IMAGING PERFORMED BY

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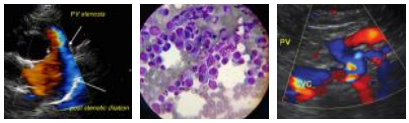

SonoPath
Clinical Sonography & Telecytology
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DATE
1/9/23

PATIENT
Foster Blazejak

SPECIES
Canine

BREED
Jack Russell

SEX
Neutered Male

AGE
4/27/13

WEIGHT
13.8 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Banfield White Marsh

REFERRING VET
Dr. Racz

INVOICE
20514

PRESENTING CLINICAL SIGNS

History: Chronic intermittent diarrhea, new urinary incontinence.

Current Medications: Proin 25 mg 1/2 tab twice a day
Lab Results: CBC/Chem/Diff--in house--WBC: 23.22 H (6.00-17.00)
NEU: 21.14 H (3.00-12.00), ALB: 1.7 L (2.2-3.9), ALKP: <10 L (23-212)
CA: 7.6 L (7.9-12.00), CHOL: 84 L (110-320), TP: 4.2 L (5.2-8.2)
Fecal—NPF. Urinalysis--in house--Color: Yellow, Appearance: Clear
Collection Method: Free Catch, Specific Gravity: 1.037, pH: 6.0, Ascorbic Acid: 40
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.93 cm. The right kidney. Measures 3.99 cm.

Adrenal Glands

Left adrenal gland is normal in size (1.98 cm long x 0.58 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.73 cm long x 0.98 cm at cranial pole and 0.75 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A very subtle iso- to mildly hyperechoic non-capsule-disrupting nodule is suspected in the mid body of the spleen, that measures about 2.0 cm in diameter. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty, but mildly fluid distended, with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Subtle hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat and anechoic free fluid are noted.

Free Abdomen

There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute pancreatitis
- Subtle mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Subtle hyperechoic splenic nodule that trends in appearance toward the benign, as can be seen with myelolipoma vs nodular hyperplasia, fibrosis of an old hematoma, granuloma, extramedullary hematopoiesis, etc. Infiltrative neoplasia is possible but considered less likely.

Secondary Findings

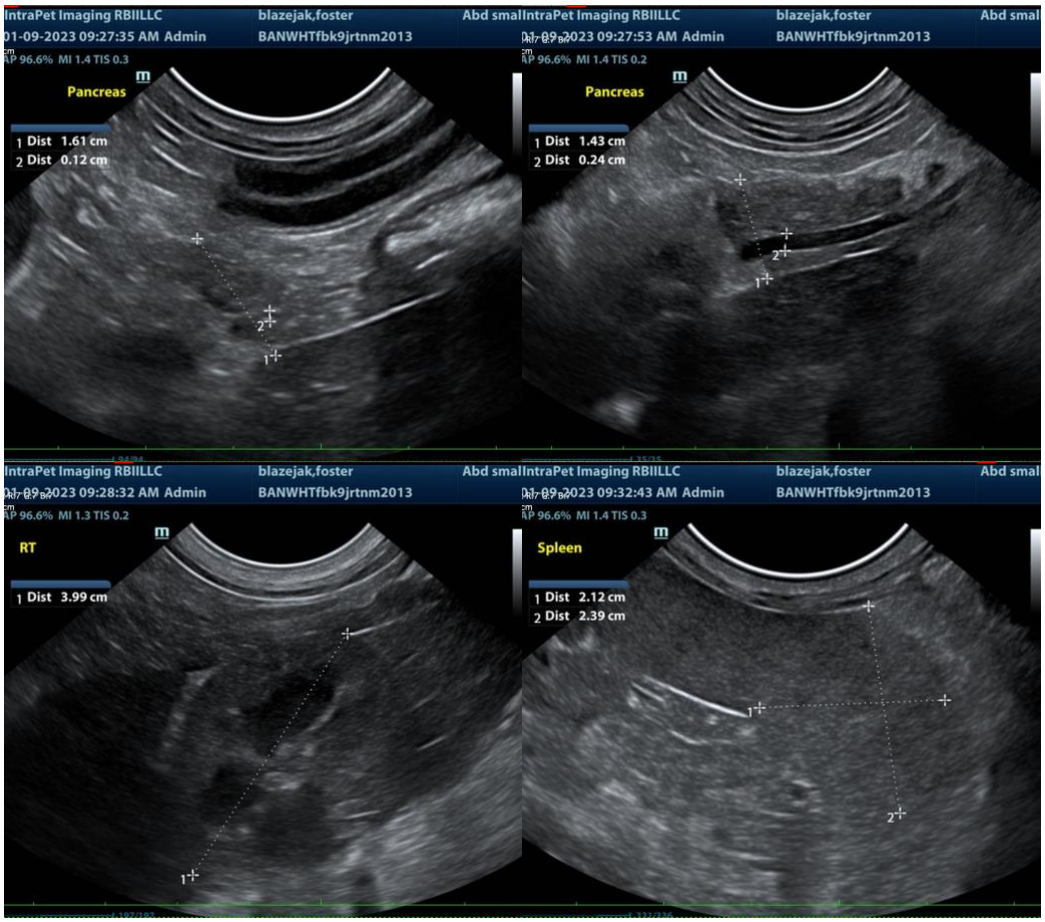
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

