



PATIENT PRESENTING CLINICAL SIGNS

Meka Cannard Chronic diarrhea for a month. Negative fecal at rDVM per O. Did not improve with probiotic, propectalin, and "antibiotic" (records not available). Great appetite. Leaking urine when excited, abnormal for her. PE unremarkable aside from mild dehydration and loose stool.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labratory Findings Abnormal values: LYM 0.55(L) ALB 4.5(H), ALT 128(H), BUN 36 (H), CRE wnl at 1.2, USG 1.030. UA 4+ protein quiet sediment. Current Medications None Radiographic Findings Rads sent- can you comment on cranial heart, does it look enlarged/prominent to you on the laterals? I can't tell if it is summation with the aorta of lymphadenopathy etc.

BREED

Border Collie

SEX

FS

AGE

12yr

WEIGHT

37.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem Animal
Hospital

REFERRING VET

Dr Wermuth

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DATE

08/07/2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 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. Small right kidney caudal cortical cyst. The left kidney measured 6.1 cm in length. The right kidney measured 4.9 cm in length.

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 and 0.74 cm width in the caudal pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.53 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small well-defined, symmetrical, hyperechoic perihilar nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented borderline to mildly enlarged in size. An indistinctly marginated mildly non-homogenous isoechoic nodular mass was present in the mid ventral liver measuring 3.6 cm in diameter. The nodular mass lesion did not distort the hepatic capsule. 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



PATIENT	mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.
Meka Cannard	
SPECIES	Gastrointestinal
Canine	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.
BREED	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.
Border Collie	
SEX	Normal visible colon wall layers were present with apparent semi formed to possible soft feces in lumen.
FS	Pancreas
AGE	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.
12yr	
WEIGHT	Free Abdomen
37.5lb	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Sonographically unremarkable urinary bladder and visible proximal urethra. • Non-specific chronic renal changes. • Small benign hyperechoic splenic nodules-consistent with benign myelolipomas. • Borderline/mildly enlarged non-homogenous liver with indistinct isoechoic non-homogenous nodular mass lesion-low grade non-specific hepatitis, benign parenchymal remodeling, vacuolar hepatopathy, hematopoiesis, hyperplasia, hepatomas like lesion or low grade neoplasia possible. • Gallbladder debris (non-mucocele). • Sonographically unremarkable GI tract/colon with semi formed to soft feces.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Sara Hansen	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample given degree of proteinuria or if persistent proteinuria in conjunction with quiet urinary bladder sediment is recommended. Empirical therapy for protein losing nephropathy may be indicated.
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VCA Salem Animal Hospital	Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and nodular mass lesion FNA for screening cytology is warranted for further assessment.
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Dr Wermuth	At times the sonographic presentation of the gastrointestinal tract may not correlate with reported chronic gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, occult Addison's disease, structurally
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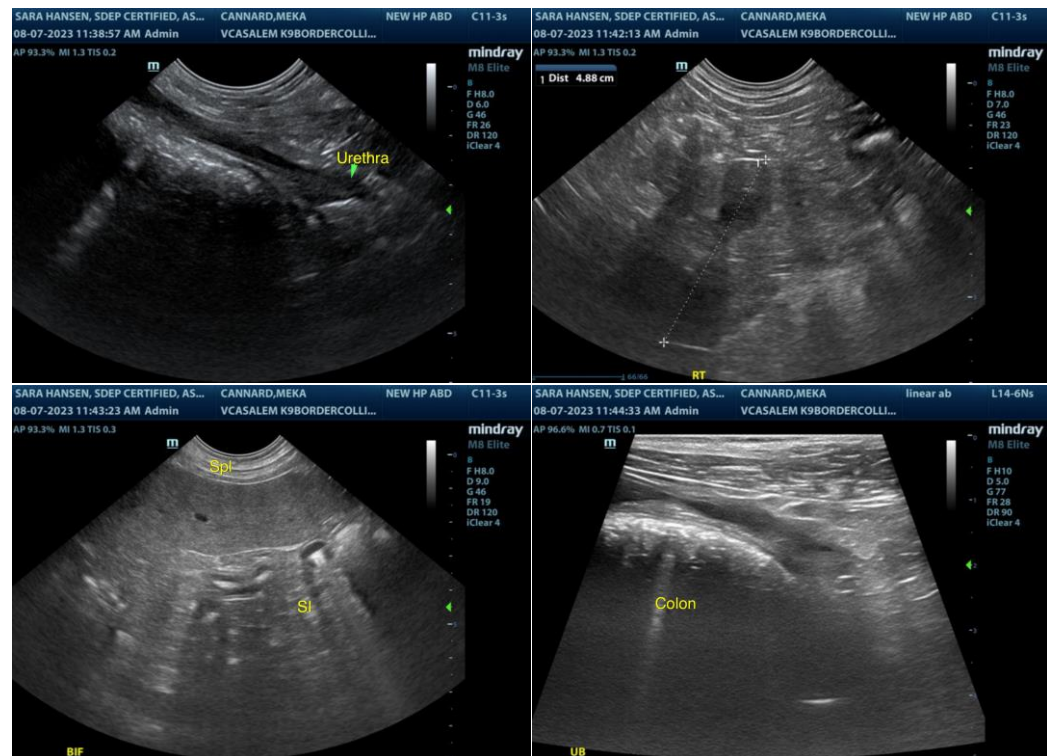
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insignificant inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or other are possible. Early infiltrative neoplasia is considered less likely.

