



PATIENT	PRESENTING CLINICAL SIGNS
Marty Hamilton	Diagnosed with bloodwork as having pancreatitis. On when on Cerenia, once stopped will have vomiting, anorexia and diarrhea within 12 hours. On low fat diet but owners offering table food too.
SPECIES	On buprenorphine, cerenia and mirtazipine.
Canine	Abnormal PE/Chem/CBC/UA Results: Decreased T protein, Albumin, Lymphocytes and Calcium.. Increased SDMA, Lipase, Creatinine Kinase and Spec CPL.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Morkie	Urinary System
SEX	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 was noted.
Neutered Male	
AGE	No evidence of pathology was noted in the area of the residual prostate or aortic trifurcation.
7 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 3.7 cm in length. The right kidney measured 3.6 cm in length.
WEIGHT	
8.6 lbs	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.55 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 0.61 cm width at the caudal pole and 0.56 cm width at the cranial pole.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	
Beamsville AH	
REFERRING VET	Liver/ Gallbladder
Dr. Wilson	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.
INVOICE	
12308	
DATE	
9/27/21	


PATIENT
Gastrointestinal

Marty Hamilton

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. The gastric body wall width measured 0.36 cm.

SPECIES

Canine

The small intestine exhibited intact wall layering with segmental propensity for prominent mucosa layer. Focal areas of minor intermittent jejunal mucosal speckling were noted. The jejunum wall width measured 0.42 cm.

BREED

Morkie

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

SEX

Neutered Male

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 were evident.

AGE

7 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

8.6 lbs

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Probable inflammatory enteropathy

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes which, given the patient's gastrointestinal signs, are suggestive of inflammatory enteropathy or potential IBD. No sonographic evidence of active pancreatitis yet potential for mild low-grade or chronic pancreatitis may be present yet ultrasonographically normal.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beamsville AH

Further assessment may include fresh fecal analysis to rule out parasitic ova / Giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate. This patient may potentially be losing albumin through the intestinal tract, given the normal overall appearance of the liver. 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 (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with an assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. Continued monitoring of albumin levels is recommended.

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Dr. Wilson

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PATIENT

Marty Hamilton

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

7 years

WEIGHT

8.6 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beamsville AH

REFERRING VET

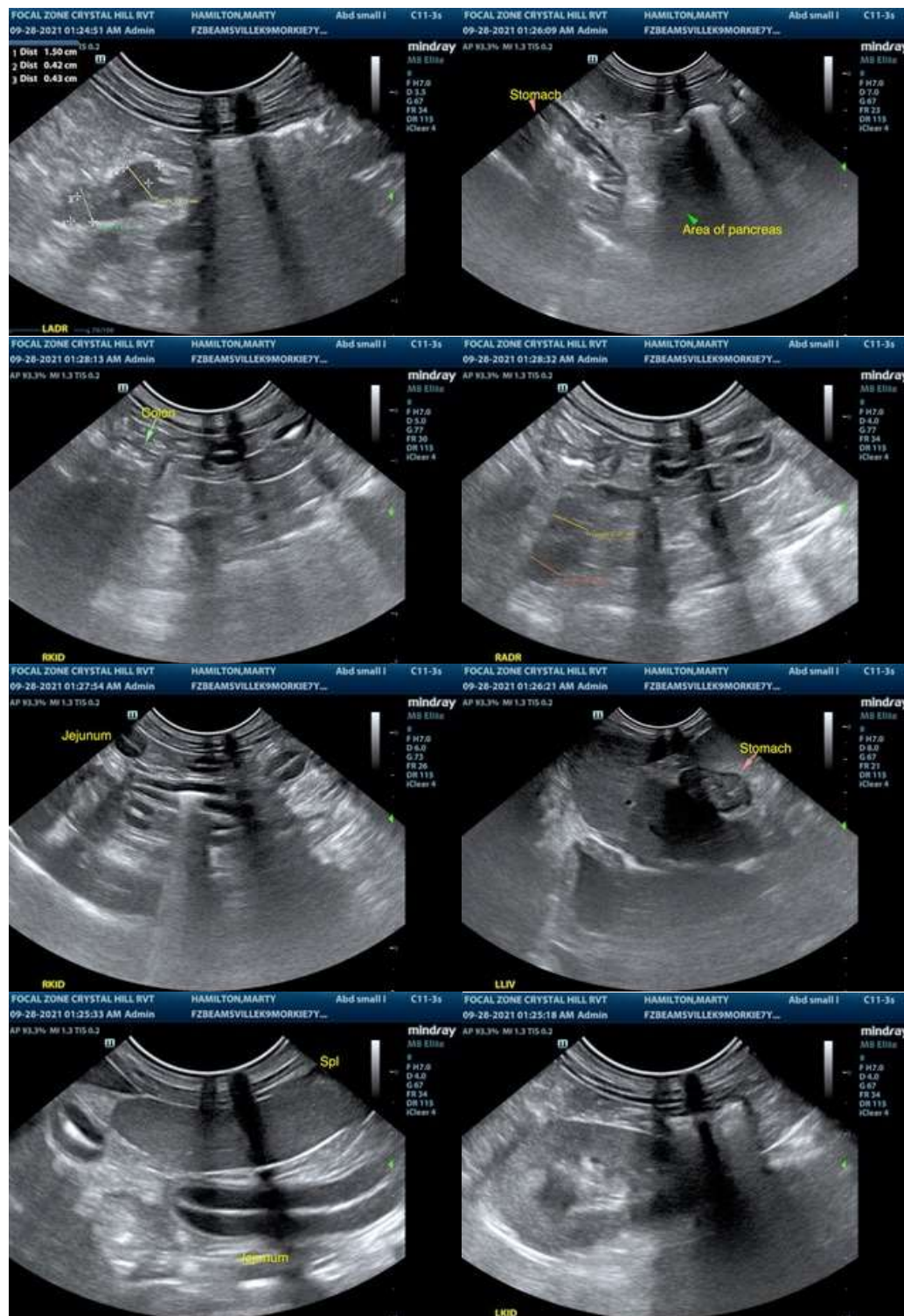
Dr. Wilson

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PATIENT

Marty Hamilton

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.

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

Morkie

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Neutered Male

AGE

7 years

WEIGHT

8.6 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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PERFORMED BY**

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