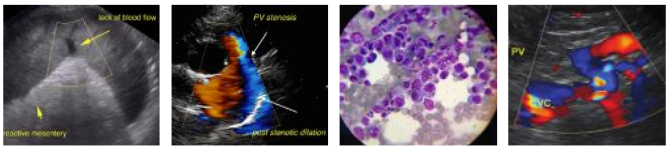
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ruby Tschury

SPECIES
Canine

BREED
St Bernard/Lab

SEX
Spayed Female

AGE
14 mo

WEIGHT
70.1 lbs

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Lara Stephens-Brown

HOSPITAL NAME
Bayshore Veterinary Hospital

REFERRING VET
Lara Stephens-Brown

INVOICE
10211

DATE
1/27/22

PRESENTING CLINICAL SIGNS

History: P has had previous "episodes" every 1 to two weeks of not wanting to eat all of her food. She was seen in October for this and treated supportively for gastroenteritis. P eats a lot of things and O is concerned it could be FB. Not lethargic. Still E/D the majority of the time. When usually skipped meals it was in AM and would still eat chicken and rice. Also wondering if chews on things to get o to come home bc will come home right away when catches her on camera. when presses on belly not painful. Currently acting fine and still eating chicken and rice because she skips meals sometimes and O wants her to eat.

Abnormal PE/Chem/CBC/UA Results: Gassy abdomen on palpation but otherwise NSF. Bloodwork in October normal CBC/Chem

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portin of the proximal urethra are normal.

The left kidney presented normal size (6.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (6.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole is visualized and is normal in size (0.54 cm in width); with normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

The right adrenal gland is normal size (0.79 cm at cranial pole) (0.50 cm at caudal pole) (2.45 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

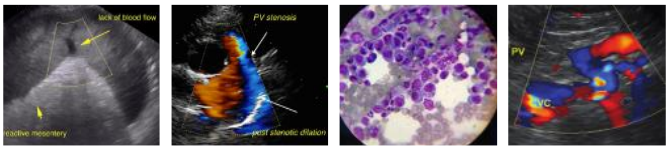
The spleen is normal in size (2.21 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Considerations included primary gastrointestinal disease (i.e., food allergy/intolerance, intestinal dysbiosis, inflammatory bowel disease, infectious/parasitic disease), low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider three-view thoracic radiographs to assess for occult esophageal disease.
- Repeat baseline blood work including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function.
- Other diagnostic considerations include:
  1. Fecal evaluation for ova and Giardia
  2. Malabsorption panel including serum cobalamin and folate TLI and PLI
  3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
  4. Six-week limited antigen diet trial
  5. Consider pre-and postprandial serum bile acids to assess for occult hepatic dysfunction.
- Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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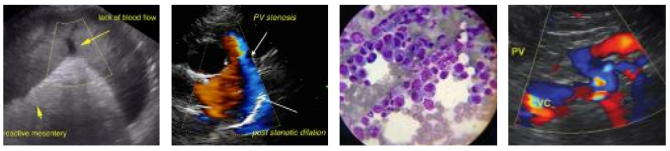

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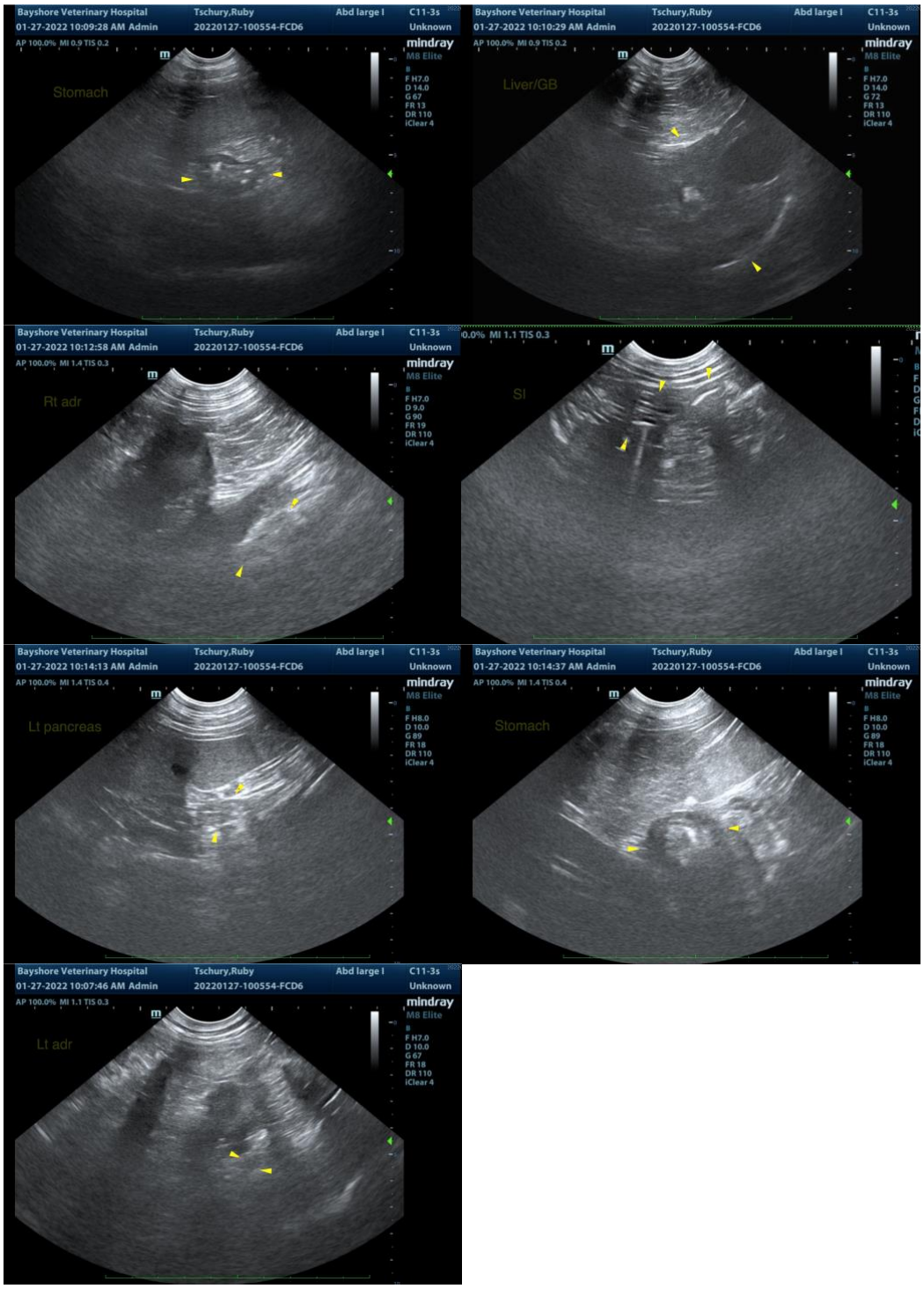

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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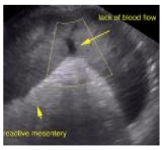
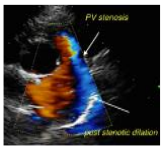
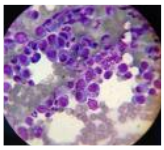
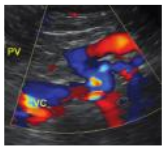

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