



**PATIENT**

Tucker Zawadu

**SPECIES**

Canine

**BREED**

Chow Mix

**SEX**

MN

**AGE**

10.5yr

**WEIGHT**

52.3lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Andover Animal  
Hospital

**REFERRING VET**

Dr. Vanderbogart

**INVOICE**

11302ag

**DATE**

08/08/2022

**PRESENTING CLINICAL SIGNS**

History: bloody diarrhea for 2 weeks. on metronidazole 250mg bid, galliprant 60 mg sid

Abnormal PE/Chem/CBC/UA Results: nsf 2 weeks ago

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was 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 6.3 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole and 2.3 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.74 cm width at the caudal pole and 3.1 cm length.

**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**

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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild potential shadowing ingesta and luminal gas 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. The duodenum wall measured 0.47 cm in width. The ileum wall measured 0.37 cm in width. The jejunum wall measured 0.32 cm in width.



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The colon exhibited intact to subjective minor prominent wall layering with generalized semi formed to soft fecal matter. The colon wall measured 0.23 cm in width.

**Pancreas**

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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.

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Chow Mix

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal GI tract with mild gastric gas or shadowing ingesta
- Mild colitis pattern
- Mild age related kidneys

**AGE**

10.5yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the colon is consistent with mild inflammation in conjunction with reported large bowel diarrhea pattern including hematochezia. Otherwise no evidence of additional overt GI or abdominal visceral pathology was noted on this study.

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52.3lb

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.

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If diarrhea is refractory to current antibiotics a Tylosin trial could be considered with assessment of clinical response.

