



## PATIENT

Woody Kuper

## SPECIES

Canine

## BREED

Sheltie

## SEX

Neutered Male

## AGE

12 years

## WEIGHT

26.6 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

Reid Veterinary  
Hospital

## REFERRING VET

Dr. Reid

## INVOICE

12338

## DATE

9/28/21

## PRESENTING CLINICAL SIGNS

chronic intermittent diarrhea (no V), responsive to i/d low fat diet but will have bouts of mucus/liquid D and occasional bloody stools - p treated with rounds of metronidazole and panacur with no change to intermittent occurrences of D - per o, stools have become more "flattened" recently - no weight loss noted (p has not been seen since 2/2021 and has not been rectally palpated) Current Medications Fortiflora SID, Gabapentin 100mg BID

Abnormal PE/Chem/CBC/UA Results: - 1/2021 full panel: mild ALP elv, fecal negative - 7/2021 fecal negative - 9/2021 ER visit for sneezing: bloodwork run showed severe lymphocytosis 9.7K/ul\*\*, mod monocytosis 3K/ul

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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.

The residual prostate was sonographically unremarkable, measuring 1.2 cm diameter.

No evidence of pathology was noted near the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.2 cm in length.

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.6 cm length x 0.84 cm width in the caudal pole. The right adrenal gland measured 1.7 cm length x 0.65 cm width in the caudal pole.

### Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.



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***Liver/ Gallbladder***

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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 mildly distended in size with mildly echogenic yet non-thickened gallbladder walls. There was biliary sludge that appeared to be non-mobile and organized. A subtle stellate pattern to the organized biliary sludge was subjectively present. No evidence of pericholecystic omental inflammation or effusion was noted.

***Gastrointestinal***

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 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 0.36 cm width. The jejunum wall measured 0.36 cm width.

Normal visible colon wall layers were present with subjective semi-formed to formed feces, at the time of the ultrasound, 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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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Hepatic parenchymal remodeling - subjectively benign
- Gallbladder mucocele - subjectively noninflamed
- Sonographically unremarkable gastrointestinal tract and colon - structurally insignificant inflammatory bowel, dysbiosis, dietary intolerance / food hypersensitivity, are possible
- Age-related kidneys

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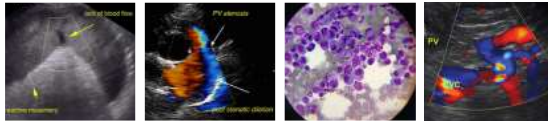
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential dietary rotation involving hydrolyzed or higher fiber diet with as-needed antibiotics may prove beneficial. Broad spectrum deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks is suggested, even with negative fecal testing.



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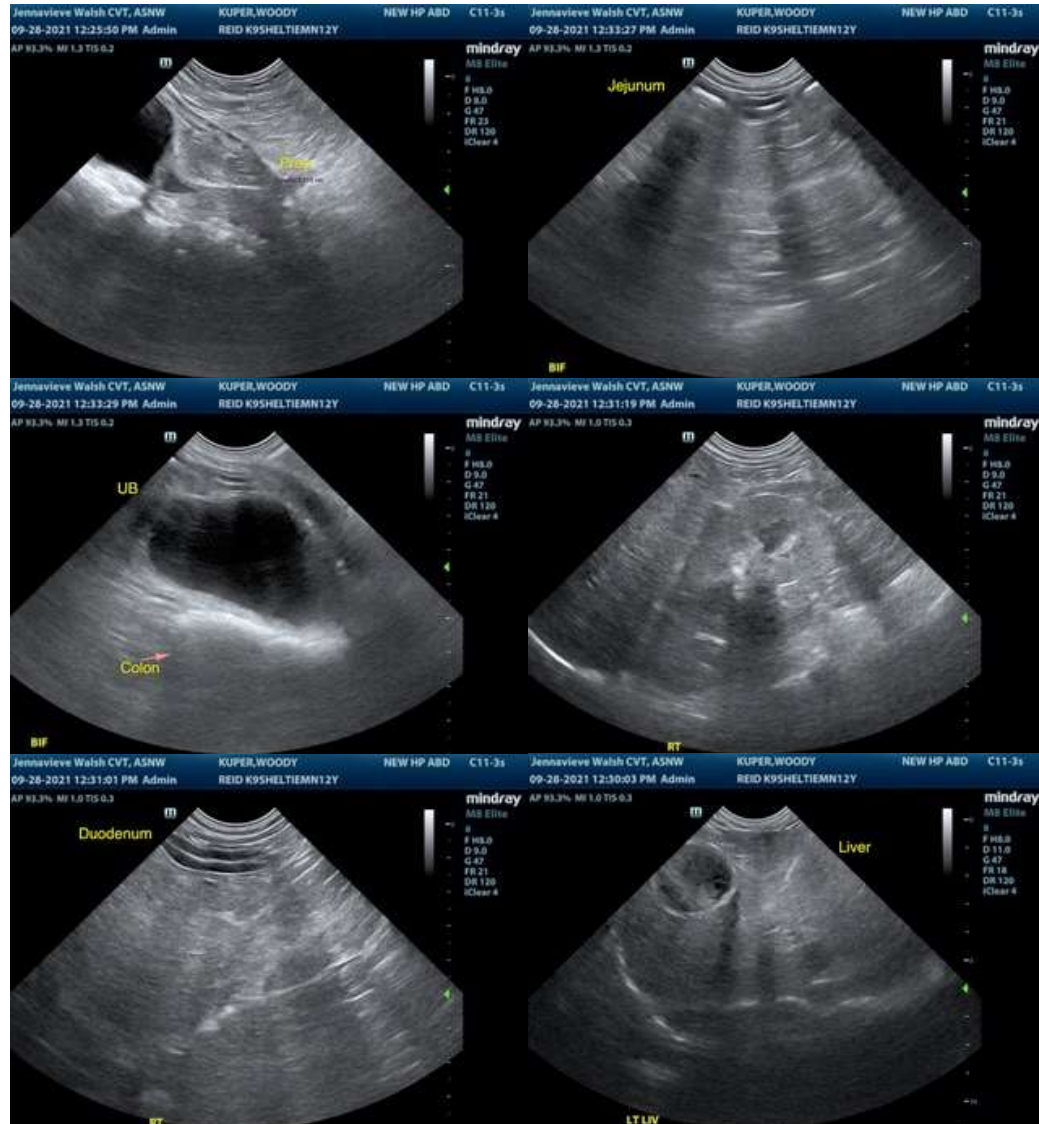
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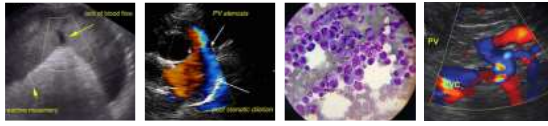
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No evidence of caudal abdominal i.e., prostatic or lymphatic pathology as a potential cause of distal colon or colorectal impingement. Rectal palpation is recommended.

CBC pathology review +/- resting cortisol level to rule out occult Addison's disease, given the lymphocytosis, may be considered. However, sonographically, the adrenals appear to be normal.





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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)**  
info@SonoPath.com