Given lack of response to previous GI support, 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 similar), with assessment of clinical response may prove beneficial. 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.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.





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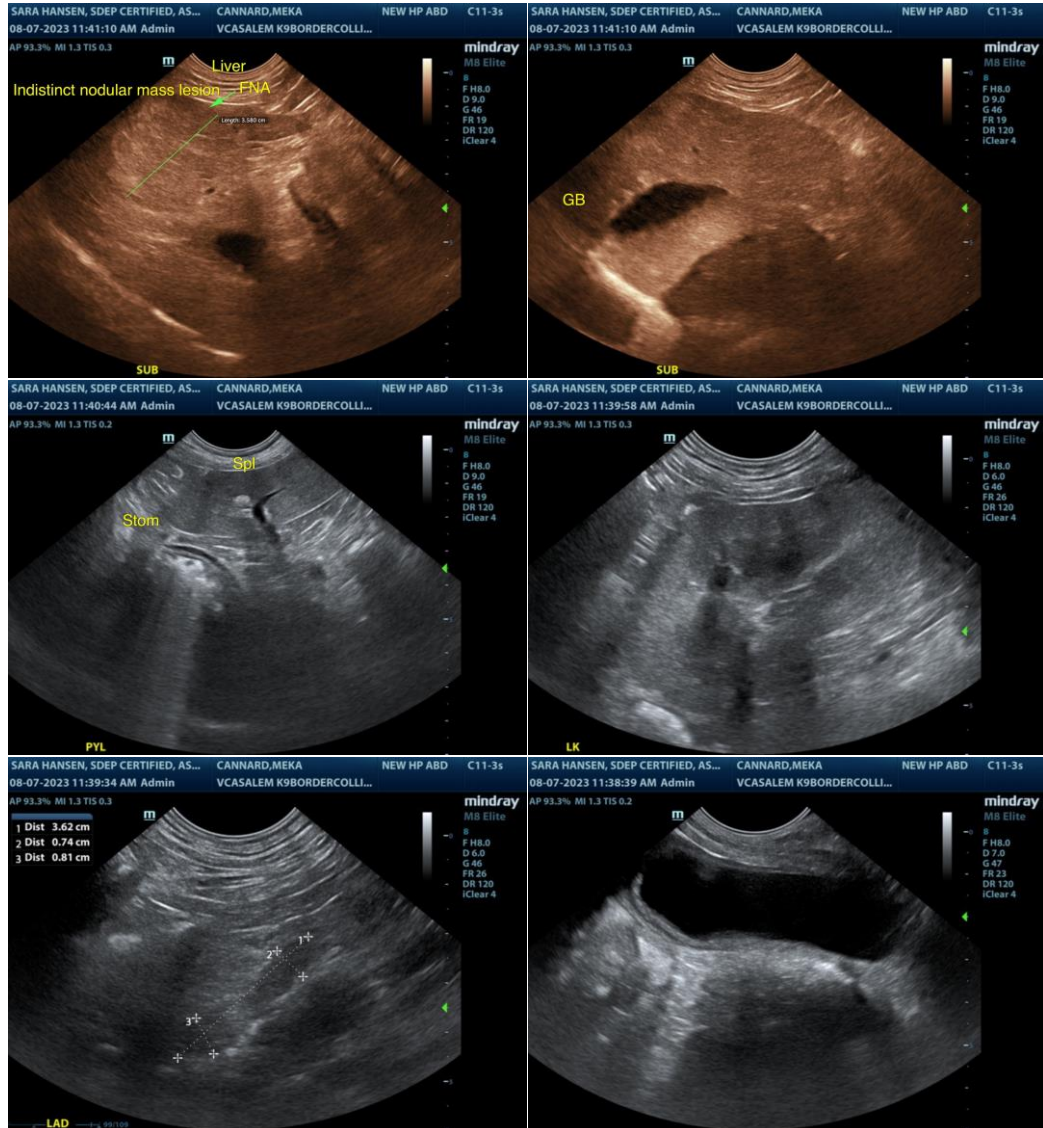
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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