



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Wolff	Diarrhea started a couple of weeks prior to August 18/22- soft to liquid with some mucous. Occasionally vomiting up water. Members of the family are complaining of GIT issues as well. Was on raw diet, has switched to chicken and rice based diet. Decreased appetite. Do geriatric profile-start on gastro low fat diet. Home with Metronidazole 100mg capsules. Fortiflora and Cerenia 24mg tablets.
SPECIES	
Canine	August 23/22- appetite seems a bit better. Dewormed with Safe guard 10% fenbendazole suspension. Diarrhea not improving. August 24/22- diarrhea not better, appetite not really improving. Plan-cerenia, low fat diet, tylosin, b12 shots. Suggest ultrasound August 29/22- booked ultrasound, spoke to owner, she says diarrhea not better and appetite has decreased. Seems interested in food but won't eat anything. Only interested in cat temptation treats. August 24/22- Tylosin 100mg-1 capsule every 8 hours. Once response seen, cut down to every 12 hours. Cerenia 24mg- 1/2 a tablet every 24 hours. PVD HA vegetarian diet dry and canned.
BREED	
West Highland White Terrier	Abnormal PE/Chem/CBC/UA Results: Bloodwork-Daisy is losing protein- likely from the bowels.
SEX	
FS	
AGE	
12 yrs	
WEIGHT	
11.9 kg	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP	Urinary System
IMAGING PERFORMED BY	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 was noted.
Crystal Hill	The area of the aortic trifurcation was free of pathology.
HOSPITAL NAME	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. Intermittent small cortical cysts were present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.
Hillview Vet Clinic	Adrenal Glands
REFERRING VET	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm length x 0.44 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.54 cm width at the caudal pole.
Stevenson	Spleen
INVOICE	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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.
14788	
DATE	
9/1/22	



PATIENT

Liver/ Gallbladder

Daisy Wolff

The liver exhibited borderline to subjective mild subnormal size with homogeneous parenchyma exhibiting potential for mild parenchyma hyperechogenicity compared to the falciform fat and mildly hyperechoic to the spleen. The gallbladder was mildly distended in size containing anechoic content with mild to moderate primarily dependent echogenic debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

SPECIES

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Gastrointestinal

The stomach presented intact yet mildly prominent gastric walls owing to mildly prominent to variably prominent gastric mucosa. The gastric body wall including the mucosa measured 0.43 cm width. Minor retained anechoic gastric fluid was noted. No evidence of mechanical pyloric outflow obstruction was noted.

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 subjective soft fecal matter consistent with reported diarrhea.

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 were evident.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING

PERFORMED BY

Crystal Hill

ULTRASONOGRAPHIC FINDINGS

- Mild Inflammatory gastroenterocolonopathy pattern
- Sonographically unremarkable pancreas
- Mild chronic renal changes
- Nonspecific subjective borderline to mild subnormal liver size - probable patient variant
- Gallbladder debris (non-mucocele)

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Stevenson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the gastrointestinal tract and colon was nonspecific yet exhibited subtle mural changes suggestive of underlying inflammatory gastroenterocolonopathy. In patients with chronic to recurrent gastrointestinal signs, general considerations may include dietary intolerance / food allergy, occult parasitism, dysbiosis, IBD, mild to chronic pancreatitis which may present as sonographically normal, or infiltrative neoplasia.

INVOICE

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PATIENT	Sonographically, the appearance of the small intestine was not overtly consistent with protein-losing enteropathy, although this potential cannot be excluded, given the reported decreased protein levels and assuming normal hepatic functionality.
Daisy Wolff	
SPECIES	In addition to current therapy, potential diet rotation, as well as high colony count probiotics such as Provable, may prove beneficial.
Canine	
BREED	Although considered unlikely, resting cortisol level to rule out occult Addison's Disease, is recommended.
West Highland White Terrier	Endoscopic intestinal biopsies may be required for a definitive diagnosis. Some or all of the following protocol may be considered if clinically indicated. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
SEX	
FS	OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitary effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:
AGE	Plasma 10 mL / kilogram IV over 4 hours Or Human albumin 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day
12 yrs	And Colloids/Hetastarch 10 to 20 mL per kilogram per day and dogs 10 to 15 mL per kilogram per day cats (Can bolus first 1/3 of dose over 15 minutes) & maintain on LRS maintenance otherwise.
WEIGHT	Metronidazole (10-20 mg/kg po bid) Famotidine 1 mg/kg Iv Im po dc Sid /bid
11.9 kg	Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry Or Misoprostol 1-5 ug/kg po tid
INTERPRETED BY	Diet: Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.
R. McKenzie Daniel, DVM, DABVP	Prednisone or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. Chlorambucil in refractive severe IBD/alimentary lymphoma cases (monitor cbc for rare bone marrow suppression) 4 mg/m ² Q 24-48 hours.
IMAGING PERFORMED BY	Cobalamine (B12) 250-1500 ug/dog weekly x 6 weeks.
Crystal Hill	Calcium supplementation if necessary.
HOSPITAL NAME	Aspirin 0.5-1 mg/kg/day or Clopidrel (Plavix) 1-5 mg/kg/day.
Hillview Vet Clinic	

