



**PATIENT PRESENTING CLINICAL SIGNS**

Luna Helmond chronic diarrhea despite using metronidazole currently on metronidazole 250mg BID  
Abnormal PE/Chem/CBC/UA Results: elevated lymphocytes

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

**BREED**

Golden Retriever

**SEX**

Spayed Female

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 6.2 cm. The right kidney measured 6.9 cm.

**AGE**

12 Years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

26.6 kg

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 2.9 cm length x 0.69 cm at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.85 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

**HOSPITAL NAME**

Buck Animal Hospital

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild to moderate non-dependent yet non-organized, echogenic, non-mineralized debris sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**REFERRING VET**

Dr. Sommers

**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. Gastric body wall measured 0.54 cm.

**INVOICE**

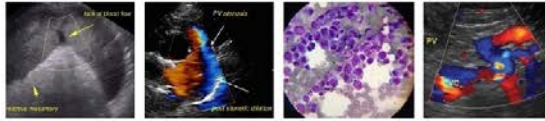
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent minor jejunal mucosal speckling present. Duodenum wall measured 0.50 cm. Jejunum wall measured 0.30-0.39 cm.

**DATE**

9/13/21

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



**PATIENT** *Pancreas*

Luna Helmond 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.

**SPECIES** *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **PRIMARY FINDINGS**

Golden Retriever • Segmental enteritis, enterocolitis

**SECONDARY FINDINGS**

- SEX**
- Mild age related kidneys
  - Mild to moderate gallbladder debris (non-mucocele\_
- Spayed Female

**AGE** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12 Years Overall, largely mild geriatric abdomen without evidence of significant visceral pathology. The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Ursodiol therapy may be considered if evidence of cholestasis. Considerations for the intestinal tract (given the chronic diarrhea) may include dietary intolerance/food hypersensitivity, dysbiosis, underlying inflammatory bowel disease without evidence of mural changes, or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia. Although considered unlikely given the normal appearance of the bilateral adrenal glands, resting cortisol could be considered to rule out occult Addison's disease given the lymphocytosis.

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Feline)

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 (Proviale or Visbiome), antibiotic trial (consider Tylosin trial if non-responsive to Metronidazole) and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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**HOSPITAL NAME**

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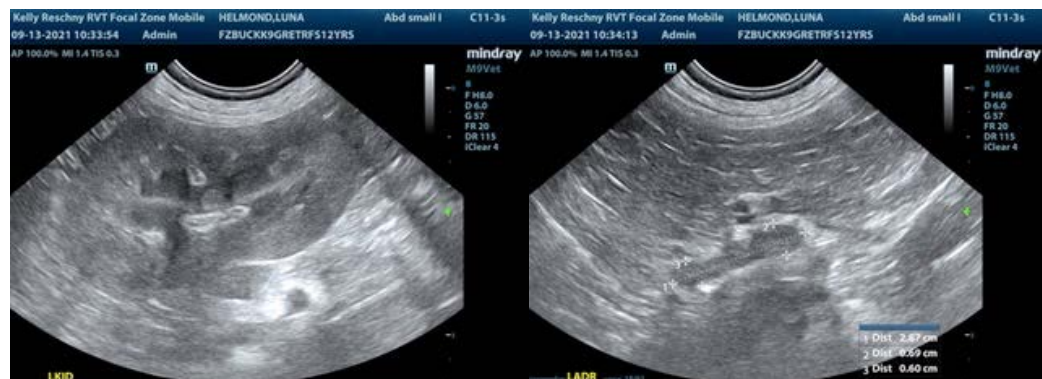
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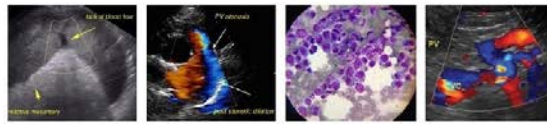
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**DATE**

