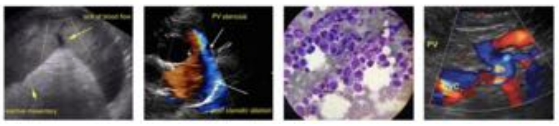


PATIENT

Cooper Franklin

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

1.16.18

WEIGHT

108.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Dr Elise Mauer

INVOICE

11383

DATE

8.11.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
- normal PE
- normal rectal
- previous vet did Antech CE -IBD and came back abnormal
- previous vet had p on alligator diet, switched to RC hydrolyzed diet with no improvement
- chronic hematochezia with intermittent diarrhea
- had previous lab work and u/s but don't have those records

Abnormal lab-work values: Canine Chronic Enteropathy/IBD 10-06-21
Anti-Porin IgA 29.7 (15 EU/mL). Anti-Calprotectin IgA 16.6 (6 EU/mL). Anti-Gliadin IgA 146.5 (50 EU/mL). Interpretation Consistent with Chronic Enteropathy/IBD and fecal same date negative
Current Medications: Tylosin powder and Fortiflora
Radiographic Findings: none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 3-4 cm, are normal.

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

The **left kidney** is normal size (7.82 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 (7.98 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.

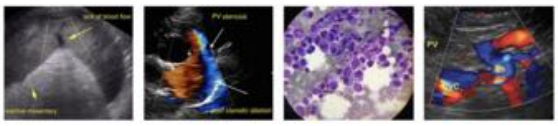
Adrenal Glands

The **left adrenal gland** is normal size (0.72 cm at cranial pole) (0.69 cm at caudal pole) (2.66 cm in length); 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.

The **right adrenal gland** is normal size (1.21 cm at cranial pole) (0.59 cm at caudal pole) (2.81 cm in length); 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 (2.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.86 x 0.78 cm hypoechoic nodule is observed at the caudal aspect. Splenic vasculature is normal.



PATIENT

Cooper Franklin

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

1.16.18

WEIGHT

108.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Dr Elise Mauer

INVOICE

11383

DATE

8.11.22

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** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 mildly distended with ingesta. 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 segmentally dilated with chyme. 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. There is no 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.

Other

A **brief echocardiogram** reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

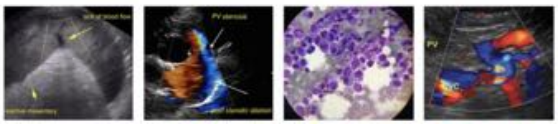
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodule could be consistent with a benign process (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar). Alternatively, an emerging tumor cannot be completely excluded.
- The remainder of the abdomen is unremarkable.
- Given the patient's clinical history, a chronic enteropathy (i.e., inflammatory bowel disease, food allergy) is considered likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended.
- Despite the negative fecal evaluation, prophylactic deworming with Fenbendazole is recommended, if not already performed.
- Consider transitioning from Fortiflora to a probiotic with a higher colony count (i.e., Proviable Forte or Visbiome).