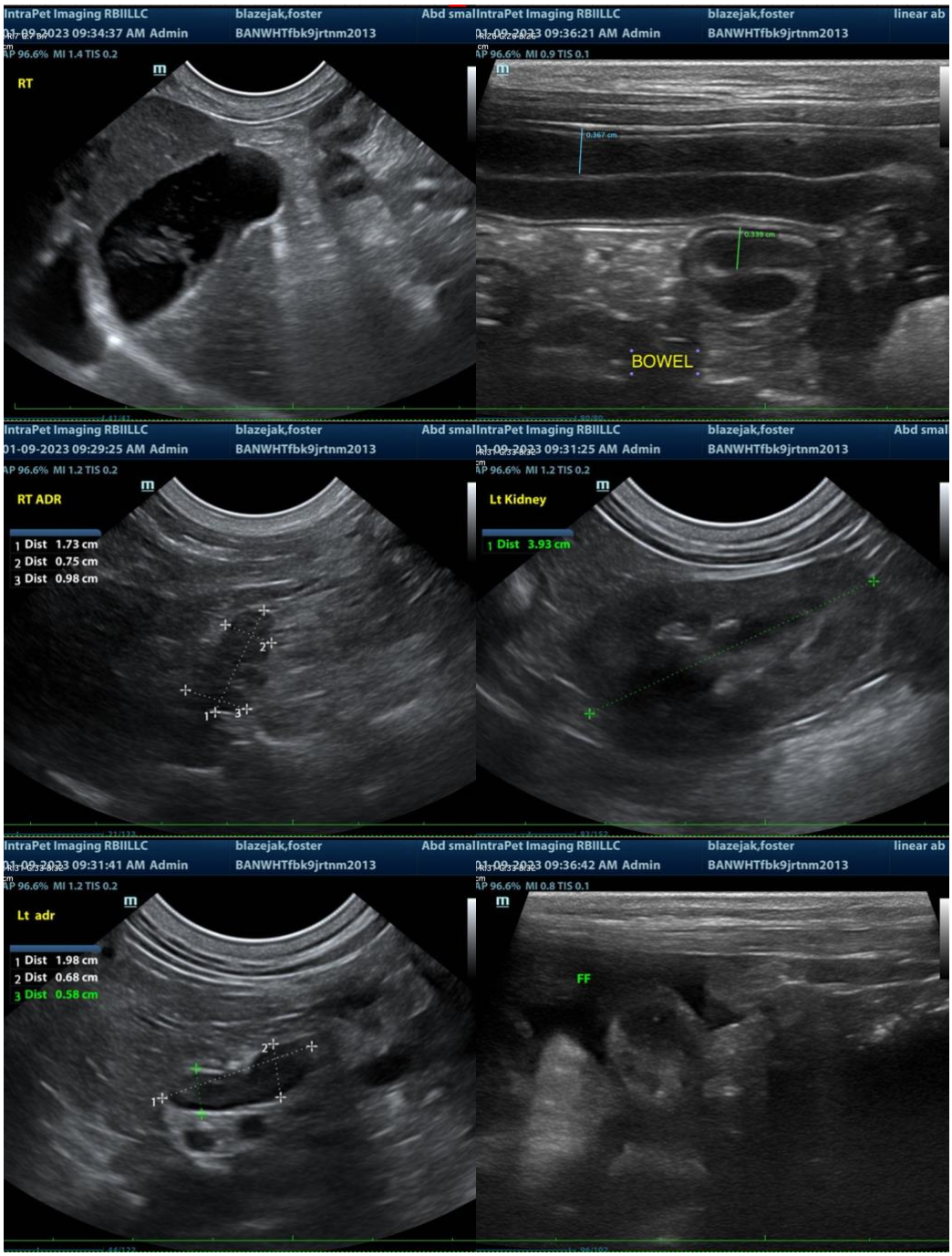
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has evidence of pancreatitis, which is likely contributing, at least partially, to clinical signs and/or laboratory changes. However, given the history, reported laboratory changes and the subtle

