



**PATIENT PRESENTING CLINICAL SIGNS**

Goose Colver  
 History: Intermittent vomiting, diarrhea, ADR, hip dysplasia  
 Medication: Galliprant, Pepicd, Fortiflora

**SPECIES**  
 Unremarkable CBC/Chem

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
*Urinary System*

Australian CD

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.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.76 cm.

**AGE**

10 years

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 4.6 cm. The right kidney measured 5.5 cm.

**WEIGHT**

36 Pounds

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.92 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 0.62 cm at the cranial pole and 0.65 cm at the caudal 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

**Liver**

**HOSPITAL NAME**

Lehigh Valley AH  
 (Bath)

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Tan

**Gastrointestinal**

**INVOICE**

25774

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 0.38 cm.

**DATE**

9.23.2021



**PATIENT** 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. Intermittent minor jejunal mucosal speckling was present. Jejunum wall measured 0.36 cm.  
Goose Colver

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

**BREED** *Pancreas*  
Canine

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.

**SEX** **ULTRASONOGRAPHIC FINDINGS**  
Australian CD

- Overall sonographically unremarkable abdomen
- Mild non-specific jejunal mucosal speckling

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

The mild jejunal mucosal speckling is non-specific and may indicate age related intestinal changes. At times, mucosal speckling has been associated with enteritis or underlying inflammation, dietary indiscretion/food intolerance, occult parasitism, or structurally insignificant inflammatory bowel.

**WEIGHT**  
10 years

Pending GI panel and ACTH stim results, 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 (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

**INTERPRETED BY**  
36 Pounds

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ARDMS/RVT

**HOSPITAL NAME**

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(Bath)

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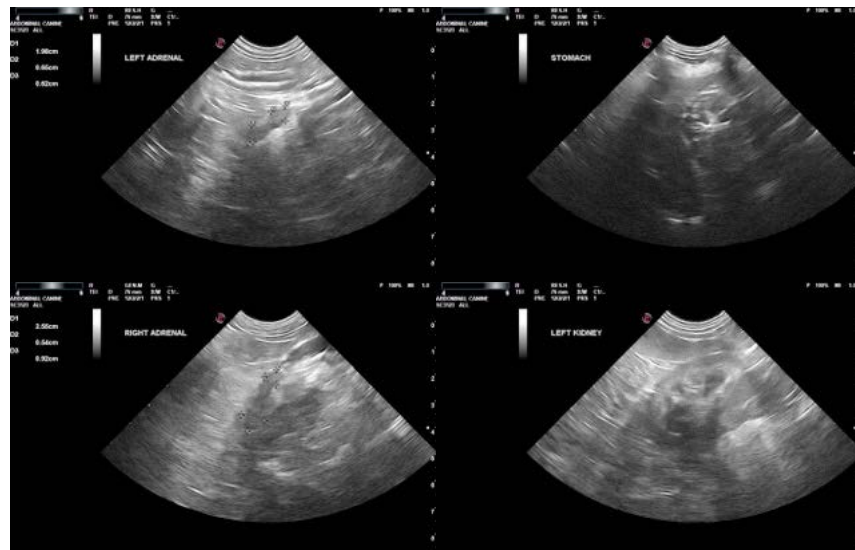
Dr. Tan

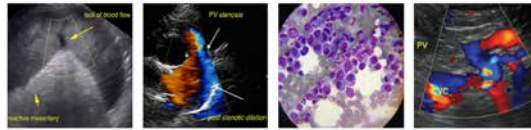
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**PATIENT**

Goose Colver

**SPECIES**

Canine

**BREED**

Australian CD

**SEX**

Neutered Male

**AGE**

10 years

**WEIGHT**

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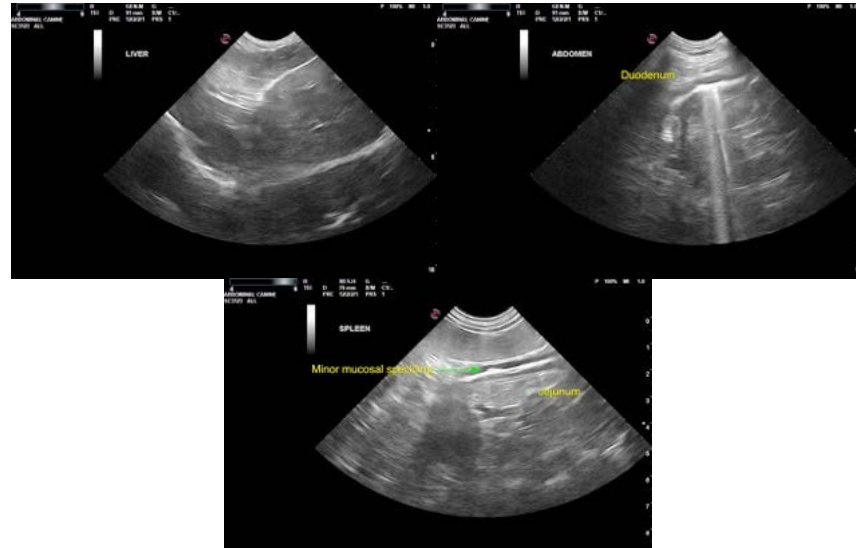
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**DATE**

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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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