SonoPath
Clinical Sonography & Telecytology
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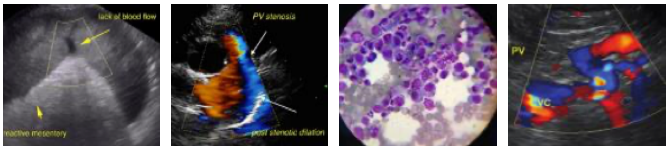

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1-800-838-4268 info@sonopath.com

PATIENT

Rodney Coffee Creek Program

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male, neutered

AGE

15 Months

WEIGHT

65 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Velasco

INVOICE

14672

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: Rodney is part of a prison training and rehabilitation program. He has had intermittent vomiting for about 3 months. It seems to happen more right after he eats. He has responded well to caretaker initiated trial of sucralfate and omeprazole (not vet prescribed). He is on a general Adult Dog Science diet - recommended limited ingredient diet trial after this visit. Patient received 3 days of Fenbendazole prior to visit. Sent additional 3 days of Fenbendazole for second deworming.
Abnormal PE/Chem/CBC/UA Results: Chem/CBC/UA/ T4 are WNL. Fecal float is Neg. ACTH stim was WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged (2.72 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal size (xxx 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 is normal size (5.91 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.

Adrenal Glands

The left adrenal gland is small in size (0.30 cm at cranial pole) (0.36 cm at caudal pole) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is normal size (0.46 cm in width). The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (2.00 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 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/not seen.

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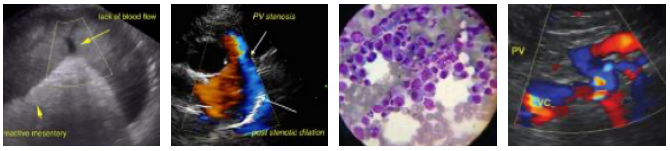

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Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 obvious obstructive 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:

- If the patient was fasted for the study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

Secondary Findings:

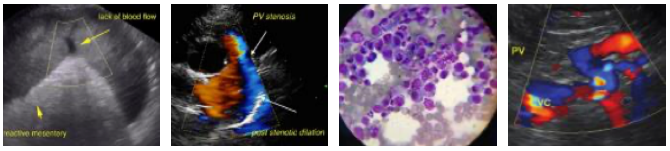
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The mild prostatomegaly could be consistent with recent neutering with residual hyperplastic change, prostatitis or less likely, emerging neoplasia. Correlation with the patient's clinical history is recommended.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include primary gastrointestinal disease (i.e., motility disorder, food allergy/intolerance, inflammatory bowel disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. GI panel including serum cobalamin, folate, TLI and PLI
2. 6 week limited antigen or hydrolyzed protein diet trial
3. Initiation of a probiotic
4. Consider empirical treatment for a motility disorder with Metoclopramide. Ideally, it should be given 30 min prior to meals. If the patient does not improve within 5-7 days of initiating therapy, the drug should be discontinued.



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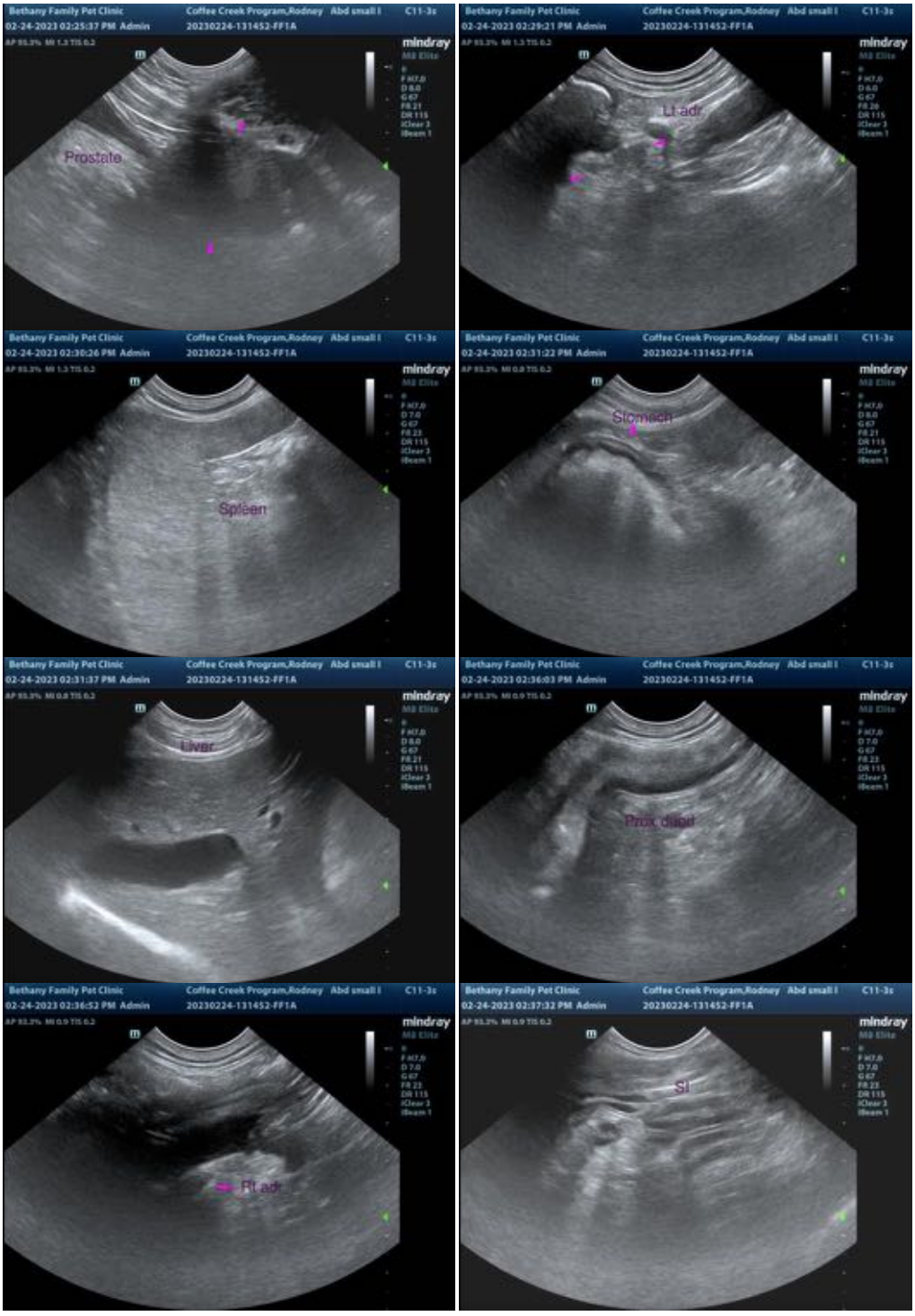
5. Depending on the results of the above diagnostic/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.



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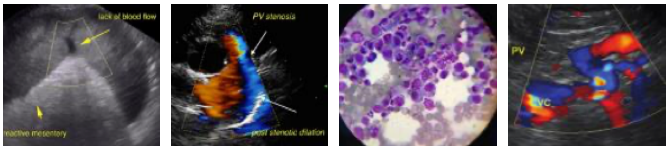

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com