



**PATIENT**

Jacky Prasad

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MN

**AGE**

11yr

**WEIGHT**

91lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Millburn VH

**REFERRING VET**

Dr Mosquera

**INVOICE**

14543ag

**DATE**

08/09/2023

**PRESENTING CLINICAL SIGNS**

Loose stool/diarrhea the past few days. No vomiting, no coughing, no sneezing. Given trazodone before AUS.

Abnormal PE/Chem/CBC/UA Results: WNL 4/2023

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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. The left kidney measured 7.9 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.7 cm length and 0.76 cm width in the caudal pole. The right adrenal gland measured 3.0 cm length and 0.89 cm width in the caudal pole.

**Spleen**

The spleen exhibited moderate generalized enlargement with symmetrical capsule contour and mild heterogenous parenchyma. Intermittent subtle hyperechoic splenic nodules were present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No splenic masses.

**Liver/Gallbladder**

The liver presented enlarged in size. 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 with 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 was empty with no signs of ileus, obstruction or foreign material.



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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.

Normal visible colon wall layers were present with semi formed yet shadowing feces in lumen.

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Canine

**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 was evident.

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**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Sonographically unremarkable GI tract/colon.
- Mild possible moderately enlarged non-homogenous spleen-suspect breed associated hypersplenism.
- Mild age related renal changes.

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91lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

At times the sonographic presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, structurally insignificant inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or other are possible. Less likely occult Addison's disease or occult infiltrative intestinal neoplasia possible.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered to ensure only benign changes are present or if evidence of weight loss.