mucosal speckling, infiltrative bowel disease, potentially protein losing enteropathy, is also suspected. Therefore, recommendations include a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function, followed by supportive/symptomatic medical management of both pancreatitis and potentially protein losing enteropathy, beginning with antiemetics, gastroprotectants, a probiotic such as Visbiome or Proviable, empirical deworming with a 5-day course of Panacur, cobalamin supplementation (unless not warranted based on GI panel results), diet change to an ultra-low fat diet and calcium monitoring/supplementation as necessary.

Ultimately, pending results, and patient response, biopsies of the GI tract may be necessary to definitively diagnose potential infiltrative bowel disease/PLE, however, supportive care is recommended first.




IntraPet Imaging RBIILLC
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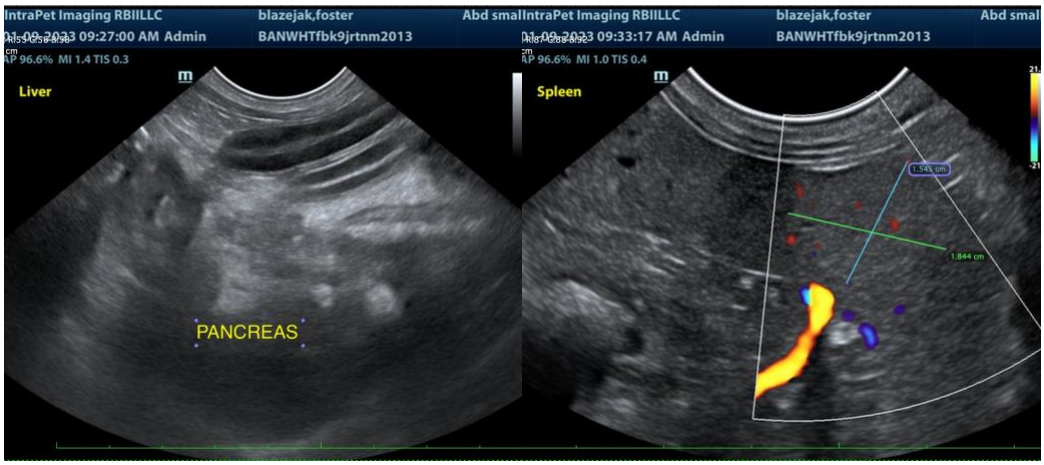
Abd small
BANWHTfbk9jrtnm2013
RT
BOWEL
RT ADR
1 Dist 1.73 cm
2 Dist 0.75 cm
3 Dist 0.98 cm
Lt Kidney
1 Dist 3.93 cm
Lt adr
1 Dist 1.98 cm
2 Dist 0.68 cm
3 Dist 0.58 cm
FF



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Beth Johnson, DVM DACVIM
Beth.Johnson@SonoPath.com