



PATIENT PRESENTING CLINICAL SIGNS

Winston Redman
intermittent vomiting, nausea, soft stool and loss of appetite currently on Gabapentin
Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC/Chem. Spec cPL 947, otherwise unremarkable.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

St. Bernard

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. No overt pathology in the area of the residual prostate.

SEX

Neutered Male

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 right kidney measured 8.3 cm. The left kidney measured 7.9 cm.

AGE

2.5 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

66 kg

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size, yet without overt pathology, subjectively measuring 1.0 cm at the caudal pole.

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.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Wellington AH

Gastrointestinal

REFERRING VET

Dr. Dennis

The visible gastric walls were sonographically unremarkable. The lumen of the stomach contained mild echogenic, nonshadowing ingesta most consistent with post prandial presentation. No overt evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.6 cm. Gastric body wall measured 0.50 cm in width.

INVOICE

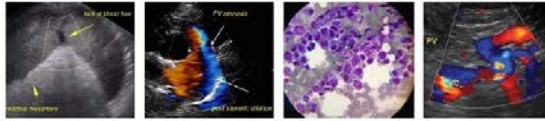
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.35 cm.

DATE

9/9/21

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



PATIENT *Pancreas*

Winston Redman

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

ULTRASONOGRAPHIC FINDINGS

BREED

St. Bernard

- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta
- Normal visualized colon with subjective formed feces and luminal gas
- Sonographically unremarkable pancreas – potential for low-grade inflammation, which may present sonographically normal.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The elevated spec cPL may also potentially be secondary to gastrointestinal disease given the lack of sonographically evident pancreatitis.

AGE

2.5 Years

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes, infectious gastroenteropathy, or other. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and resting cortisol to rule out occult Addison's Disease is warranted.

WEIGHT

66 kg

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 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.

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DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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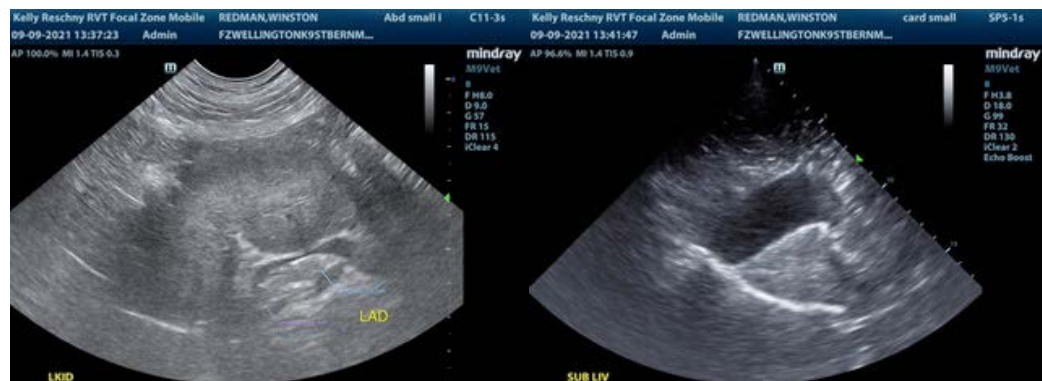
Dr. Dennis

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PATIENT

Winston Redman

SPECIES

Canine

BREED

St. Bernard

SEX

Neutered Male

AGE

2.5 Years

WEIGHT

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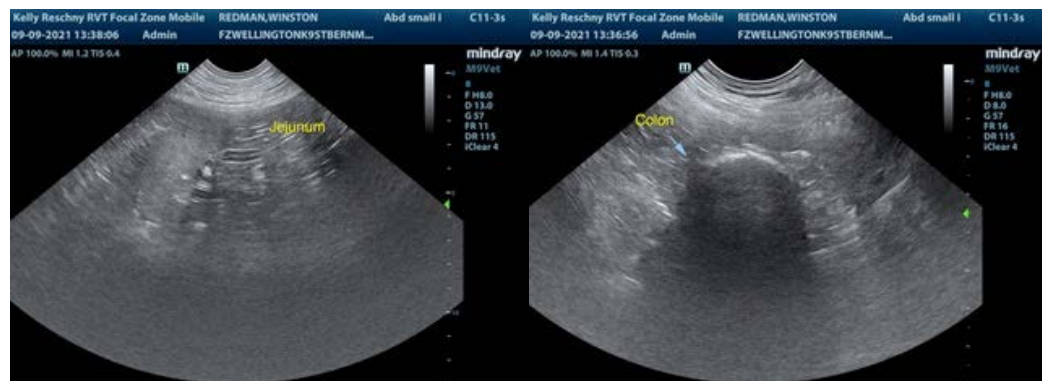
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DATE

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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.

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