



PATIENT PRESENTING CLINICAL SIGNS

Reese Hinchberger NAF on PE, but chronic diarrhea. metronidazole 750mg BID
Abnormal PE/Chem/CBC/UA Results: none: fecal PCR panel done, BW WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

German Shepherd The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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

Neutered Male No overt pathology in the area of the residual prostate.

AGE

8 Years 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 right kidney measured 6.3 cm. The left kidney measured 5.4 cm.

WEIGHT

40.8 kg The area of the aortic trifurcation was free of pathology.
Adrenal Glands

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

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.

HOSPITAL NAME

Buck AH

Gastrointestinal

REFERRING VET

Dr. Gilmer

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. Gastric body wall measured 0.54 cm.

INVOICE

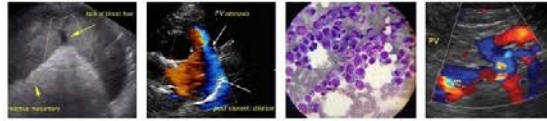
25094

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with areas of segmentally prominent jejunal wall layering and minor jejunal non-obstructive ileus. Jejunum wall measured 0.40-0.59 cm.

DATE

8/31/21

Normal visible colon wall layers were present with generalized semiformal to soft feces.



PATIENT *Pancreas*

Reese Hinchberger

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

German Shepherd

ULTRASONOGRAPHIC FINDINGS

- Segmental enteritis
- Sonographically unremarkable colon containing generalized semiformed to soft feces

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis/alterations in GI flora (given the breed), or segmental inflammatory bowel disease without evidence of mural changes. A GI panel to include PLI/TLI/Cobalamin/Folate recommended. Although considered unlikely, resting cortisol to rule out occult Addison's disease may be considered.

AGE

8 Years

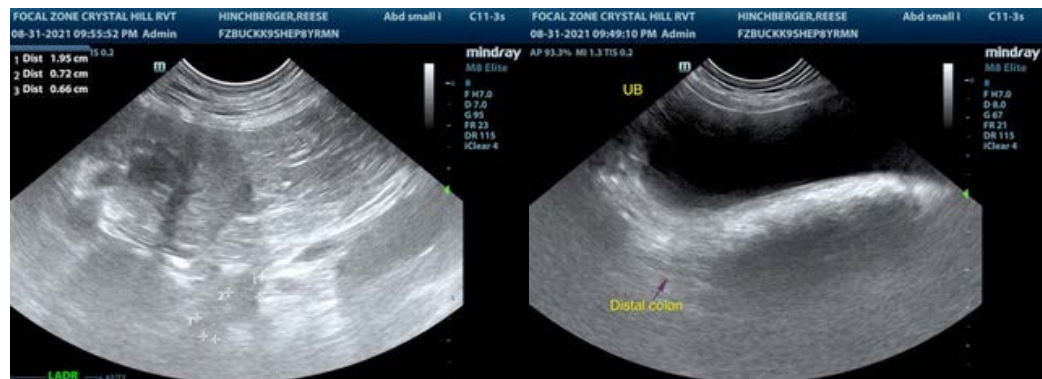
Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial 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.

WEIGHT

40.8 kg

INTERPRETED BY

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DABVP (Canine and
Feline)

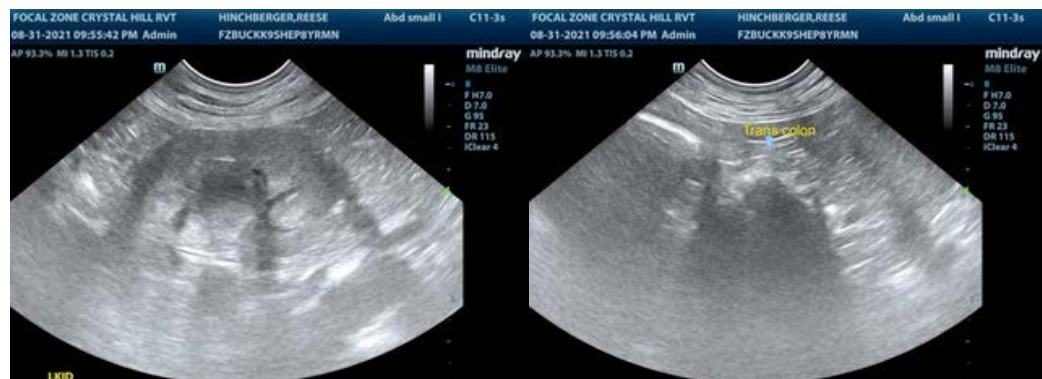


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PATIENT

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SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

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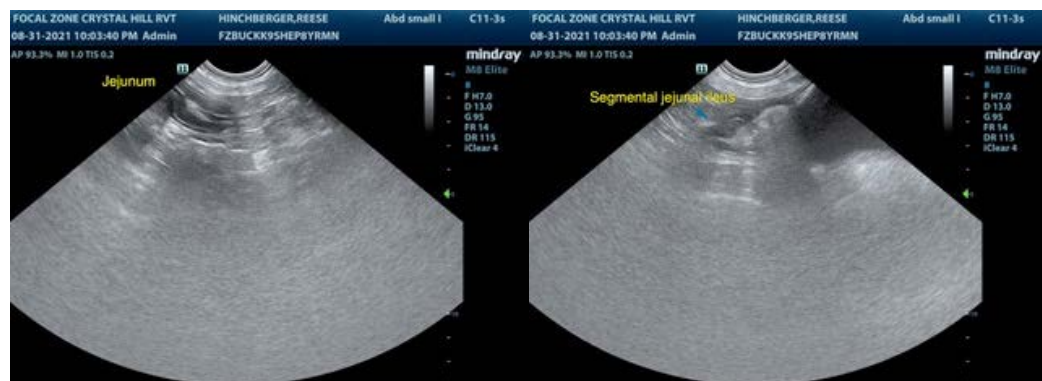
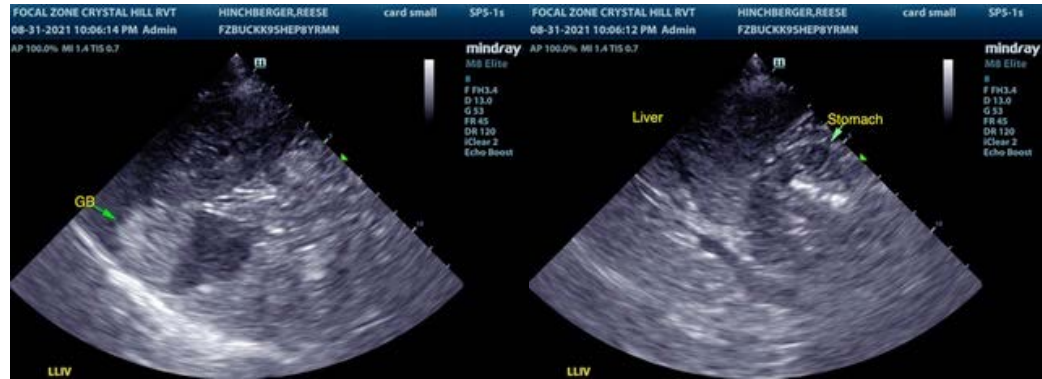
Dr. Gilmer

INVOICE

25094

DATE

8/31/21



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.

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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