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**PATIENT**

Luna Helmond

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

26.6 kg

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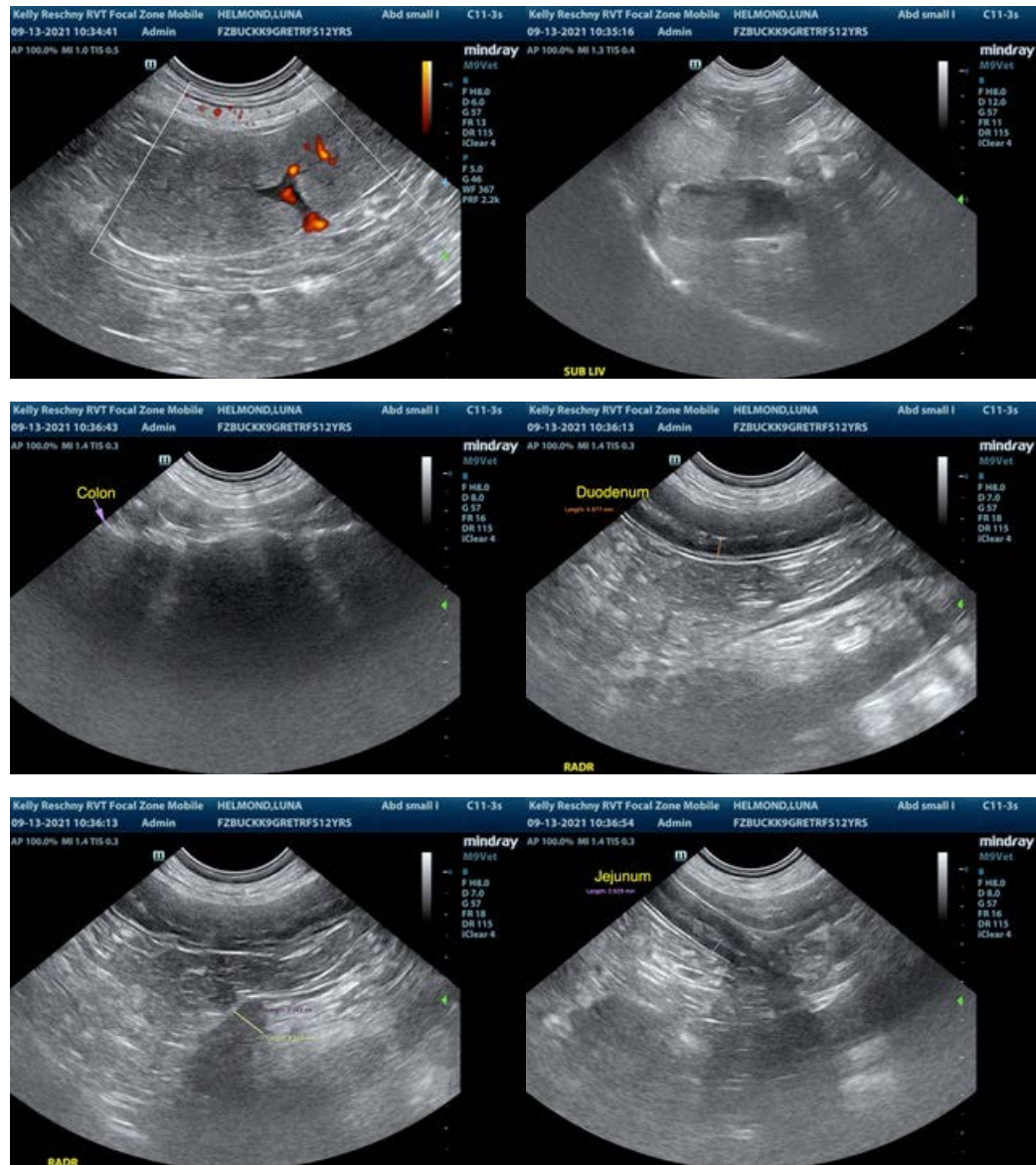
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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