



PATIENT	PRESENTING CLINICAL SIGNS
Tango Coupell	Persistent diarrhea despite probiotic, metronidazole, Tylan powder. Current meds: Bland diet, Probiotic.
SPECIES	Abnormal PE/Chem/CBC/UA Results: TP 4.2, ALB 2.5
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Maltese Mix	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.
SEX	
MN	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 4.2 cm in length. The right kidney measured 4.1 cm in length.
AGE	
10yr	The area of the aortic trifurcation was free of pathology.
WEIGHT	The residual prostate was free of pathology.
15.4lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole and 1.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole and 1.6 cm length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Shari Reffi CVT	Liver
HOSPITAL NAME	The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Newton Vet	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
Dr. Wyman Greenwald	
INVOICE	
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DATE	
09/09/2022	



PATIENT

Tango Coupell

The small intestine presented intact wall layering with generalized prominent mucosa layer with duodenojejunal mucosa speckling. The prominent wall layering was present to the level of the ileocolic junction. The duodenum wall measured 0.39 cm in width. The jejunum wall measured 0.40 cm in width.

SPECIES

Canine

The colon walls presented intact yet mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

Maltese Mix

The pancreas base and right limb exhibited mild prominent size with subtle hypoechoic to non-homogeneous parenchyma.

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

MN

Mild generalized peri-intestinal hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

AGE

10yr

Primary

- Generalized inflammatory enteropathy pattern with subjective moderate ileitis
- Colitis
- Mild heterogeneous pancreas
- Echogenic liver

WEIGHT

15.4lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The appearance of the colon and small bowel is suggestive of inflammatory enterocolopathy such as IBD with potential for emerging PLE given evidence of mucosal speckling. Considerations including dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, inflammatory bowel disease without evidence of mural changes or less likely infiltrative neoplasia are possible. 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.

IMAGING PERFORMED BY

Shari Reffi CVT

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) and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Empirical cobalamin supplementation is recommended. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