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), and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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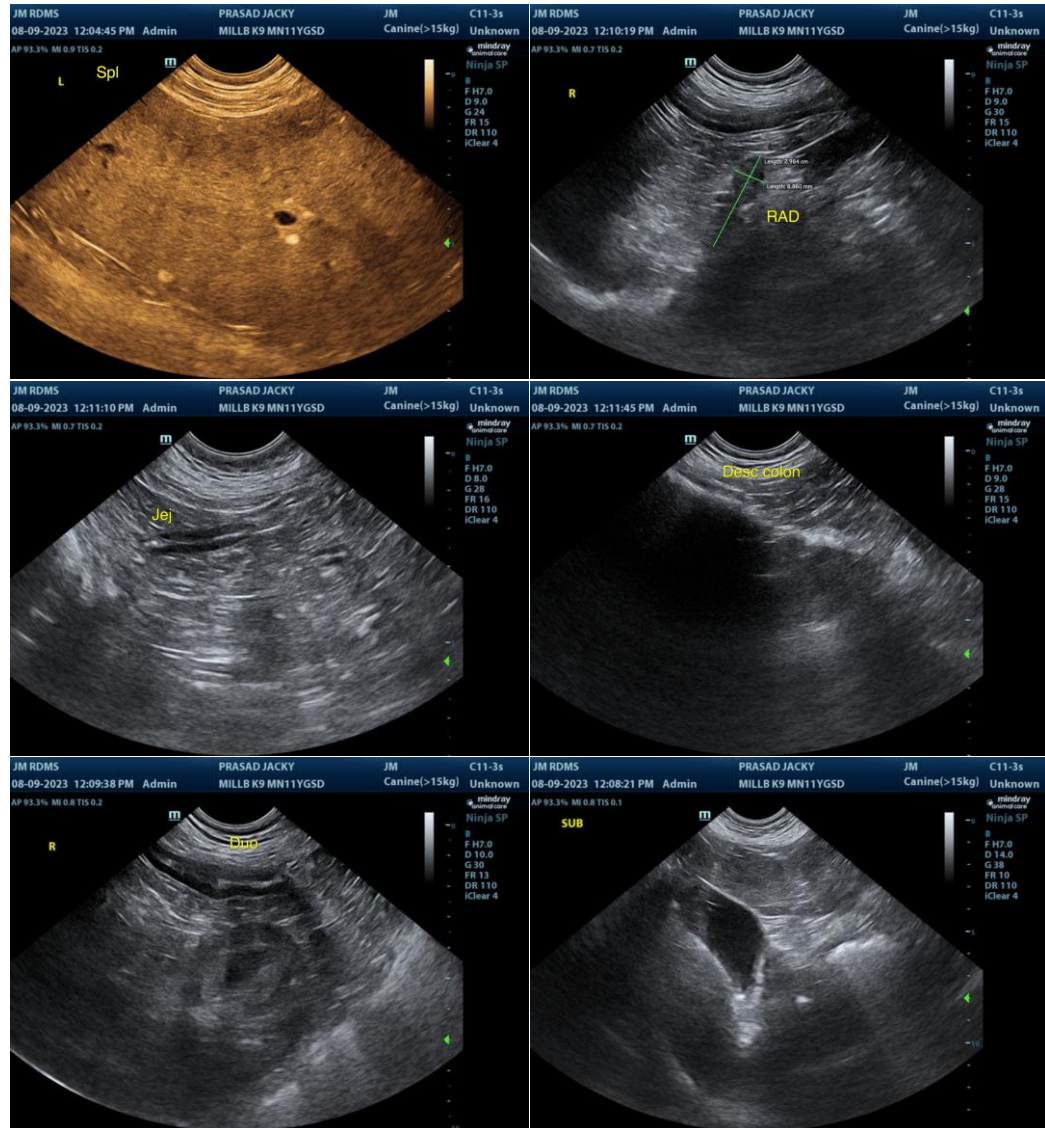
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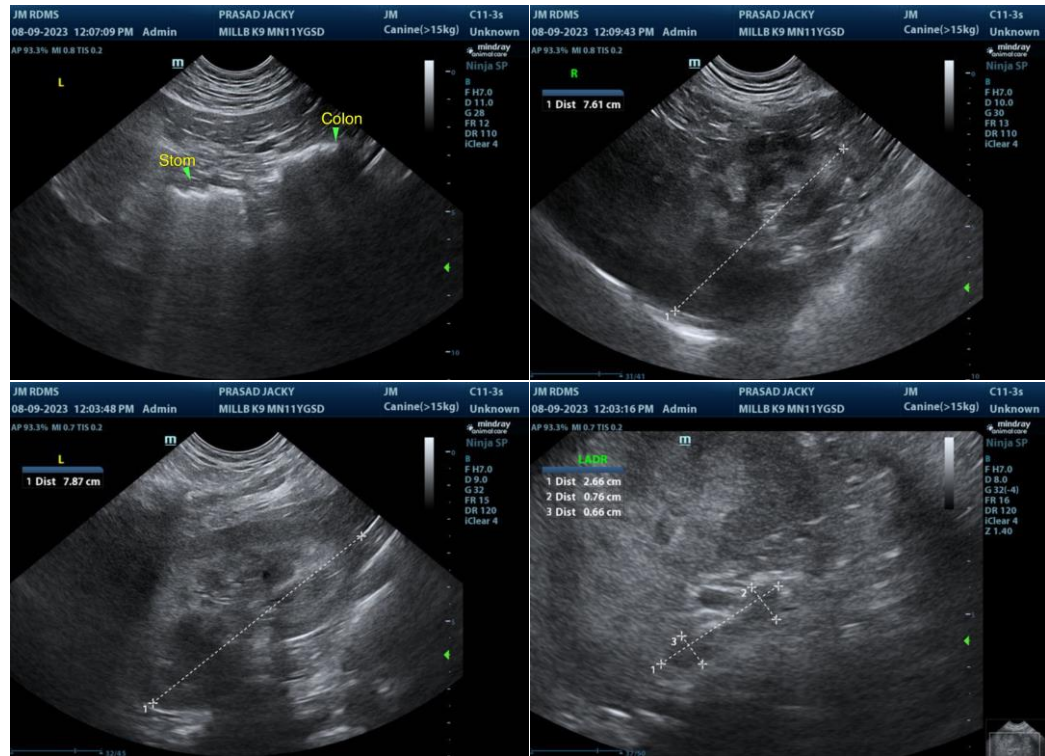
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

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