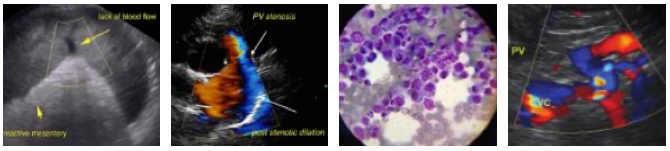
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sparky Anderson

SPECIES
Canine

BREED
Cavalier King Charles

SEX
Male, neutered

AGE
11 Yrs.

WEIGHT
7.4 kg.

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

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores Veterinary Emergency Center

REFERRING VET
Dr. Moser

INVOICE
14897

DATE
5/3/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for Patient started having soft but formed stool on 4/7 . RDVM had patient change food to same brand but senior. Owner changed for a week later to a raw diet and patient started having diarrhea and vomiting. Owner then changed food again to a bland diet and patient slowly lost interest in the Hamburg and rice. Owner tried just the Hamburg starting last week. Again, patient became not interested in the food and still having soft stool and diarrhea. The last 3 days patient has been eating Delmonico steaks and sweet potatoes patient had liquid diarrhea for the past few days. Previous Health Concerns: Increased liver values 2 years ago, owner occasionally monitors Current Medications: Metronidazole, owner can not get patient to take, owner gave propectalin Abnormal PE/Chem/CBC/UA Results: rdvm bloodwork 4/8/23: cpl normal; MCH 27.8; TP 5.2; ALB 2.6; TT4 2.3; HELA negative Liver panel 5/3/23: GGT: 64, TBIL:2.4

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

The left kidney is normal size (4.75 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.

The right kidney is normal size (4.75 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 left adrenal gland is normal in size at the cranial pole and enlarged at the caudal pole (0.42 cm at cranial pole) (0.94 cm at caudal pole) (2.00 cm in length)with smooth curvilinear peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

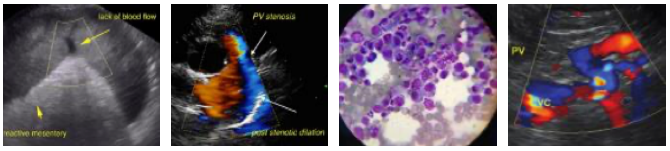
The right adrenal gland is normal size (0.80 cm at cranial pole) (0.52 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.99 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are



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observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic to mineralized debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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. A few small intestinal segments in the caudal abdomen are mildly fluid distended. 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 descending colon is moderately distended with diarrheic stool. No obvious obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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

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:

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

Secondary Findings:

- The hepatic parenchymal changes are most consistent with a benign hepatopathy (i.e., vacuolar) with a lower possibility of inflammatory disease or emerging neoplasia.
- Mild left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated liver values, consider rechecking a chemistry panel to rule out artifact due to hemolysis. If they remain persistently elevated, a more comprehensive workup (i.e., hepatic tissue sampling) may be warranted.
- Regarding the GI signs, consider the following:
    - A fecal evaluation for ova and Giardia is recommended along with a PCR infectious disease panel.

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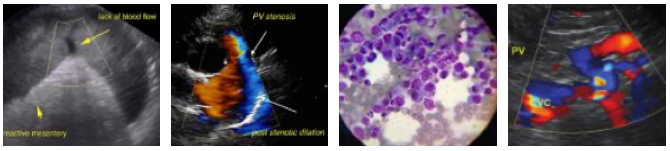