PATIENT

Cooper Franklin

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

1.16.18

WEIGHT

108.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Dr Elise Mauer

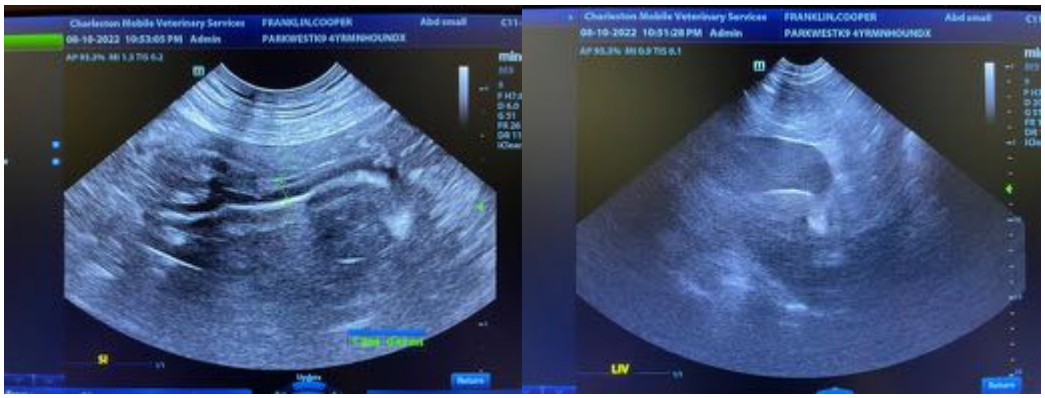
INVOICE

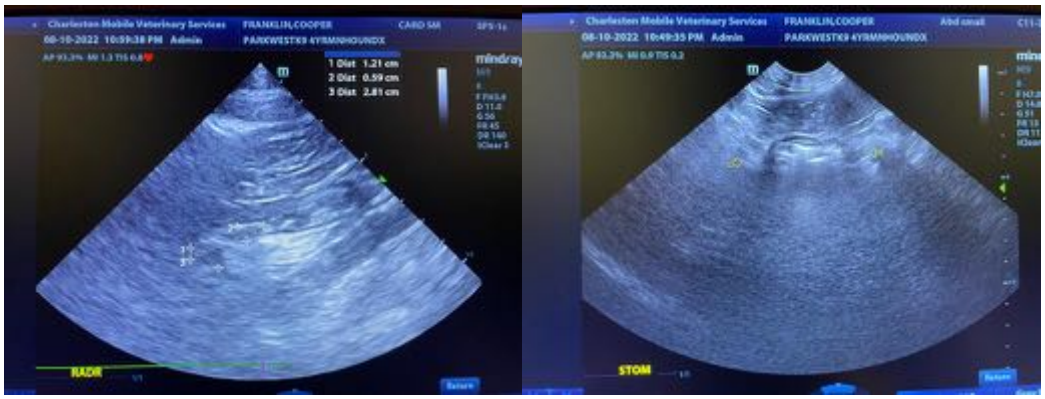
11383

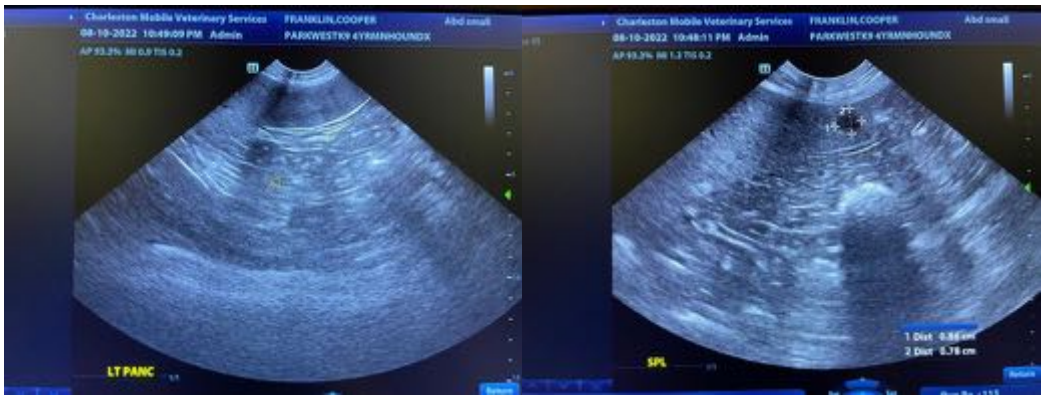
DATE

8.11.22

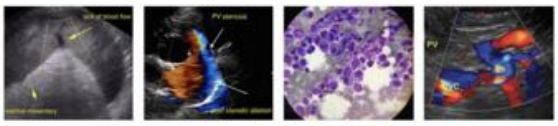
- Also consider fiber supplementation (i.e., Metamucil) when the patient is experiencing and episode of diarrhea.
- Continuation of the hydrolyzed protein diet is recommended.
- If the patient's clinical signs do not continue to improve within the next 2-4 weeks, and upper and lower GI endoscopy with biopsies is recommended.
- Regarding the splenic nodule, consider a repeat ultrasound in 4-6 weeks to assess for growth, +/- a fine-needle aspirate at that time.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Cooper Franklin

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

1.16.18

WEIGHT

108.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

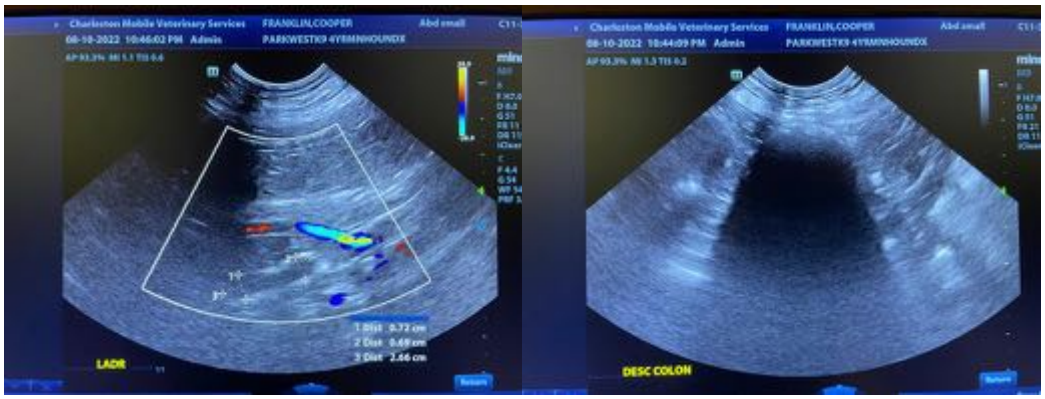
Dr Elise Mauer

INVOICE

11383

DATE

8.11.22



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