REFERRING VET

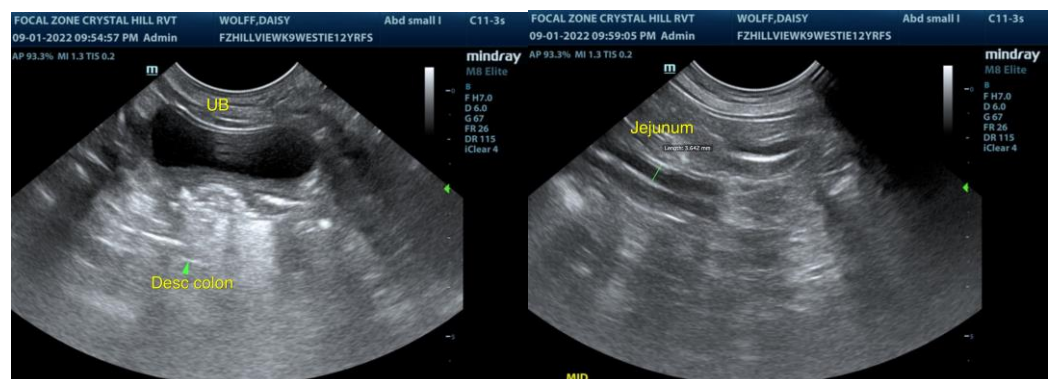
Stevenson

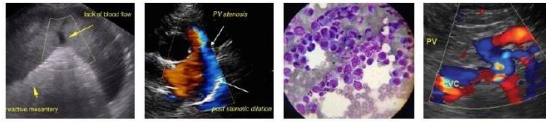
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**IMAGING
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Crystal Hill

HOSPITAL NAME

Hillview Vet Clinic

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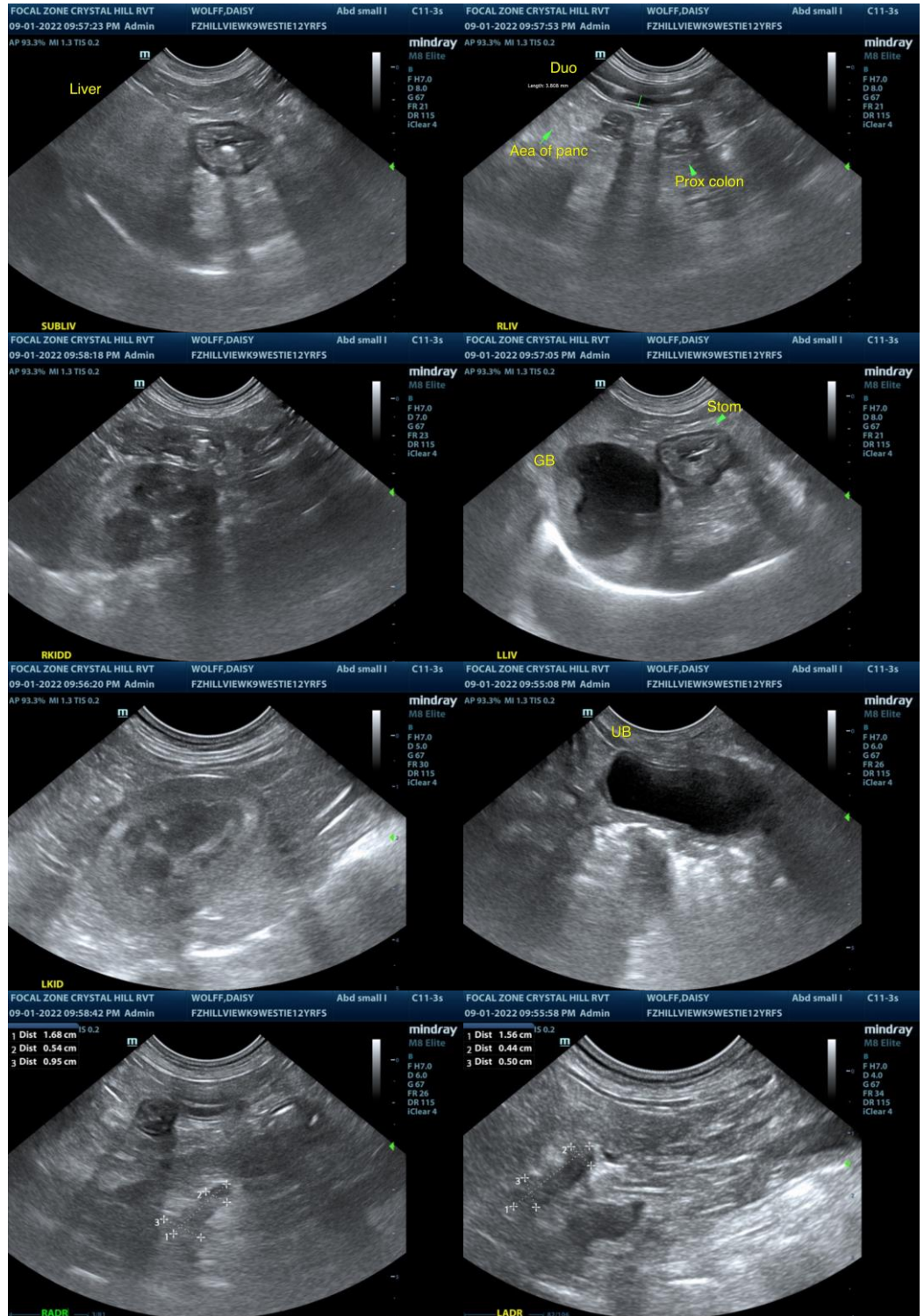
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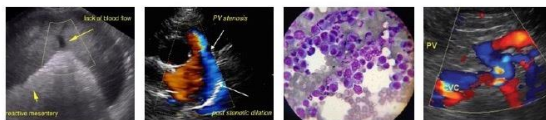
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PATIENT

Daisy Wolff

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.

SPECIES

Canine

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.

BREED

West Highland White
Terrier

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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