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Clinical Sonography & Telecytology
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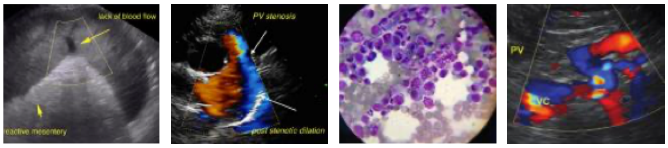

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PATIENT

Kaizen Webber

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

25 mos

WEIGHT

135 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Kiera Hanrahan

INVOICE

12414

DATE

3.13.23

PRESENTING CLINICAL SIGNS

History: vom w/ hyporexia x 24 hours. no known ingestion of foreign material or dietary indiscretion per o. more lethargic per o. 1st round of vom was yesterday AM, ate dinner w/ gusto yesterday PM & kept down until 4am. vomited twice this AM. ate breakfast this AM & then vomited it up. softer stools but not diarrhea. Rads taken this AM with stat read out showed possible soft tissue opacity in stomach. Chest rads WNL. 2 weeks ago- 12 hr episode of vomiting that resolved w/ cerenia. followed by hematochezia diarrhea that mostly resolved w/ metro & Visbiome probiotic. prophylactic laparoscopic (loop?) gastropexy 5/2022 slightly tense on abdominal palpation, nonpainful soft stools on rectal exam otherwise unremarkable 3/13: cpl snap - neg/normal 3/6: neg fecal float 3/6: usg 1.052, trace protein 3/3: cbc/chem17/lytes/sdma/t4/4dx neg/wnl

Abnormal PE/Chem/CBC/UA Results: See history. Resting cortisol pending.

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 is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is subjectively normal in size with a normal shape, architecture and 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.

The right kidney is normal in size (8.54 cm in length) with a normal shape, architecture and 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 left adrenal gland is normal in size (0.53 cm at cranial pole) (0.46 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal to slightly prominent in size (2.61 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance with a coarse echotexture. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

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.

Gastrointestinal

The gastric lumen is minimally distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

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

Trace free fluid is visualized. One to two prominent lymph nodes are observed in the mid- to caudal abdomen (the largest measuring 1.79 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is no obvious evidence of a foreign body/obstruction. However, a partial obstruction cannot be completely excluded.

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 lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.

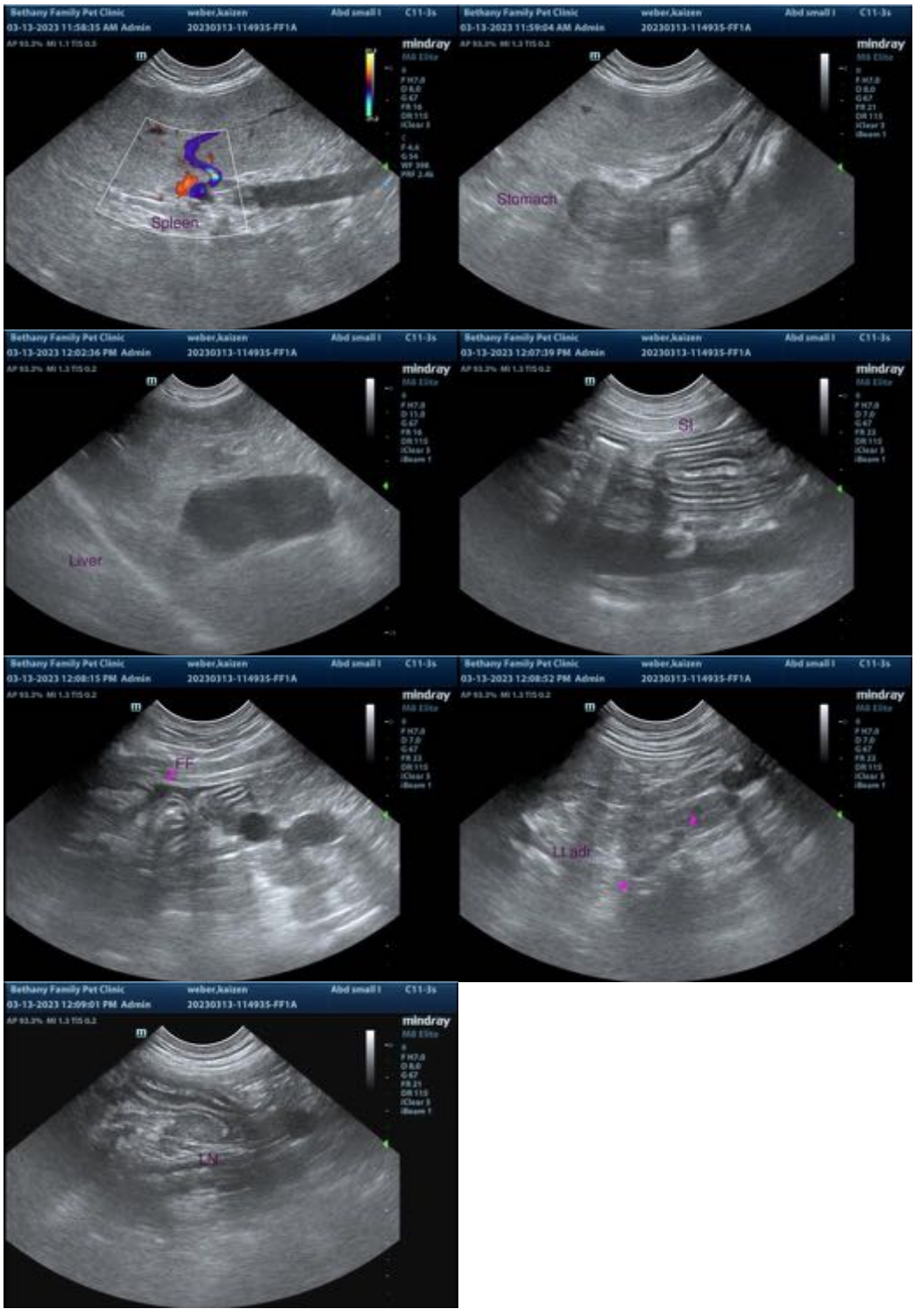
- A GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level is recommended (send to Texas A&M).

- Consider a 2-3-week limited antigen or hydrolyzed protein diet trial.

- Consider three-view thoracic radiographs to assess for occult esophageal disease and aspiration pneumonia.

- Also consider initiation of a probiotic.

- If the above diagnostics are inconclusive and the clinical signs persist, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.



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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