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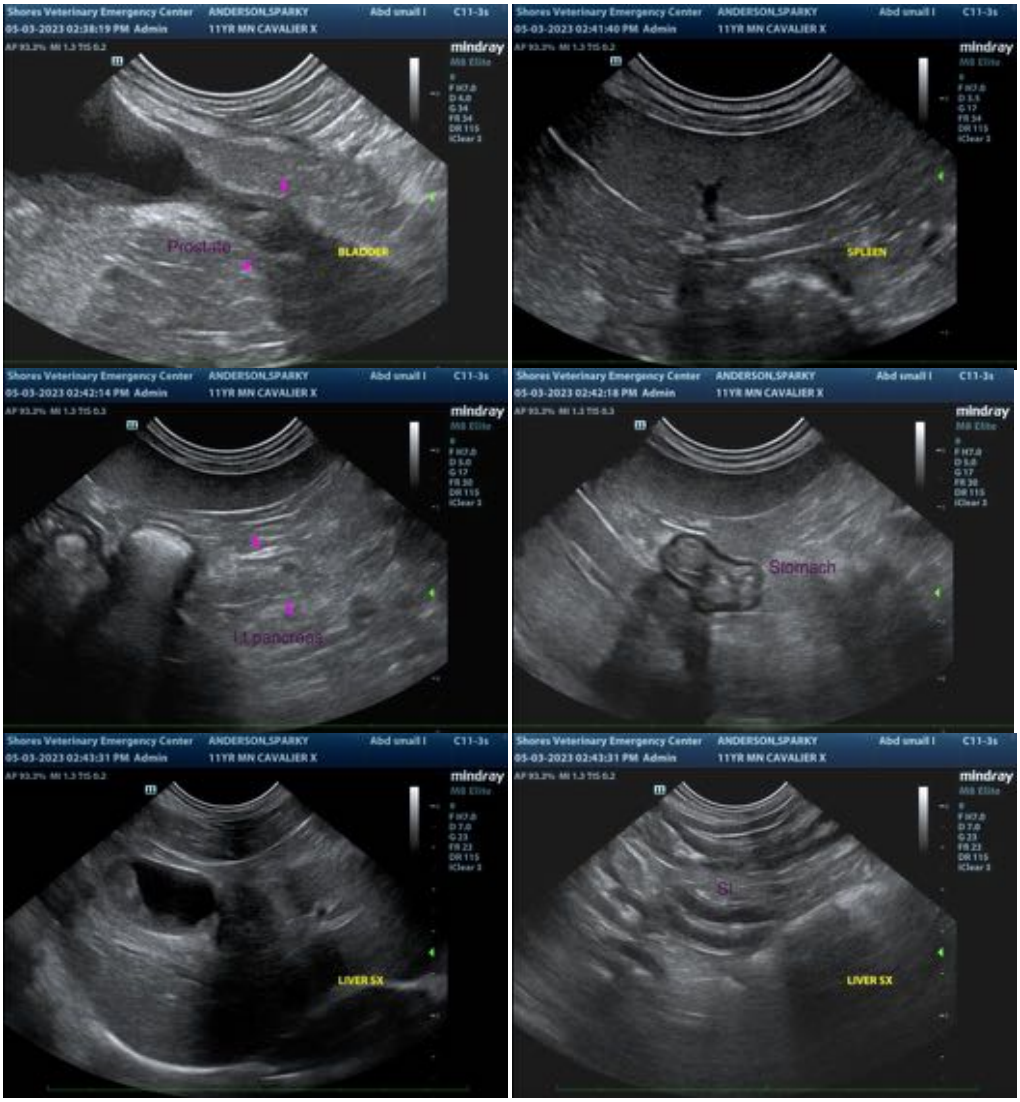
- Prophylactic deworming with Fenbendazole is also recommended.
- Consider a GI panel including serum cobalamin, folate, TLI, PLI and a resting cortisol level (send to Texas A&M).
- Also consider initiation of a probiotic with a high colony count (i.e., Visbiome or Proviable) along with a fiber supplement (i.e., ,psyllium).
- A hypoallergenic or hydrolyzed protein diet trial should also be considered to assess for food allergies.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. If pursued, three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.



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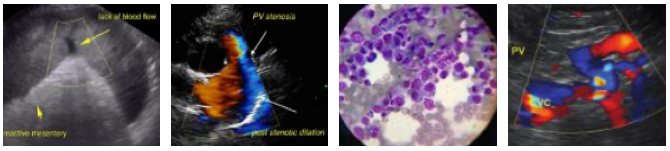

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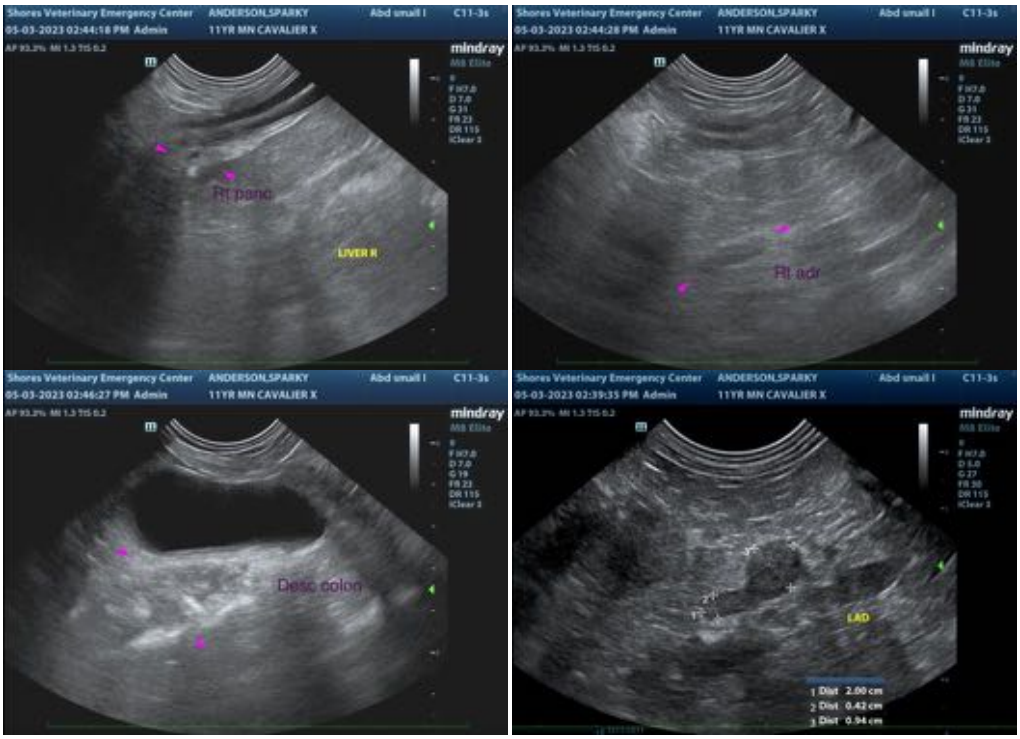

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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