



PATIENT PRESENTING CLINICAL SIGNS

Stella Canepa History: Intermittent GI issues since late 2021
Medications: Cobalamin

SPECIES Decreased cobalamin on GI panel

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Basset Hound Mix

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. No evidence of sediment or calculi was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm. No obvious evidence of neoplastic criteria was noted.

SEX FS
The area of the aortic trifurcation was free of pathology.

AGE 2015
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 cm in length.

WEIGHT 38.8
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.44 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole and 0.50 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

Liver/ Gallbladder

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.

REFERRING VET

Dr. Coyle

INVOICE

14892

DATE

9-15-22



PATIENT *Gastrointestinal*

Stella Canepa The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. The gastric body wall width measured 0.60 cm.

SPECIES

Canine 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 0.33 cm width. The jejunum wall measured 0.30 cm width.

BREED

Basset Hound Mix Normal visible colon wall layers were present with formed to semi-formed fecal matter.

Pancreas

SEX 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.
 FS

AGE *Free Abdomen*

2015 No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

38.8

- Overtly normal gastrointestinal tract, possible mild gastritis
- Sonographically unremarkable abdomen

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of abdominal visceral, specifically gastroenterocolic or pancreatic, pathology as a definitive cause of the patient's intermittent gastrointestinal signs. At times, the gastrointestinal presentation does not always correlate with reported gastrointestinal signs. General considerations in this patient's intermittent to recurrent GI signs may include; dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, structurally insignificant inflammatory bowel disease, or low-grade pancreatitis, both of which may present as sonographically normal. No evidence of gastrointestinal neoplastic criteria was noted.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

The decreased cobalamin levels are suggestive of distal small intestinal disease. If persistent GI signs, injectable cobalamin supplementation may prove more effective. Hydrolyzed diet trial, high colony count probiotic, and/or empirical deworming i.e., Panacur 50 mg/kg PO BID for 5 consecutive days with potential repeat protocol in 3 weeks, even if fecal testing is negative, and if evidence of diarrhea may prove beneficial. Potential long-term dietary therapy may be indicated.

REFERRING VET

Dr. Coyle

Although considered unlikely, resting cortisol level to rule out occult Addison's Disease, could be considered.

INVOICE

14892

DATE

9-15-22



PATIENT

Stella Canepa

SPECIES

Canine

BREED

Basset Hound Mix

SEX

FS

AGE

2015

WEIGHT

38.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

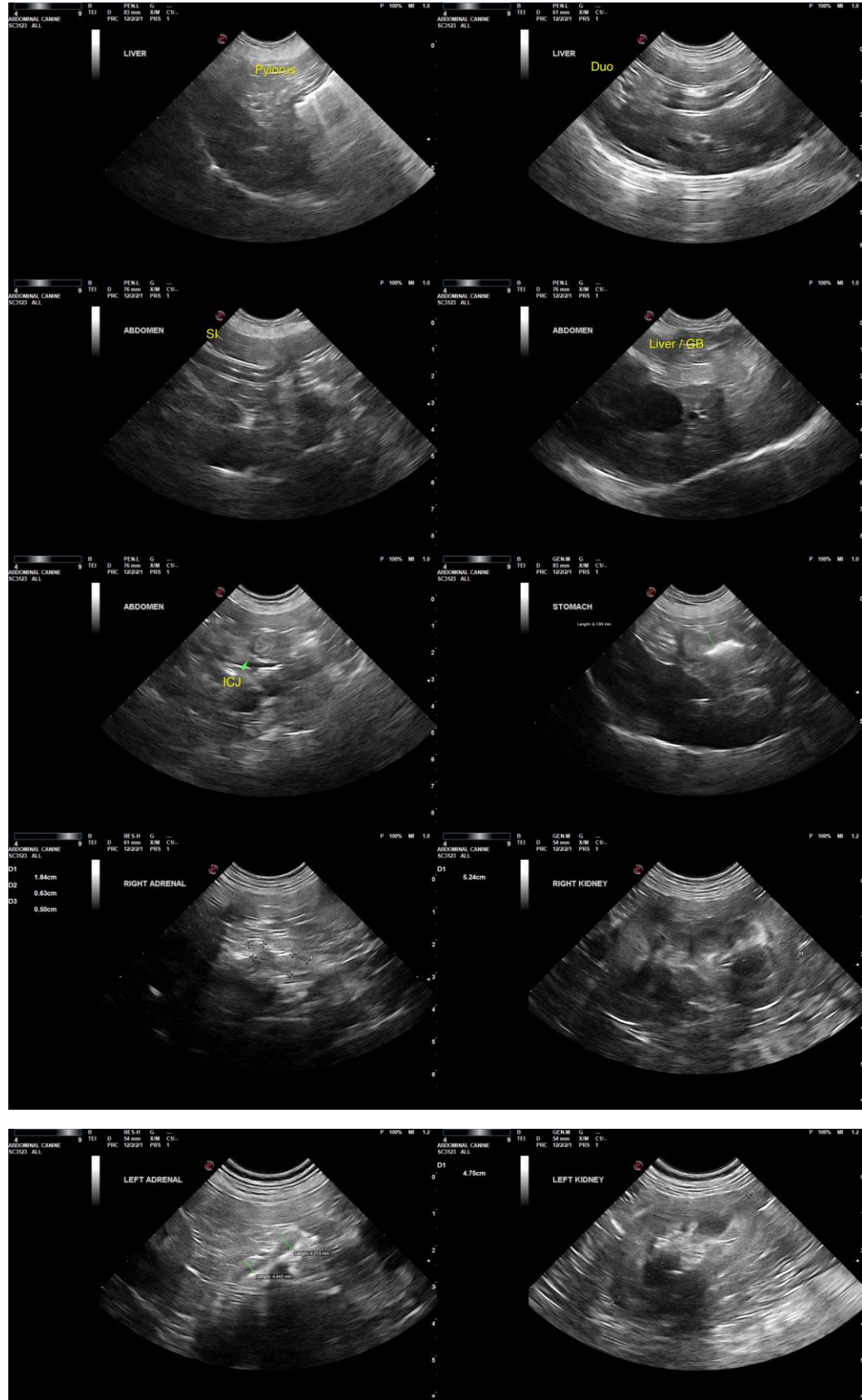
Dr. Coyle

INVOICE

14892

DATE

9-15-22





PATIENT

Stella Canepa

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

Basset Hound Mix

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

SEX

FS

AGE

2015

WEIGHT

38.8

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

INVOICE

14892

DATE

9-15-22