



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Marley Seman 4 yo MN Akita who has had intermittent watery diarrhea a few times over the last half a year. He used to live in Oregon and they moved here a couple of weeks ago. Pt gets decreased appetite, watery diarrhea and intermittent hematochezia. PE WNL.

SPECIES Abnormal PE/Chem/CBC/UA Results: Alb 2.8 globulins 4.1 alt 142 HCT 33 T4 <0.5

Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED Urinary bladder is moderately 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.

Akita

SEX

Prostate is mildly symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is heterogenous with scattered hyperechoic foci present. No mineral or cysts are noted.

Neutered Male

AGE

Right kidney is normal in size (8.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

5 Years

Left kidney is normal in size (8.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

Adrenal Glands

104 Pounds

Right adrenal gland is normal in size (0.98 cm thick at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is not well visualized, but no pathology in the area.

INTERPRETED BY

Left adrenal gland is normal in size (0.91 cm thick at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is not well visualized, but no pathology in the area.

Beth Johnson, DVM
DACVIM

Spleen

HOSPITAL NAME

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Total Bond VH

Liver

REFERRING VET

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.

Dr. Isabel Plourde

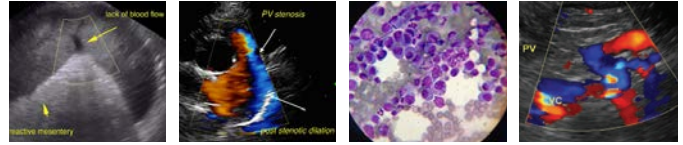
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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

26590

DATE

10/21/21



PATIENT *Gastrointestinal*

Marley Seman The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

BREED

Akita The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SEX

Pancreas

Neutered Male Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

Free Abdomen

5 Years There is no evidence of peritoneal effusion. Mesenteric lymph nodes are prominent, round and hypoechoic.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

104 Pounds

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETED BY

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- Heterogenous Benign Prostatic Hyperplasia – Prostatic findings are most consistent with Benign Prostatic Hyperplasia and hyperechoic foci consistent with increased vascularity and fibrosis often associated with BPH. This finding is inconsistent with the reported neutered status of this patient. If the patient is intact, the findings are consistent with an intact dog, or if the patient was recently neutered, the findings are consistent with a recently neutered benign prostatic hyperplasia.

HOSPITAL NAME

Total Bond VH

- Mesenteric lymphadenopathy – consistent with either reactive inflammatory process or infiltrative neoplasia can't be definitively ruled out.

REFERRING VET

Dr. Isabel Plourde

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic recommendations include a fine needle aspirate of the enlarged mesenteric lymph nodes if patient's coagulation status is appropriate, as well as a fine needle aspirate of the spleen if patient's coagulation status is appropriate. Other diagnostic recommendations include a gastrointestinal malabsorption panel including PLI, TLI, folate and cobalamin to Texas A&M GI laboratory, as well as fecal PCR panel to further investigate possible infectious disease as well as fecal exam for parasites.

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PATIENT Baseline cortisol is also recommended, and if below 2, it should be followed by a full ACTH stimulation test to rule out unlikely but possible hypoadrenocorticism.

Marley Seman

SPECIES Pending results, therapeutic recommendations include empirical deworming with a 5 day course of Panacur as well as diet trials with hypoallergenic novel or hydrolyzed protein being reasonable first options, followed by high fiber diets if clinical signs are not resolved with a hypoallergenic approach. If food responsive diarrhea is not diagnosed via the food trials, antibiotic responsive diarrhea is another differential and can be managed with a long, at least 6-8 week course of Tylosin.

Canine

BREED If clinical signs resolve after a Tylosin course, antibiotic responsive diarrhea is considered likely given patient signalment. However, some patients require longer term/chronic treatment with Tylosin for antibiotic responsive diarrhea. Ultimately, biopsies of the intestine and lymph nodes may be necessary to definitively diagnosis the cause of the recurrent GI signs.

