



PATIENT

Maddie Percherke

SPECIES

Canine

BREED

Cavapoo

SEX

FS

AGE

1.5 years

WEIGHT

13 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Cynthia Kinney

INVOICE

14997

DATE

9-27-22

PRESENTING CLINICAL SIGNS

Maddie is a 1 year 10 month old FS Cavapoo who had pancreatitis +/- gastroenteritis 2/2022, she recovered well from this episode Maddie was examined on 9-14-22 with diarrhea and burping/passing gas Diagnostics on 9-14-22: abnormal snap cPL, fecal cytology showed inflammatory cells Treatments on 9-1-22: cerenia injection, SQF, oral cerenia/gabapentin/probiotics dispensed, owner instructed to feed nothing else but I/d for time being Recommended AUS, Texas GI panel, and resting cortisol- appointment scheduled 9-27-22 9-22-22 owner called stating diarrhea has resumed, owner having difficulty giving pills

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No evidence of pathology was noted in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 3.7 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 1.7 cm length x 0.34 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.5 cm length x 0.45 cm width at the caudal 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/ 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 containing moderate, non-dependent, nonorganized, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of ingesta, fluid, or foreign material. The gastric body wall width measured 0.44 cm.

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 0.39 cm width. The jejunum wall measured 0.33 cm width.

Normal visible colon wall layers were present with subjective semi-formed fecal matter along with luminal gas.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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- Overtly normal gastrointestinal tract / colon
- Sonographically unremarkable pancreas
- Moderate gallbladder debris - likely incidental if no evidence of cholestasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of structural gastroenterocolic pathology or evidence of persistent active pancreatitis. At times, the sonographic gastrointestinal presentation may not correlate with recurrent or chronic gastrointestinal signs. Dietary intolerance / food allergy (even with ID diet), dysbiosis, occult parasitism, occult Addison's Disease, inflammatory bowel disease, or persistent low-grade to chronic pancreatitis, both of which may present as sonographically normal, are all potentials. Correlation with GI panel and resting cortisol level is recommended.

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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 if clinically indicated with as needed gastrointestinal support and assessment of clinical response may prove beneficial. Endoscopic Intestinal biopsies may be considered if GI signs continue despite empirical therapy and pending additional diagnostics.

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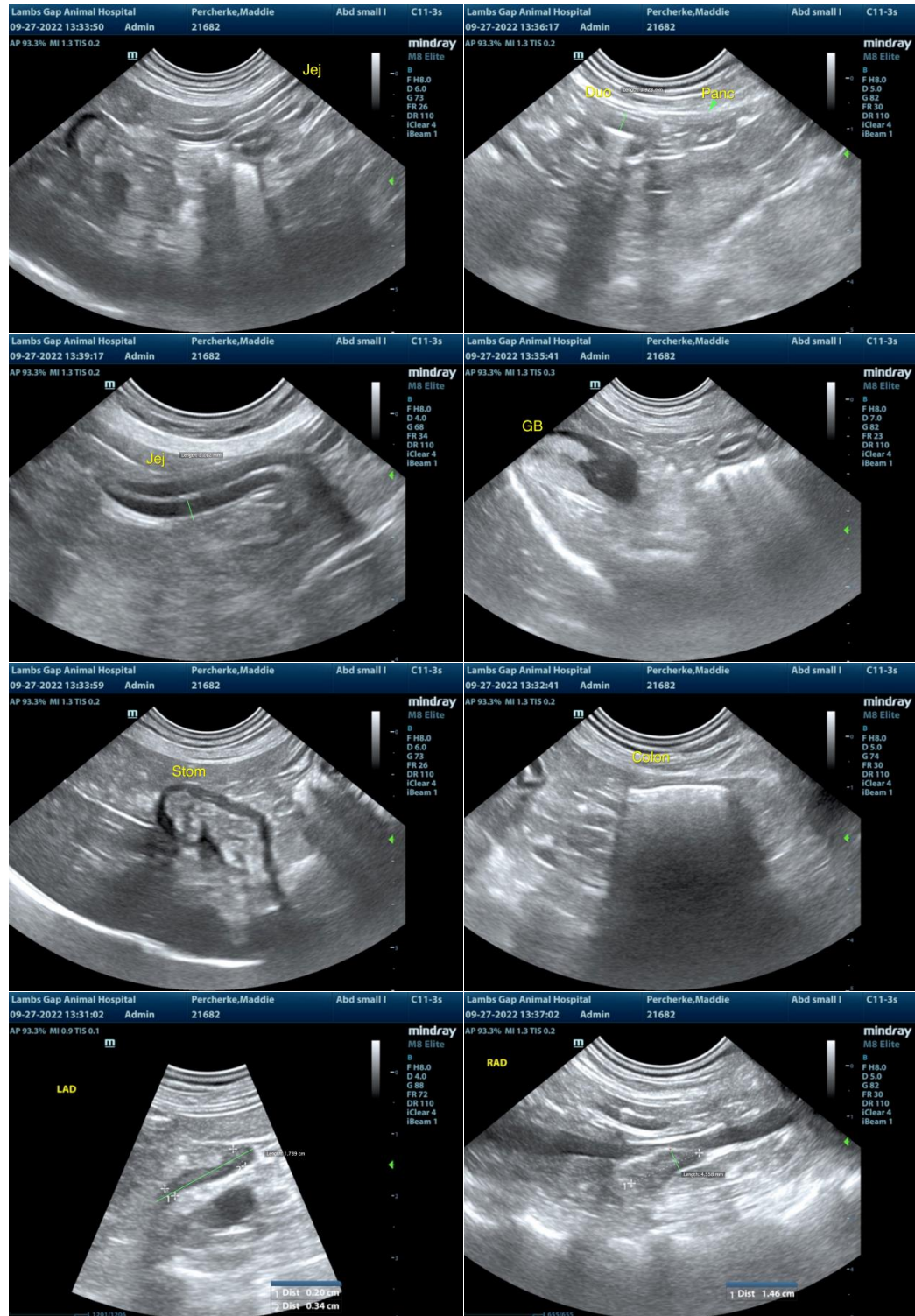
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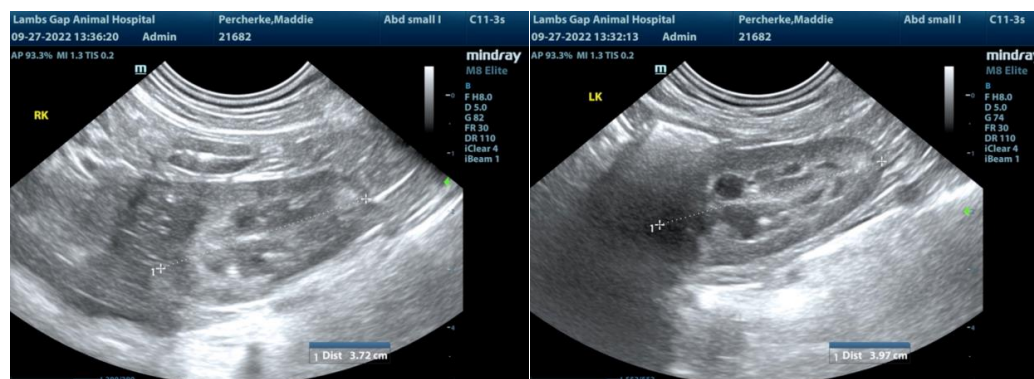
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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