



**PATIENT PRESENTING CLINICAL SIGNS**

**Billy Corkey**  
Hair thinning, dull quiet, low activity intermittent GI concerns (diarrhea, food sensitivity) weight loss, reduced appetite, occ vomiting clear nasal discharge, pyoderma at left muzzle (new) Meds: Thyrotab 0.8 mg BID (newly started), Simplicef 200 mg SID; Benadryl and Melatonin only if needed (for seasonal alopecia)

**SPECIES**

**Canine**  
Abnormal PE/Chem/CBC/UA Results: Please see attached blood results. hypothyroid - lower than scale low normal cortisol (random) azotemia (elevated SDMA, BUN, CREA) Neutrophenia hypoalbuminemia

**BREED**

German Shepherd

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**AGE**

3.5yr

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with mildly indistinct corticomedullary definition. 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 6.3 cm in length. The right kidney measured 6.7 cm in length.

**WEIGHT**

48.7kg

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

**INTERPRETED BY**

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**Adrenal Glands**

The left adrenal gland was indistinctly visualized potentially owing to isoechoic adrenal parenchyma echogenicity compared to adjacent tissue. The left adrenal gland measured 0.54 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

**HOSPITAL NAME**

Oxford County Vet  
Clinic

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.

**REFERRING VET**

Dr. Haflon

**Liver**

**INVOICE**

11560ag

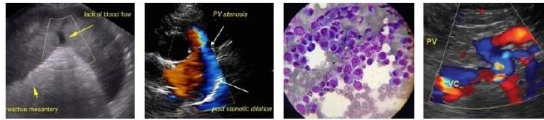
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**DATE**

09/08/2022

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.



**PATIENT**

Billy Corkey

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.

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

**SPECIES**

Canine

**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 was evident.

**BREED**

German Shepherd

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**AGE**

3.5yr

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal bilateral kidneys with mild indistinct corticomedullary border demarcation
- Sonographically unremarkable GI tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

48.7kg

Overall, no evidence of significant abdominal visceral pathology was present in this study as a definitive cause of the patient's clinical signs.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

At times the presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, with considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease without evidence of mural changes, low grade pancreatitis or other. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full ACTH stim for definitive assessment/rule out of occult Addison's disease is suggested.

**IMAGING PERFORMED BY**

Crystal Hill

Three view chest radiographs suggested if not done to assess for thoracic pathology.

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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 (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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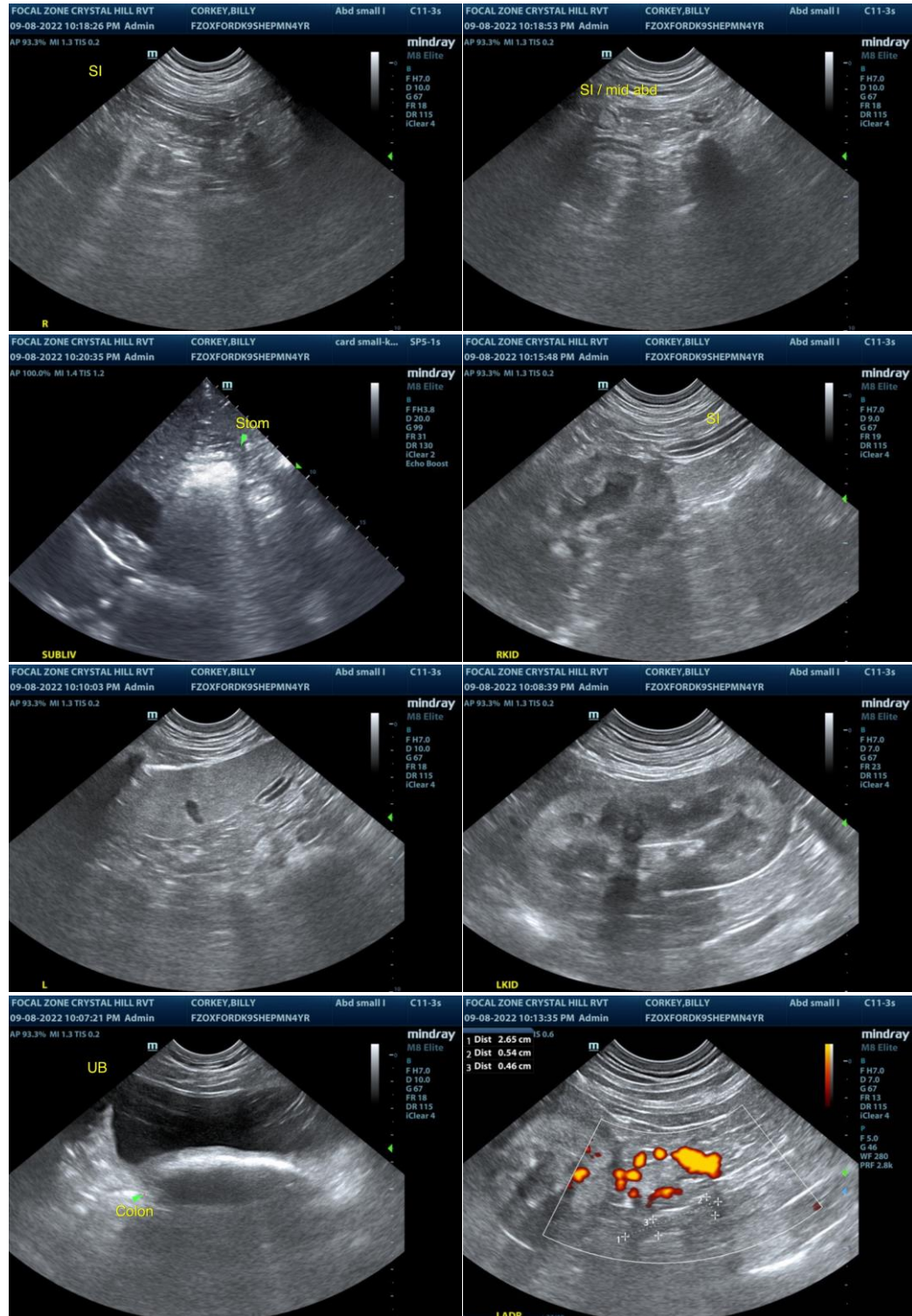
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Billy Corkey

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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