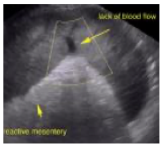
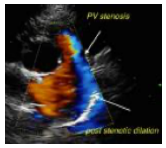
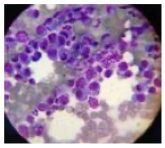
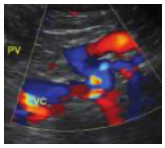
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Chauncey Locheed

SPECIES
Canine

BREED
Toy Poodle

SEX
Neutered Male

AGE
7 years, 5 mos

WEIGHT
3.05 kg

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

IMAGING PERFORMED BY
Dr. Elyse Hauer

HOSPITAL NAME
Mariposa VH

REFERRING VET
Dr. Quinn Molnar

INVOICE
13717

DATE
7.17.23

PRESENTING CLINICAL SIGNS

History: About a 2-month history of intermittent vomiting and diarrhea. Recently (a week ago) is not much interested in food or water, is lethargic and has lost a little bit of weight (about 200 grams). Recently treated for anal gland abscess when he first presented to us about a week ago.
Abnormal PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

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

The left kidney is normal in size (3.12 cm in length) with a normal shape, architecture and smooth peripheral margins. A hyperechoic band is observed at the corticomedullary junction. 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 (3.65 cm in length) with a normal shape, architecture and smooth peripheral margins. A hyperechoic band is observed at the corticomedullary junction. 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 (0.29 cm at cranial pole) (0.28 cm at caudal pole) (1.32 cm in length) 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 in this region.

Spleen

The spleen is normal in size (0.96 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.

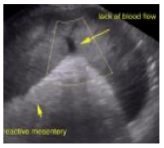
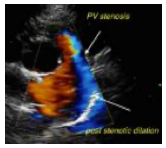
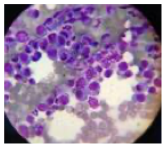
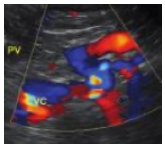
Liver

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 gravity-dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses

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are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. 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

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

- The small intestinal mucosal speckling is suggestive an inflammatory process but may be a normal variant for this patient.

Secondary Findings

- The medullary band seen in both kidneys may be a benign incidental finding. However, this finding can sometimes be associated with subclinical renal disease. Correlation with the patient's kidney values and USG is recommended.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
- Consider a Texas GI panel including serum cobalamin and folate, TLI and PLI.
- A 4-week limited antigen or hydrolyzed protein diet trial should be considered to evaluate for food allergies.
- Also consider initiation of a probiotic with a high colony count (i.e., Visbiome or Proviable) +/- a fiber supplement (i.e., psyllium).
- Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be warranted.

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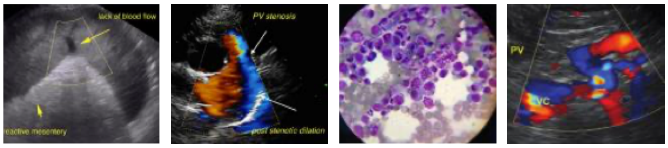

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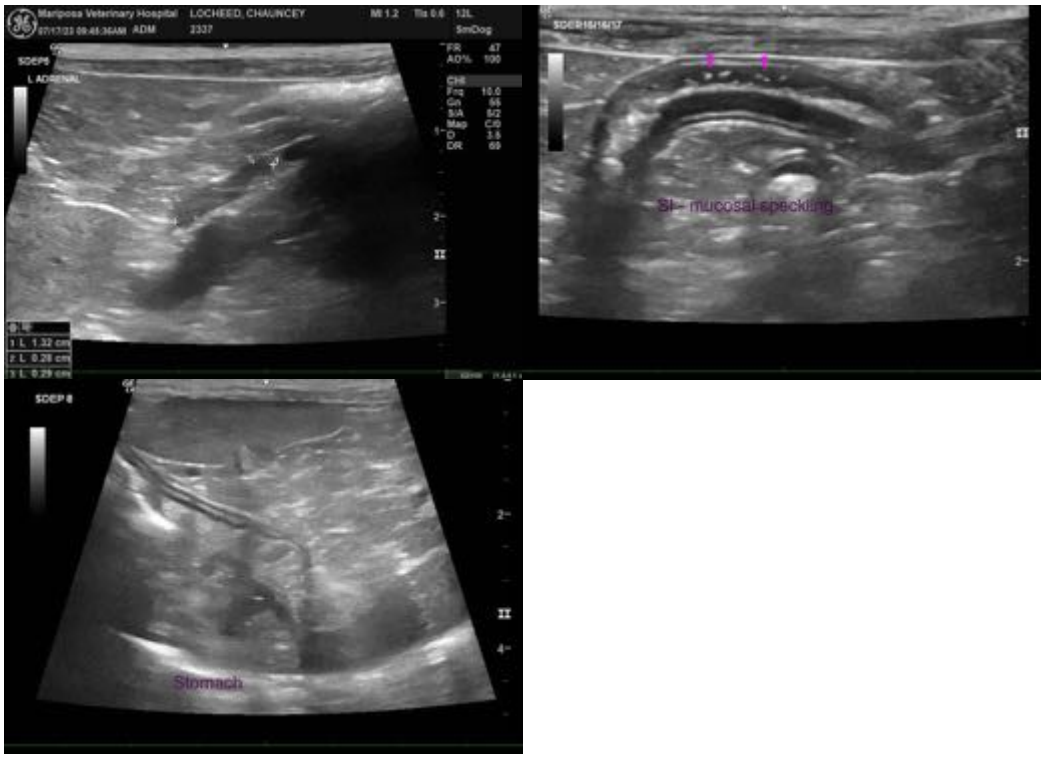

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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