Akita

SEX

Neutered Male

AGE

5 Years

WEIGHT

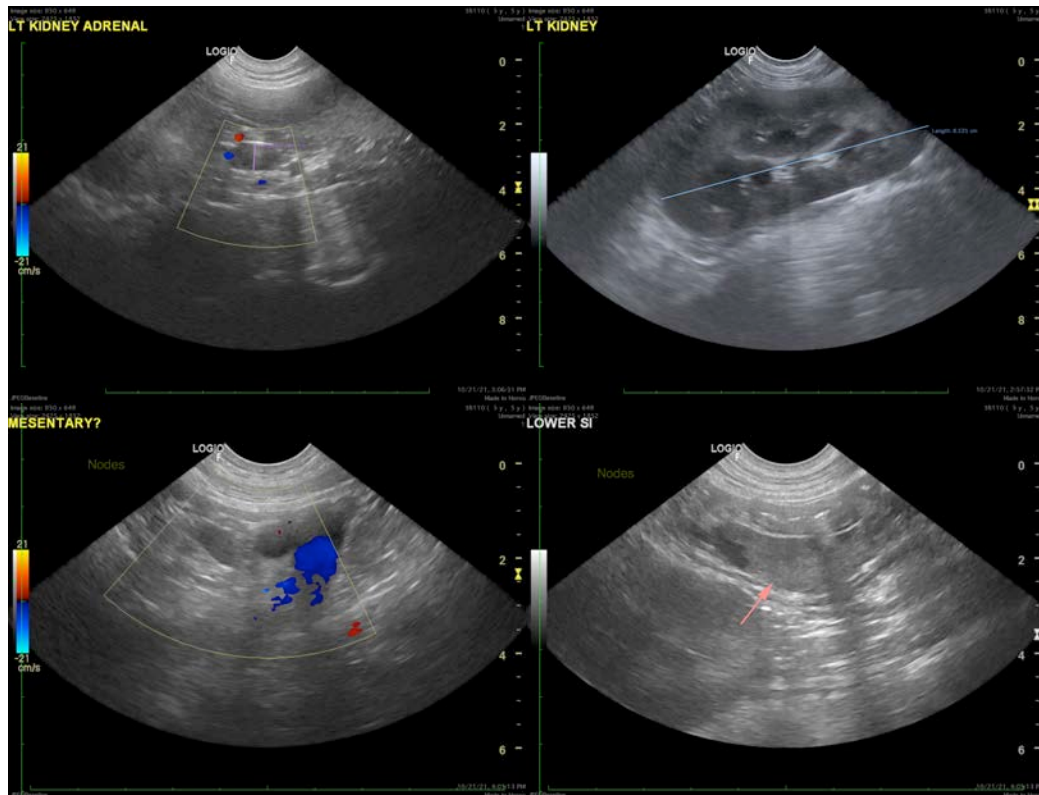
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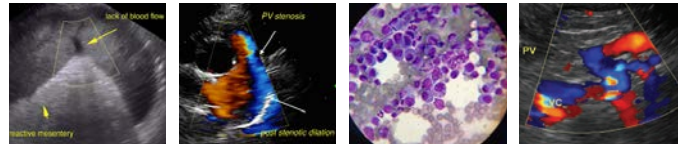
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Neutered Male

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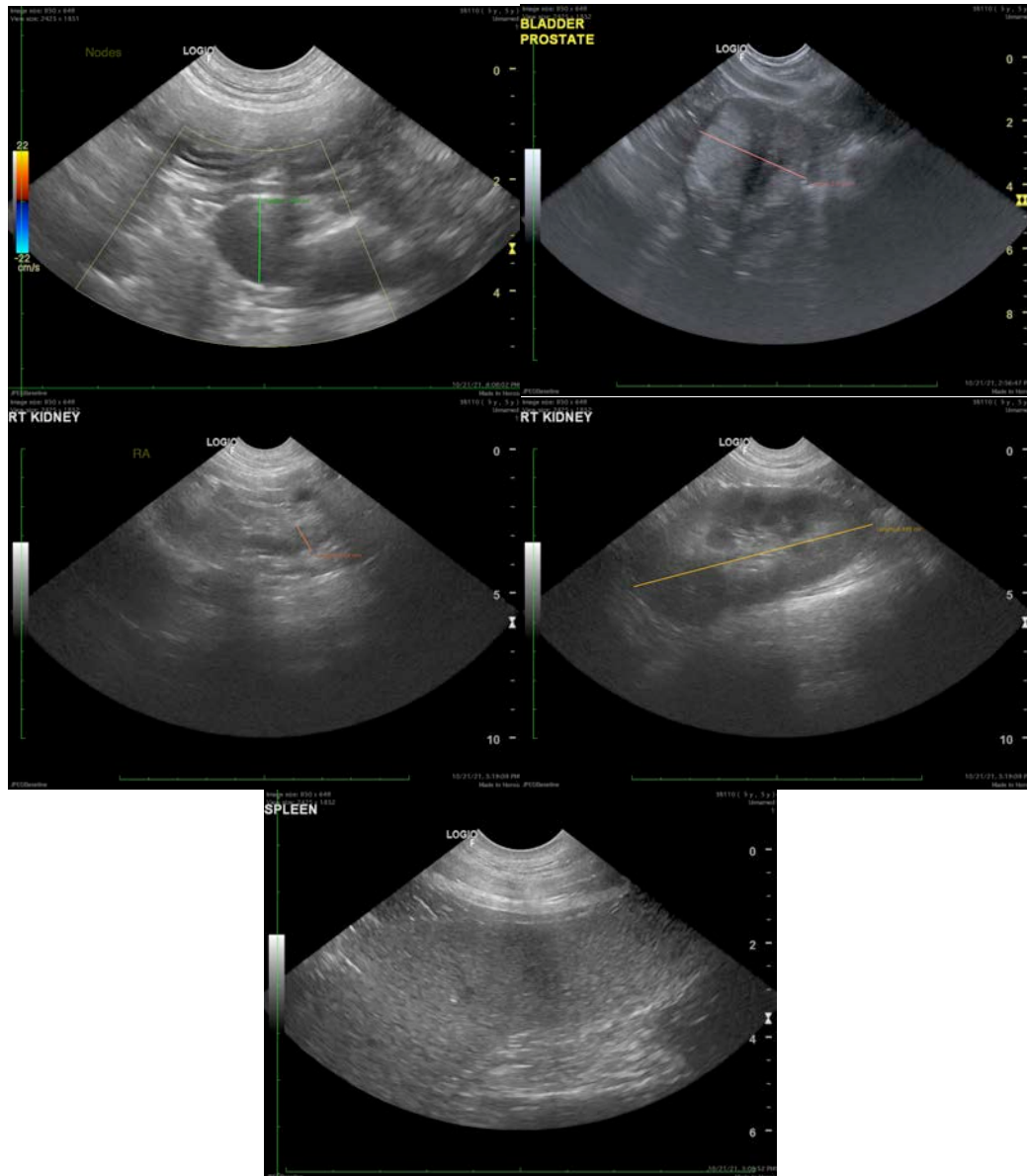
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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