



**PATIENT PRESENTING CLINICAL SIGNS**

Kennedy Ross

Kennedy has a year long history of episodes of vomiting and diarrhea. Started last Fall 2020. Has been on the gastrointestinal Mod. Cal since last Fall. Recently there was empty stomach vomiting overnight, tried feeding more meals - no success. Tried hypo diet (Purina HA), more vomiting started over the long weekend. Was examined on Tuesday, PE is normal, excess very gassy. CBC/Chem/Cpli was performed - all normal. Tried ondansetron - vomiting stopped and Kennedy ate a small amount (now back on Gastro mod. cal) but broke with watery diarrhea and urgency. Now on metronidazole 250mg BID

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

25 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. Gilmer

**INVOICE**

25380

**DATE**

9/13/21

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 and echogenicity with mild loss of corticomedullary symmetry and definition which is considered a patient variant and not suggestive of renal disease or congenital pathology. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm. The right kidney measured 6.4 cm.

**Adrenal Glands**

The adrenal glands were indistinctly visualized, yet without overt pathology. The left adrenal gland subjectively measured 0.73 cm at the cranial pole and 0.75 cm at the caudal pole. The right adrenal gland measured 0.78 cm at the caudal pole.

**Spleen**

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.

**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. 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 yet mildly prominent wall layering owing to mildly prominent mucosa. The stomach was primarily empty without evidence of retained ingesta, fluid or foreign material. Gastric body wall measured 0.67 cm.



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The small intestine presented intact wall layering with subjective propensity for mildly prominent to echogenic submucosa as well as mildly prominent muscularis layering. Jejunum wall measured 0.40 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**SPECIES**

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.

**BREED**

Lab

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenterocolitis pattern with subjective mild prominent small bowel submucosa and muscularis layers – possible inflammatory bowel.

**AGE**

5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small bowel exhibited subtle mural changes, which are suggestive of underlying potentially chronic inflammatory process including potential for IBD. Minor potential for early neoplastic infiltrative enteropathy (which may present in similar sonographic manner) cannot be excluded, yet considered less likely. Dietary intolerance/food hypersensitivity possible, although thought less likely given the dietary trials. Occult parasitism also possible.

**WEIGHT**

25 kg

GI panel to include PLI, TLI, cobalamin and folate as well as fresh fecal analysis to assess for parasitic ova/giardia (if not done) is recommended. Empirically, in addition to dietary therapy and antibiotics, prophylactic deworming (i.e., Panacur 50 mg/kg SID for 5 consecutive days with potential repeat protocol in 3 weeks), high colony count probiotic (Proviale or Visbiome), and as-needed gastrointestinal support would be appropriate. Endoscopic intestinal biopsies may be required for definitive diagnosis.

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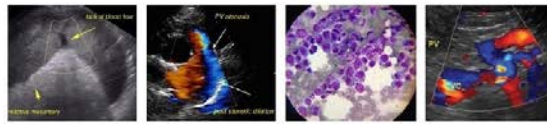
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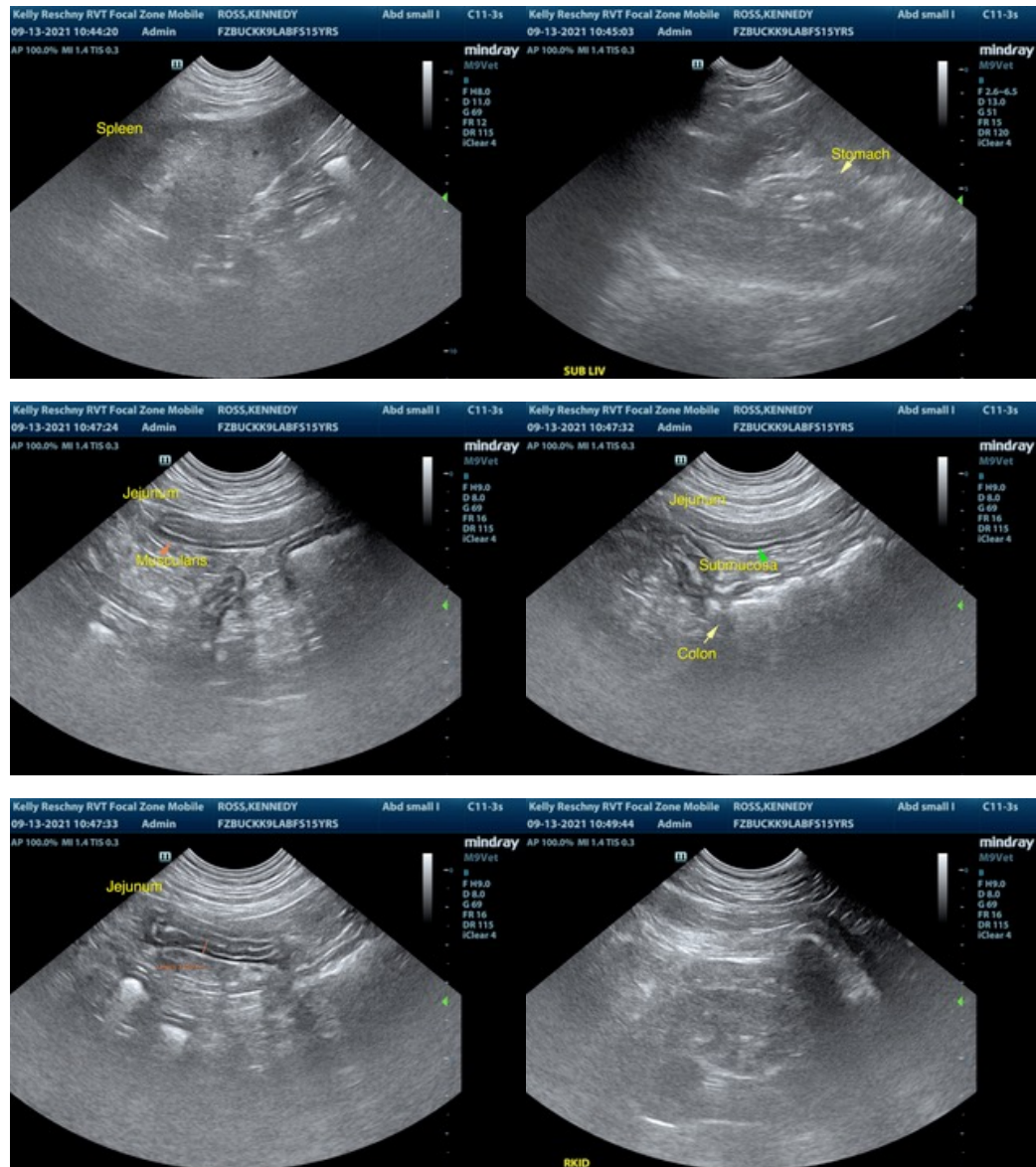
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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