



**PATIENT PRESENTING CLINICAL SIGNS**

Gigi Schachter History: History of atopy, Ehrlichia +, recent diarrhea non responsive to treatment

Medication: RC HP, B12, Dasuquin, Fortiflora, Apoquel, Pepcid, Tylan, Benadryl

**SPECIES**

Labs: CBC – WBC 5.6 w/suspected band neutrophils and mild lymphopenia. Chem – ALP 362.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Lab Mix

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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**

FS

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 6.6 cm. The right kidney measured 6.9 cm.

**AGE**

6 years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

60 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.59 cm at the caudal pole. The right adrenal gland measured 3.2 cm length x 0.68 cm at the caudal pole.

**INTERPRETED BY**

**Spleen**

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

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**

**Liver**

Rebekah Jakum, CVT  
 ARDMS/RVT

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.

**HOSPITAL NAME**

Lehigh Valley AH  
 (Allen)

**Gastrointestinal**

**REFERRING VET**

Dr. Gregory

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 0.50 cm.

**INVOICE**

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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. Duodenum wall measured 0.44 cm. Jejunum wall measured 0.36 cm.

**DATE**

9.8.2021

The colon exhibited intact yet subjective mild prominent wall layering, primarily in the descending to distal colon. Distal colon measured 0.26 cm with subjective semiformal to soft feces present.



**PATIENT** *Pancreas*

Gigi Schachter 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.

**SPECIES** *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Lab Mix • Overall sonographically unremarkable abdomen, probable mild colitis/enterocolitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX** FS No overt evidence of visceral (specifically gastroenterocolic) pathology. Given the recent diarrhea non-responsive to therapy and empirical deworming, viral infectious enteritis/enterocolitis, dietary intolerance/recent dietary indiscretion or other enterocolonopathy possible.

**AGE** 6 years Although considered unlikely, resting cortisol may be considered to rule out atypical Addison's disease. In addition to current/previous therapy, an increase in B12 dose up to 800-1000 mcg based on body weight once weekly for up to 6 weeks may be considered. Potential rotation of limited protein source and/or higher fiber diet may prove beneficial. Repeat empirical deworming (i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days may be considered if this protocol was not initially followed.

**WEIGHT** 60 Pounds Endoscopic enterocolic biopsies may be required for definitive diagnosis pending additional diagnostics and response to continued supportive care.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

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**REFERRING VET**

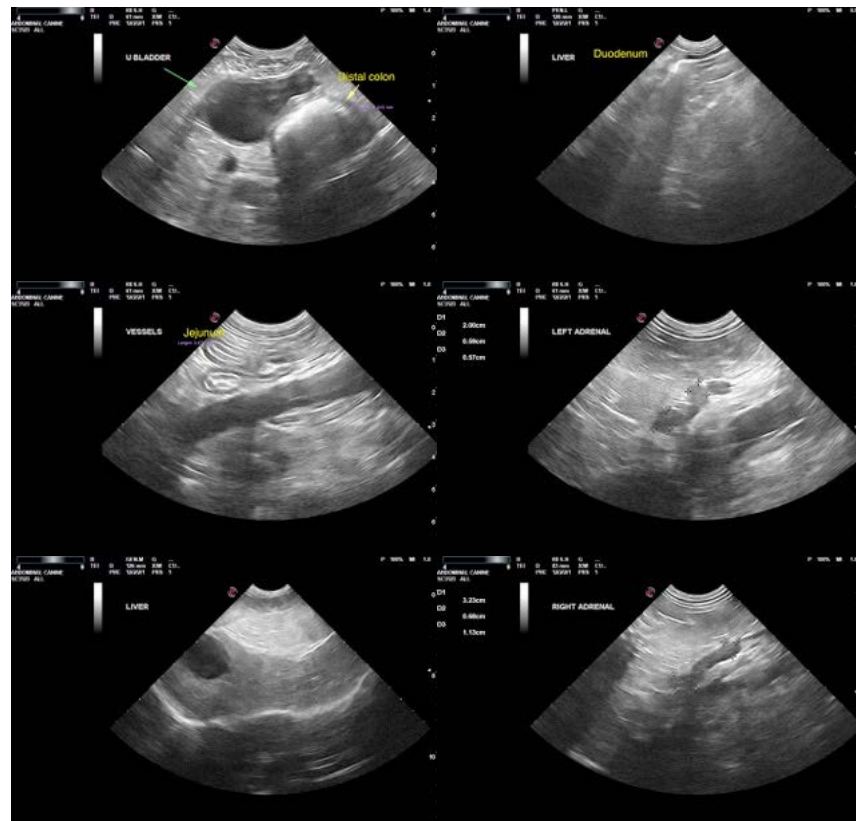
Dr. Gregory

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**PATIENT**

Gigi Schachter

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

6 years

**WEIGHT**

60 Pounds

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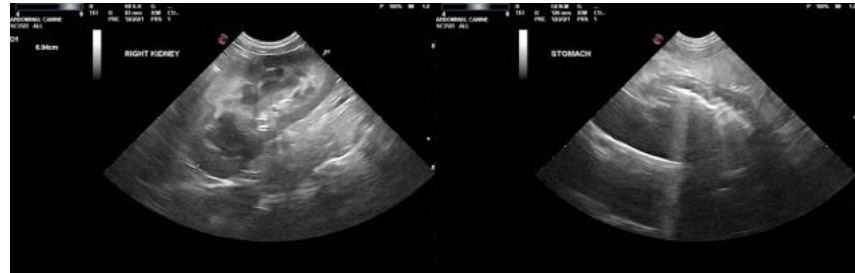
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**DATE**

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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.

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