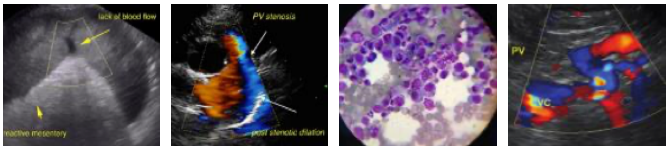
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Murphy Petermann

SPECIES
Canine

BREED
Bernese Mountain Dog

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
49 kg.

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

IMAGING PERFORMED BY
Dr. Barthelemy

HOSPITAL NAME
Alpine 24 Hour Pet Hospital

REFERRING VET
Dr. Nielsen

INVOICE
14765

DATE
3/21/23

PRESENTING CLINICAL SIGNS

History: Presented March 19 with vomiting and hematochezia. Hospitalized on IVF, cerenia, antibiotics. Continues to be hyporexia with fairly large volume bloody diarrhea.
Abnormal PE/Chem/CBC/UA Results: Initial labs showed marked monocytosis which has decreased since hospitalization. Elevated amylase on repeat labs over 2000. Initial in house snapCPL was normal. USG 1.015 prior IVF. Hypoalbuminemia has developed on repeat labs at 20.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Mild pyelectasia is present (0.49 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is small in size (0.41 cm at cranial pole) (0.45 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 right adrenal gland is normal size (1.01 cm at cranial pole) (0.65 cm at caudal pole); 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.

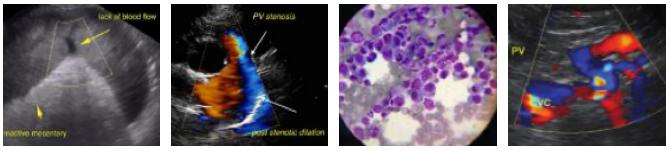
Spleen

The spleen is normal in size (1.90 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. A small to moderate amount of gravity-dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. 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. The lumen of the transverse colon contains gas and a small amount of fluid. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A 1.65 cm lymph node is observed at the aortic trifurcation. In addition, 1-2 prominent jejunal lymph nodes are seen, the largest measuring 2.44 cm in length. The nodes are normal in shape and echogenicity.

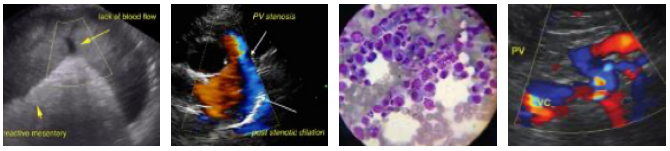
ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The small left adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).
- The right pyelectasia may be secondary to IV fluid therapy, age-related remodeling, pyelonephritis or some combination thereof.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Acute hemorrhagic gastroenteritis is the top differential. Other considerations include dietary indiscretion, infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease (if clinical signs are chronic and/or intermittent, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended, if not already performed.
- Also consider a fecal PCR infectious disease panel.
- Consider prophylactic deworming with Fenbendazole along with initiation of a probiotic +/- fiber supplement.
- A resting cortisol level is also recommended to screen for hypoadrenocorticism.



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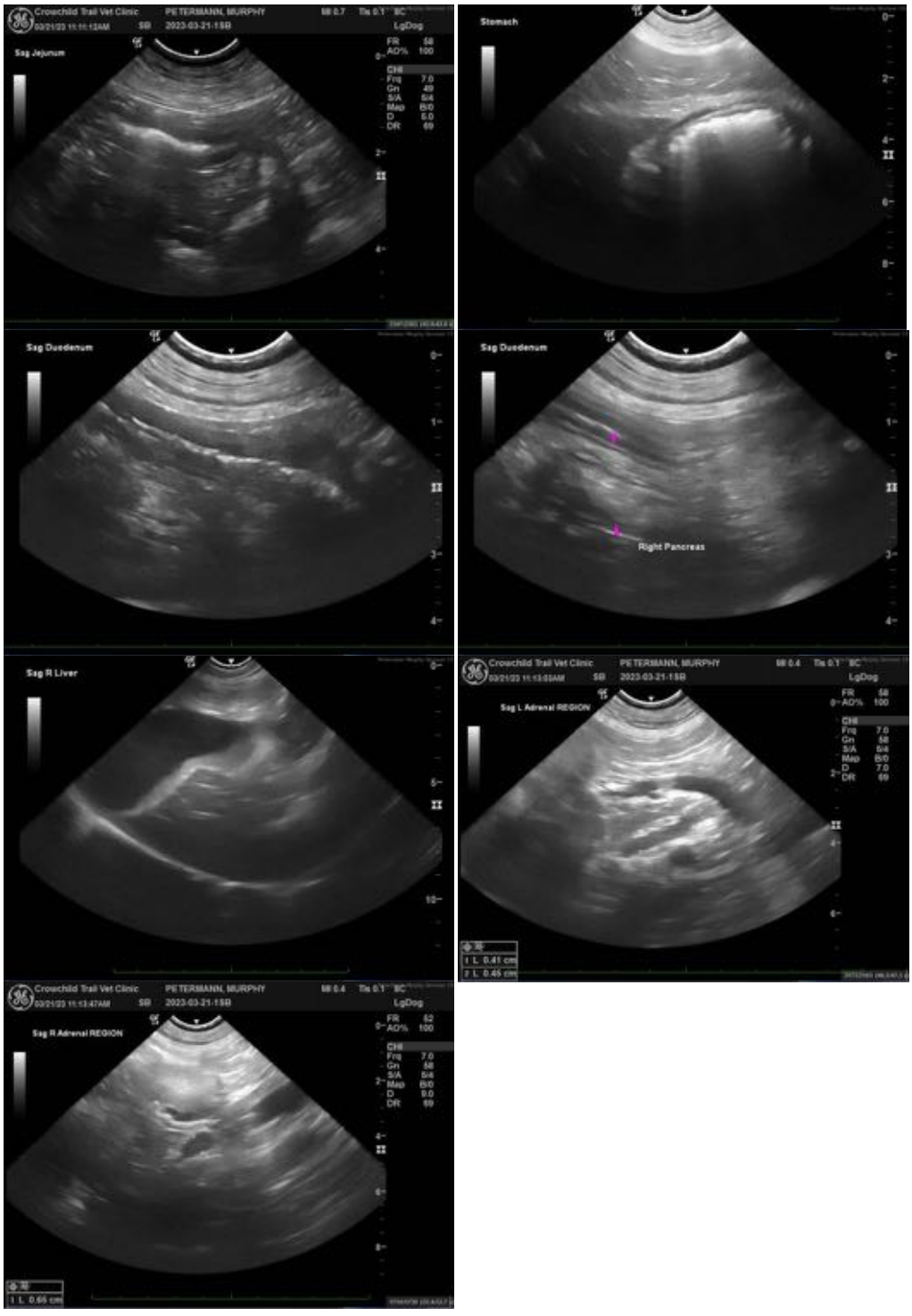
- If the patient does not respond to medical management, a more advanced GI workup (i.e., malabsorption panel, GI biopsies) may be warranted.



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

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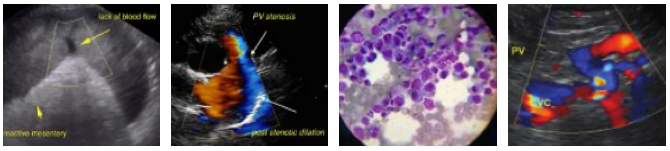

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in the image/video clips provided.

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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info@SonoPath.com