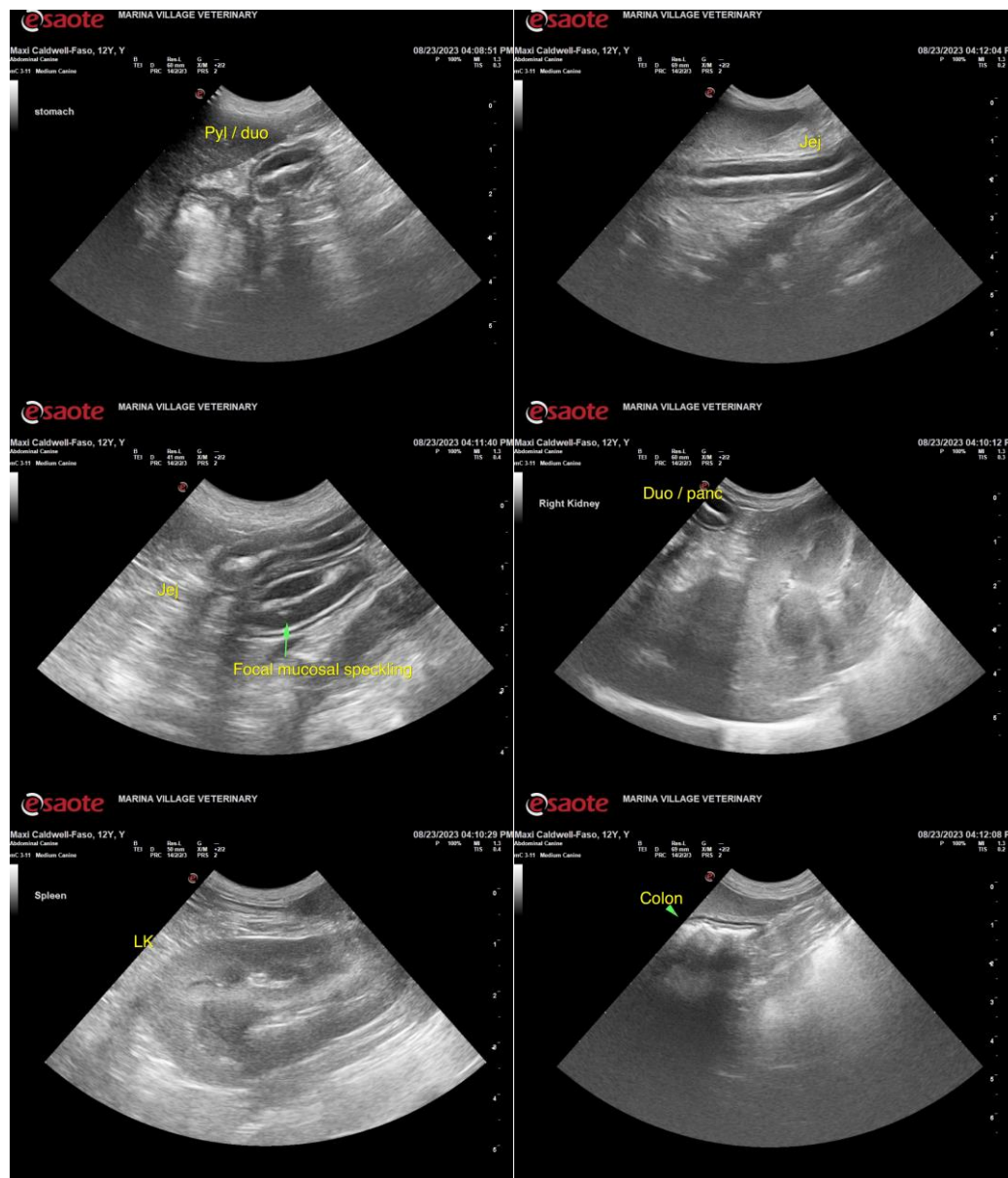
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com