HOSPITAL NAME

Newton Vet

REFERRING VET

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Tango Coupell

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

10yr

WEIGHT

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IMAGING PERFORMED BY

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HOSPITAL NAME

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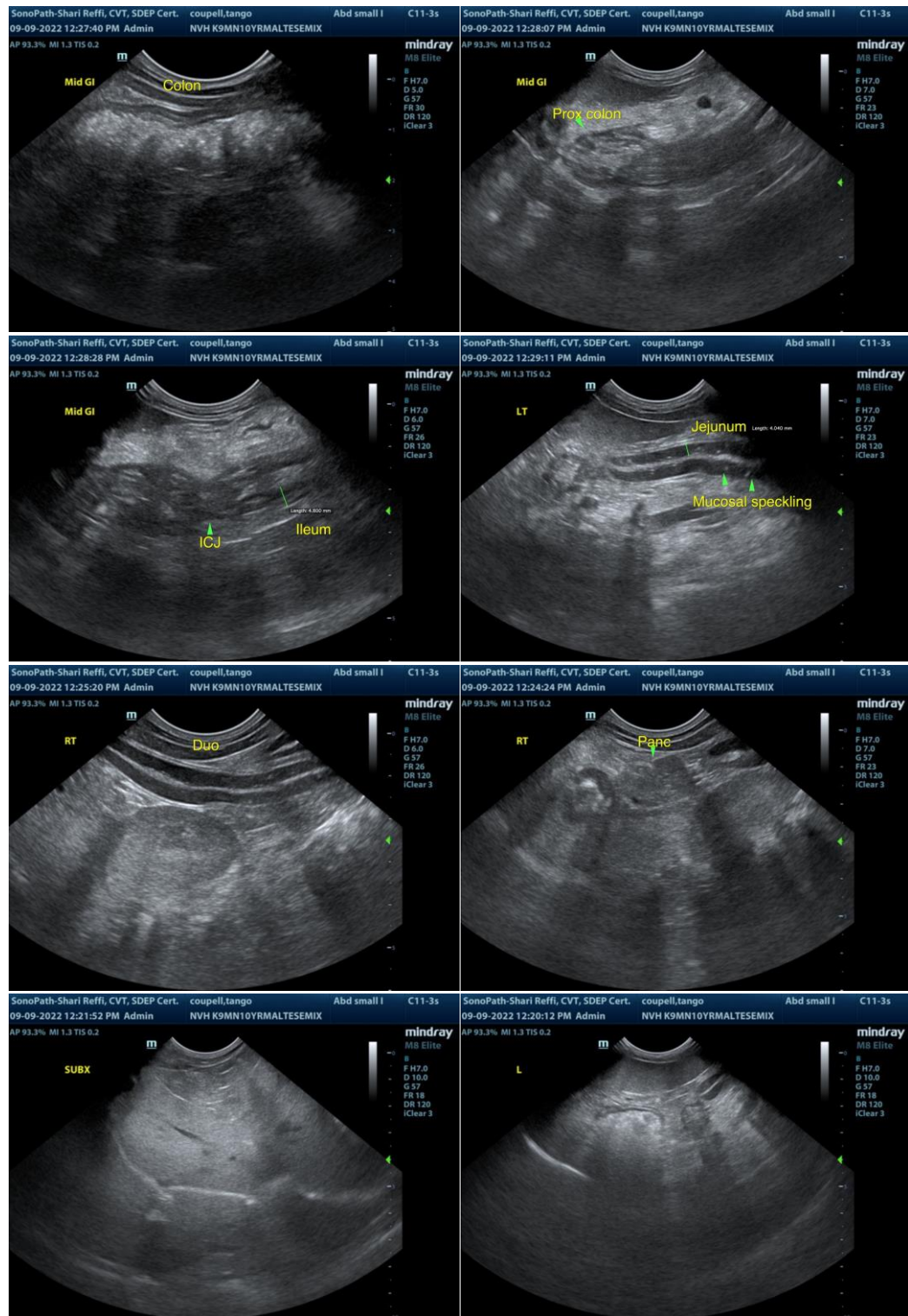
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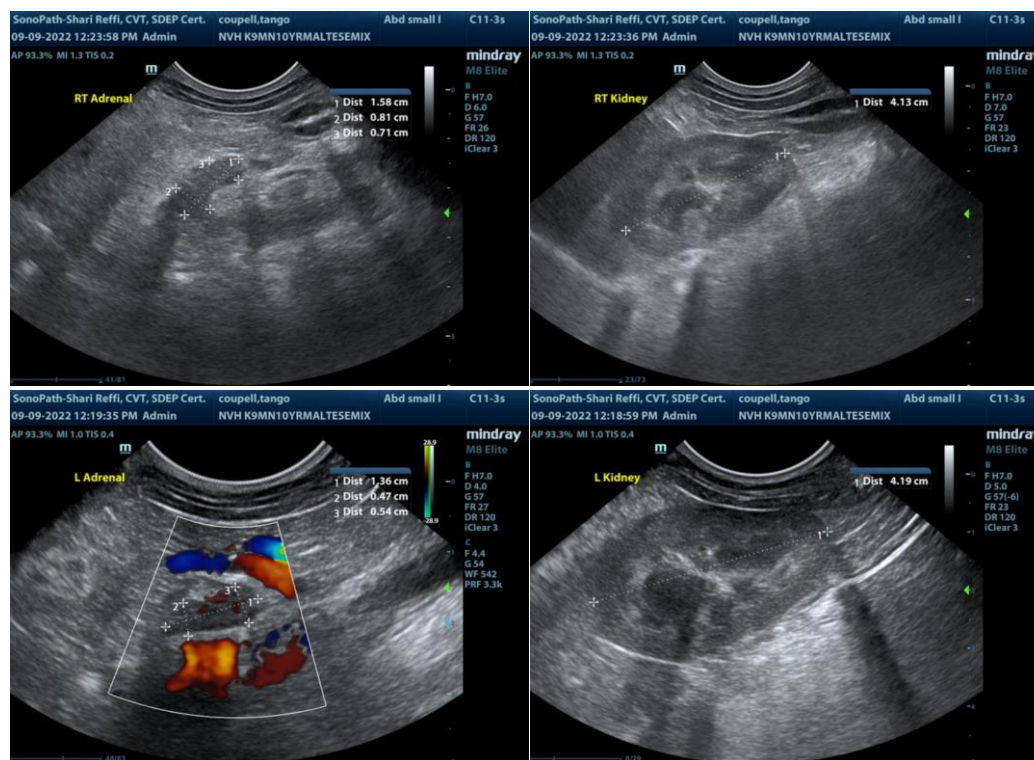
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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