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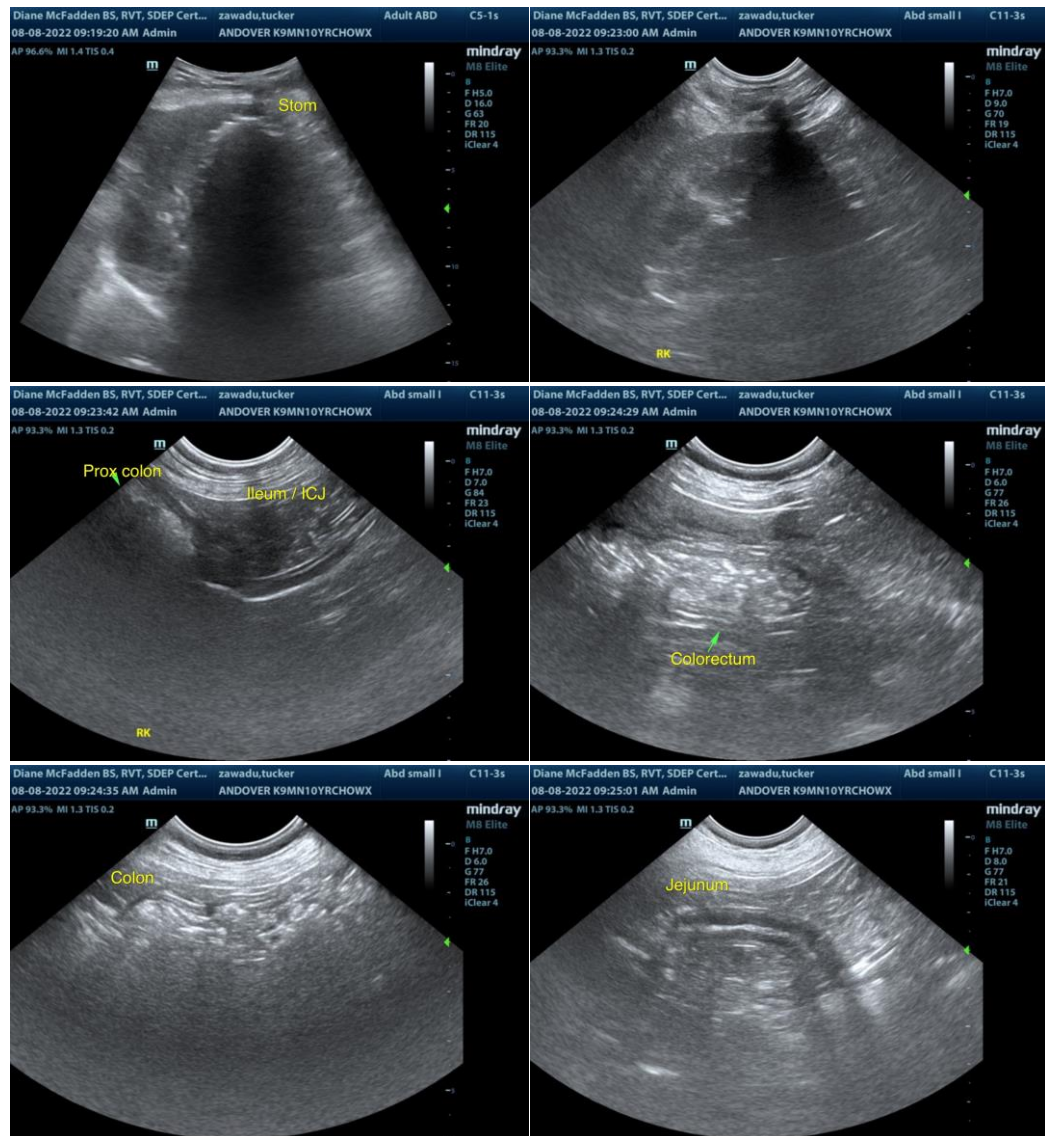
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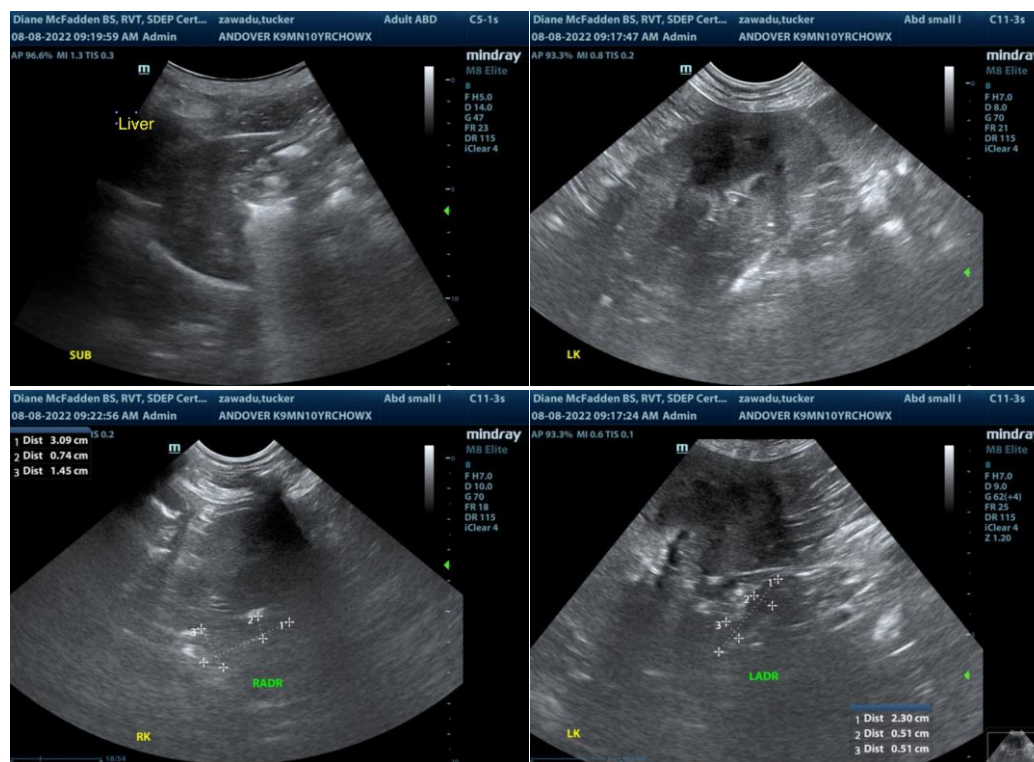
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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