



PATIENT PRESENTING CLINICAL SIGNS

Solo Bennett Diarrhea non responsive to Metronidazole and Hypoalbuminemia - no proteinuria and also weight loss. Diagnosed 6 months ago with chronic degenerative valve disease. Just started Tylosin and is on Fluoxetine for behavior issues.

SPECIES Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC. Chem – Potassium 5.8, sodium/potassium ratio 26, Alb 21, Glob 22, normal fasting and post-prandial bile acids.

Canine

BREED *Urinary System*

Portugese Water Dog 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 were noted.

SEX

Neutered Male The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

AGE

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 5.9 cm. The right kidney measured 5.5 cm.

WEIGHT

21.8 kg The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly to non-visualized owing to patient size and conformation. Subjectively, the left adrenal gland measured 2.0 cm length x 0.59 cm at the caudal pole. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

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

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. The spleen exhibited mild folding. The folding is not indicative of underlying splenic pathology and is likely a patient variant.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hawkins AH

Liver

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.

REFERRING VET

Dr. Hawkins

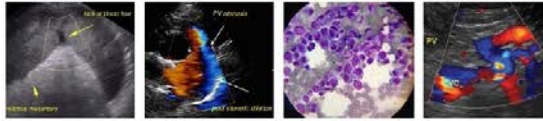
Gastrointestinal

INVOICE

25274 The stomach presented intact wall layering with a normal wall layer ratio. The stomach was primarily empty with mild luminal gas. Gastric body wall measured 0.45 cm.

DATE

9/9/21 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. Jejunum wall measured 0.26 cm.



PATIENT

Normal visible colon wall layers were present with subjective formed to semiformed feces.

Solo Bennett

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.

SPECIES

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Portugese Water Dog

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild enterocolitis pattern
- Minor splenic folding – patient variant, likely incidental

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

No overt sonographic evidence of gastroenterocolic mural pathology, dietary intolerance/food hypersensitivity, occult parasitism, infectious enterocolitis, or inflammatory enterocolonopathy without evidence of mural changes possible. Fresh fecal analysis to assess for parasitic ova/giardia, GI panel to include PLI, TLI, cobalamin and folate, and resting cortisol to rule out occult Addison's disease warranted.

7 Years

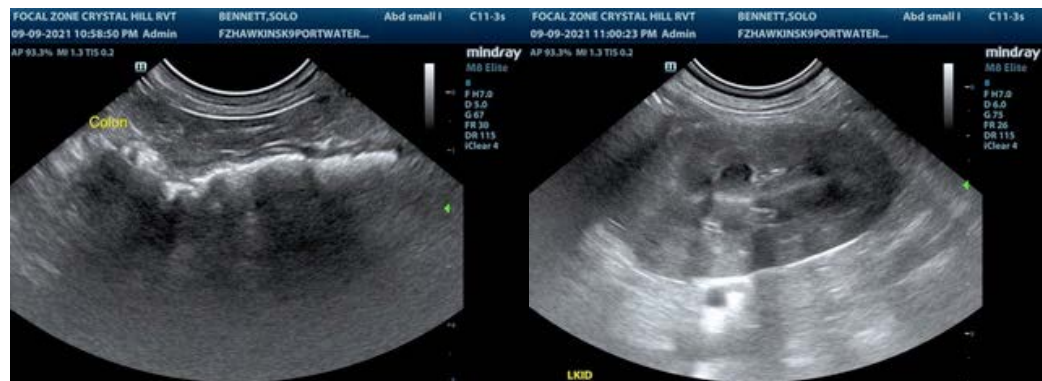
WEIGHT

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), current antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

21.8 kg

INTERPRETED BY

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DABVP (Canine and
Feline)



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PATIENT

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SPECIES

Canine

BREED

Portugese Water Dog

SEX

Neutered Male

AGE

7 Years

WEIGHT

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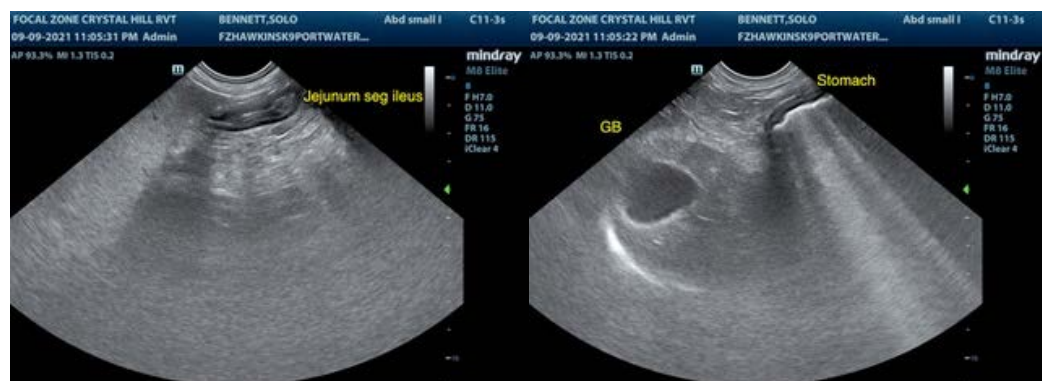
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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