



**PATIENT PRESENTING CLINICAL SIGNS**

**CC Gianino** History: History chronic vomiting and intermittent diarrhea. Has been on hypoallergenic diet for years; fussy appetite. Lab work WNL. Cerenia and metronidazole help when given. Sedated for exam: torb/dex  
**SPECIES** Abnormal PE/Chem/CBC/UA Results:

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
*Urinary System*

Labradoodle

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

25 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County VS

**REFERRING VET**

Dr. Christina Poor,  
BVetMed

**INVOICE**

13082

**DATE**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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. Aortic trifurcation was normal.

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 5.0 cm in length. The right kidney measured 5.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the caudal pole and 0.40 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 0.52 cm width at the caudal pole and 0.52 cm width at the cranial pole.

**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.

**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 mild to moderate mildly congealed yet non-organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited generalized mild to moderate gas distention. The visualized gastric walls were sonographically unremarkable. The gastric body wall measured 0.27 cm.



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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio in the duodenum and jejunum. The ileum exhibited subjectively prominent yet intact wall layering with propensity for mildly prominent to echogenic ileum submucosa and muscularis layer. Segmental retained chyme was present in the ileum approaching the ileocolic junction. The duodenum wall measured 0.40 cm width. The ileum wall measured 0.30 cm width. The jejunum wall measured 0.29 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen. The colon was non-distended, containing generalized semi-formed to soft feces.

***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.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Ileitis pattern- suspect generalized inflammatory bowel

**Secondary Findings**

- Mild to moderate gallbladder debris (non-mucocele)- The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for antibiotic responsive diarrhea/dysbiosis possible given the positive response when metronidazole is administered. Potential lowest effective dose of metronidazole may be indicated in this patient. Assessment of serum cobalamin and folate levels given the probable ileitis. Continued limited antigen or hydrolyzed diet trial with potential for diet rotation and long-term diet therapy suggested. Additional considerations may include prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) and high colony count probiotic (Provable or Visbiome) with as needed gastrointestinal support and assessment of continued clinical response is recommended. Endoscopic intestinal biopsies are likely ideal, if possible, for further clarification.



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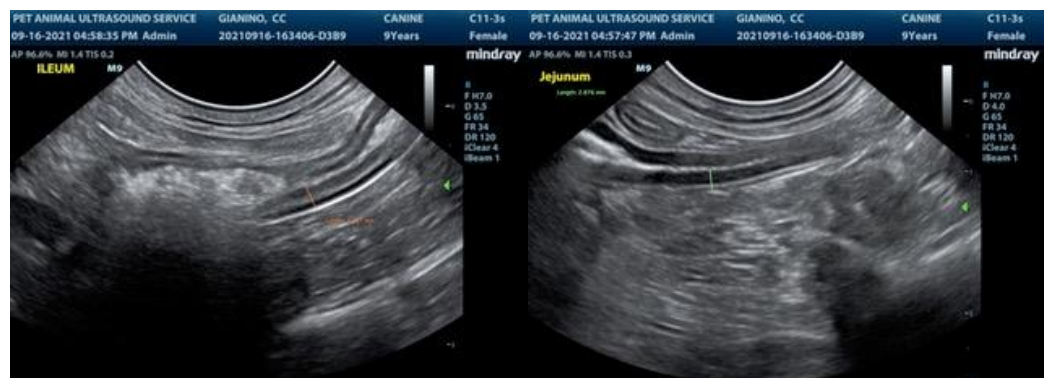
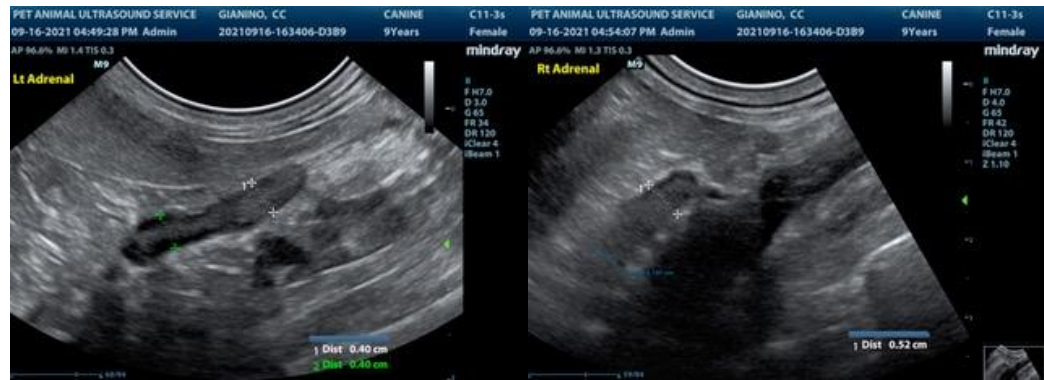
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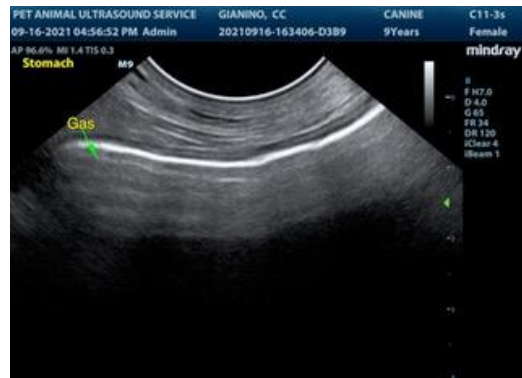
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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