
PATIENT PRESENTING CLINICAL SIGNS

Gracie Killick Vomiting, lethargic, inappetence, diarrhea. Concerned re: foreign body/neoplasia, gastroenteritis.
 Abnormal PE/Chem/CBC/UA Results: CBC – mild thrombocytosis. Chem – ALP 546, ALT 161, Lipase 3926

SPECIES

Canine

BREED

Basset Hound X

SEX

Spayed Female

AGE

11 Years

WEIGHT

39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Yates Animal Hospital

REFERRING VET

Dr. Kait

INVOICE

24876

DATE

8/24/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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 6.0 cm. The right kidney measured 5.5 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.6 cm length x 0.96 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and body condition. The right adrenal gland subjectively measured 2.5 cm length x 0.63 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present. Intermittent, subtly hypoechoic, non-expansive parenchymal nodules noted. Example of nodule measured 0.82 cm diameter. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented increased in size. The parenchyma of the liver exhibited mild generalized increased parenchymal echogenicity with minor evidence of parenchymal remodeling. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen was empty with mild gas present. No evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.48 cm.

The small intestine presented intact wall layering with subjective propensity for mildly prominent to echogenic submucosal layer. The lumen of the small intestine was empty with no signs of ileus, obstruction



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or foreign material. No evidence of intestinal masses or loss of wall layering. Duodenum wall measured 0.62 cm. Jejunum wall measured 0.48 cm.

Normal visible colon wall layers were present with formed to liquid feces, consistent with diarrhea.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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PRIMARY FINDINGS

- Inflammatory gastroenteropathy pattern
- Hepatopathy – subjectively benign
- Mild gallbladder (non-mucocele)
- Heterogeneous pancreas

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SECONDARY FINDINGS

- Intermittent, non-specific, non-expansive splenic nodules

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DABVP (Canine and
Feline)

Although non-specific, the appearance of the liver is consistent with benign hepatopathy with considerations including vacuolar hepatic changes, inflammatory hepatic parenchymal or hepatobiliary disease given the ALT elevation and presence of minor gallbladder debris. No overt evidence of hepatic neoplasia, which is considered unlikely.

The pancreas may indicate age related pancreatic changes, minor parenchymal remodeling owing to previous inflammation, or low-grade chronic to chronic active inflammation.

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The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes or other gastroenteropathy possible. 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 is warranted.

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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 (Proviabio 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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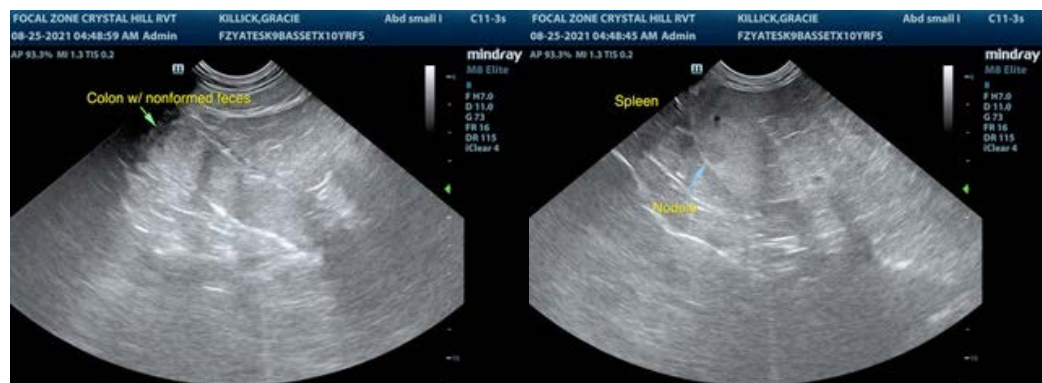
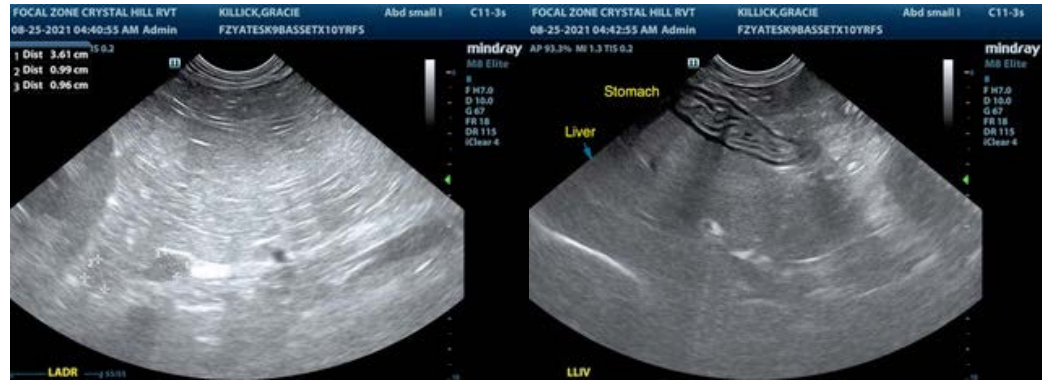
Dr. Kait

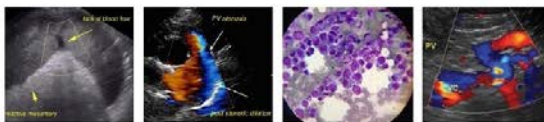
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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