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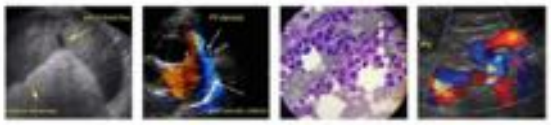


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Gunther Maitio

SPECIES

Canine

BREED

German SH Pointer

SEX

Neutered Male

AGE

20 mos

WEIGHT

76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr Lindsay Sjolin

INVOICE

12651

DATE

4.4.23

PRESENTING CLINICAL SIGNS

History: Sedated 0.2ml Dex/Torv IV-03-03-23 Diarrhea - chronic intermittent 03-03-23 Anxiety- Diet: Blue buffalo and fresh pet. 1 cup of each BID Meds (mg/freq/last given): 2 Gabapentin 300mg alprazolam 0.5mg,- A week ago or so had disappeared for an hour after chasing a coyote- Since then has been ,"off". Episodes of not wanting to eat, lethargy and blood noted in diarrhea- Dispensed Metronidazole 15mg/kg PO q12 for 3 days Fortiflora PO q24 for 10 days

Abnormal PE/Chem/CBC/UA Results: Canine diarrhea complete panel -Positive for Giardia

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 proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.10 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.45 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.

The right kidney is normal in size (7.95 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.

Adrenal Glands

The left adrenal gland is normal in size (0.72 cm at cranial pole) (0.65 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 right adrenal gland is in normal size (0.80 cm at cranial pole) (0.41 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.

Spleen

The spleen is normal in size (2.41 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 amount of aggregated, echogenic, mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No 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. A few prominent mesenteric lymph nodes are visualized (the largest measuring 2.43 cm in length). In addition, one to two prominent lymph nodes are observed at the aortic trifurcation (the largest measuring 2.15 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bowel pattern suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.

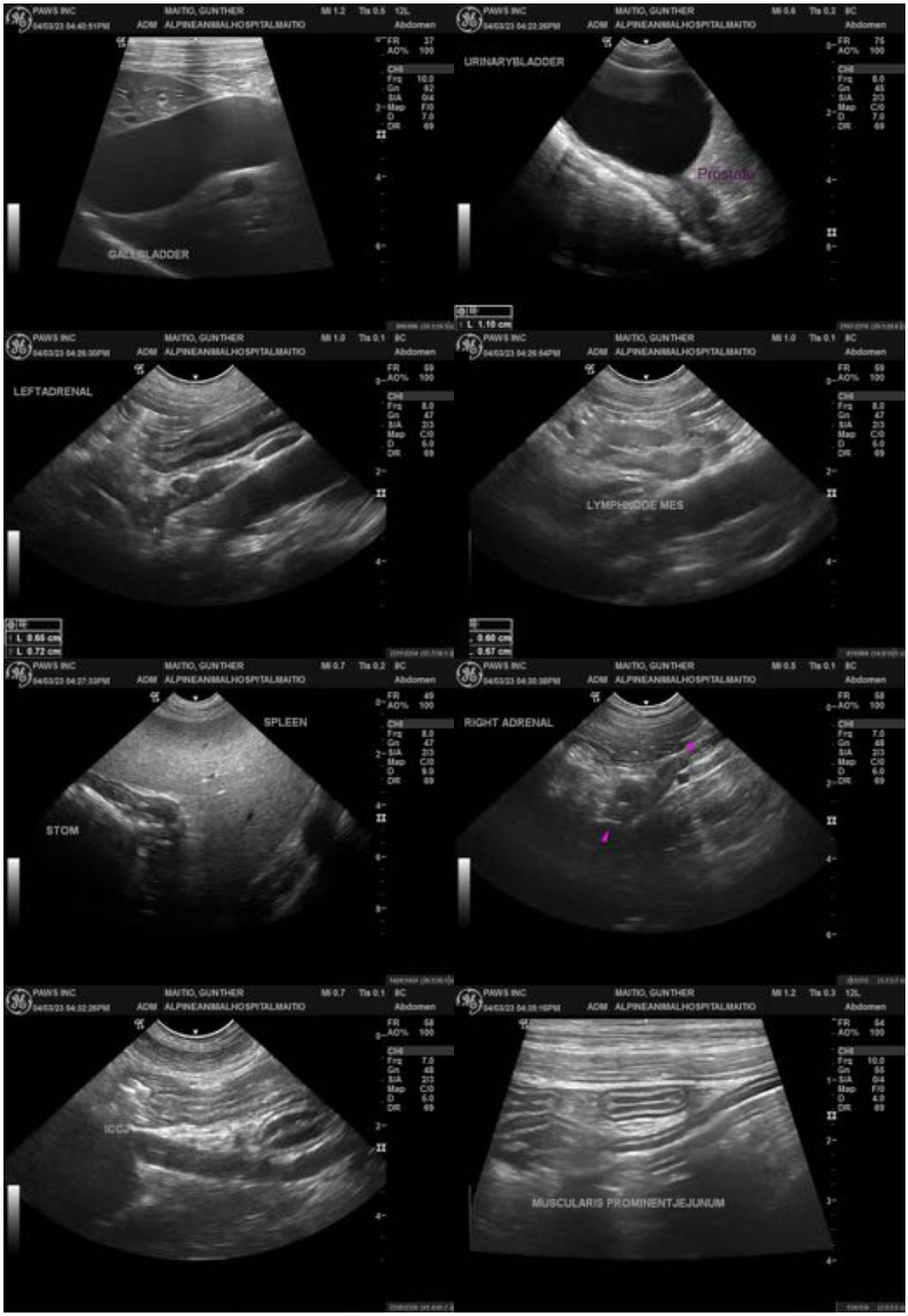
Secondary Findings

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the positive Giardia test, directed treatment (i.e., Fenbendazole) is recommended. Giardia testing should be rechecked in 4-6 weeks to see if infection persists. If the diarrhea continues to despite treatment of Giardia, consider the following:

    1. Baseline lab work, including a CBC, chemistry panel, urinalysis and
    2. 2-4-week limited antigen or hydrolyzed protein diet
    3. Fiber supplementation (i.e., Metamucil, Konsyl)
    4. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
    5. Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.


PAWS INC
MAITIO, GUNTHER
ALPINEANIMALHOSPITALMAITIO
Abdomen
GALLBLADDER
URINARYBLADDER
Prostate
LEFTADRENAL
LYMPHNODE MES
SPLEEN
STOM
RIGHT ADRENAL
ICCS
MUSCULARIS PROMINENTJEJUNUM

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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