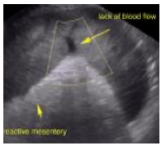
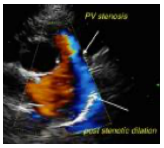
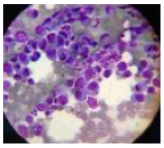
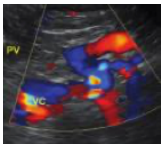
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Makai Conway

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
8 years

WEIGHT
N/A

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Animal General on Hudson

REFERRING VET
Vivian Ng

INVOICE
11636

DATE
9.14.22

PRESENTING CLINICAL SIGNS

History: Patient presents with intermittent diarrhea, vomiting, decreased appetite; was on Pred for atopy, + G.I. signs significantly improved. Current meds: metro and cerenia.
Abnormal PE/Chem/CBC/UA Results: Platelets decreased otherwise bloods WNL.

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 mildly 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 1-2 cm, are normal.

The **prostate** is normal in size (1.02 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 (3.32 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. Renal vasculature is normal.

The **right kidney** is normal size (3.39 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. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.28 cm at cranial pole) (0.40 cm at caudal pole) (1.18 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 (0.48 cm at cranial pole) (0.42 cm at caudal pole) (1.11 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 (0.98 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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. Luminal contents are anechoic. 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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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
There is no evidence of free fluid. A 1.91 cm jejunal **lymph node** is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

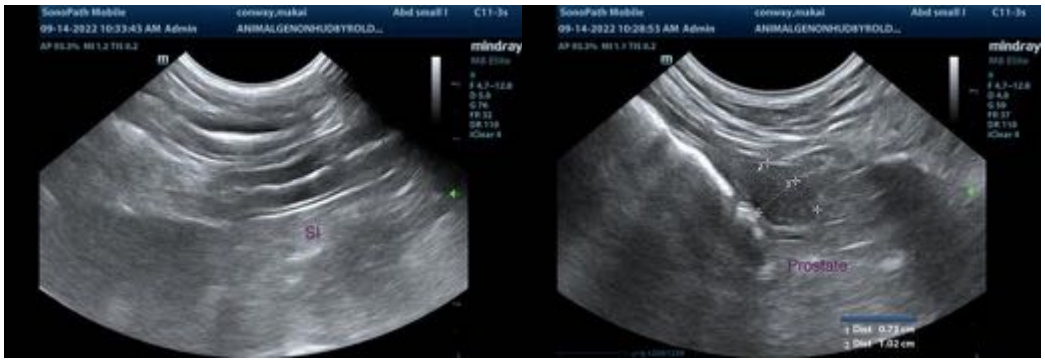
- The prominent jejunal lymph node is likely reactive.

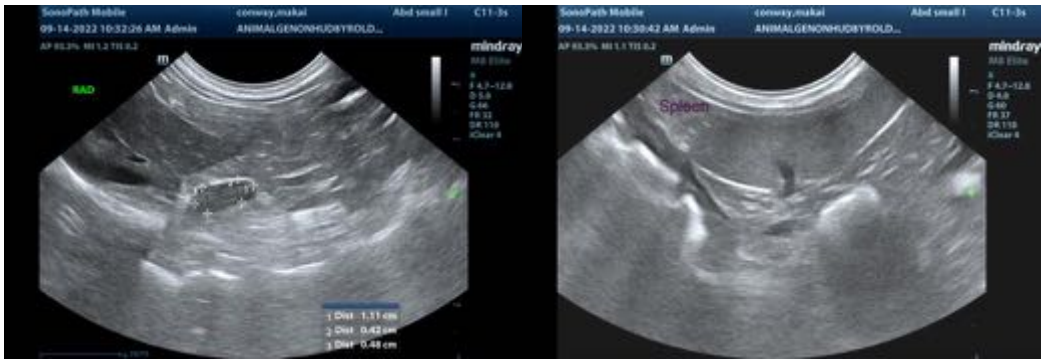
  *An obvious structural cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease, mild chronic pancreatitis, underlying metabolic issue, other. Given the prior response to corticosteroids, inflammatory bowel disease is a top consideration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient's clinical signs are chronic in nature, consider the following:

1. Malabsorption panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M).
2. A fecal evaluation for ova and Giardia is recommended, if not already performed. Also consider prophylactic deworming with Fenbendazole, regardless of the fecal evaluation results.
3. A resting cortisol level is recommended to screen for hypoadrenocorticism.
4. Consider initiation of a probiotic, +/- a fiber supplement (i.e., Metamucil or Konsyl).
5. A 6-week hydrolyzed protein or limited antigen diet trial should also be considered.
6. Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.





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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