IMAGING PERFORMED BY

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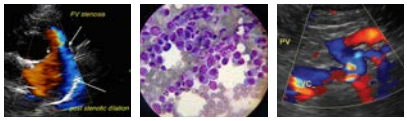

SonoPath
Clinical Sonography & Telecytology
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DATE

11/29/22

PATIENT

Remi Sand

SPECIES

Canine

BREED

Labrador X

SEX

Spayed Female

AGE

1/10/21

WEIGHT

65 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Hickory Vet Hospital

REFERRING VET

Dr. Lyle

INVOICE

43011

PRESENTING CLINICAL SIGNS

Intermittent GI upset with decreased appetite and vomiting/ diarrhea starting Sept 2022. Patient responds well to GI meds, but clinical signs return upon finishing. Currently on hydrolyzed protein trial. Two negative fecals. Elevated folate.

Current Medications: Proviable, Cerenia 40 mg
Lab Results: 11/15: CBC WNL, Chem WNL, Spec cPL normal, Cobalamin normal, Folate >24 ug/L, T4 normal
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV sedation.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal in size (6.39 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.

The left kidney is normal in size (6.28 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.

Adrenal Glands

The right adrenal gland is normal in size (2.53 cm long x 0.89 cm at the cranial pole and 0.73 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.33 cm long x 0.42 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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.

The 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of

obstruction, foreign material or infiltrative disease. However, given the reported history of fasting, delayed gastric emptying could be considered. Soft (cloth) fluid absorbing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. 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.

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

Pancreas

The 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.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.

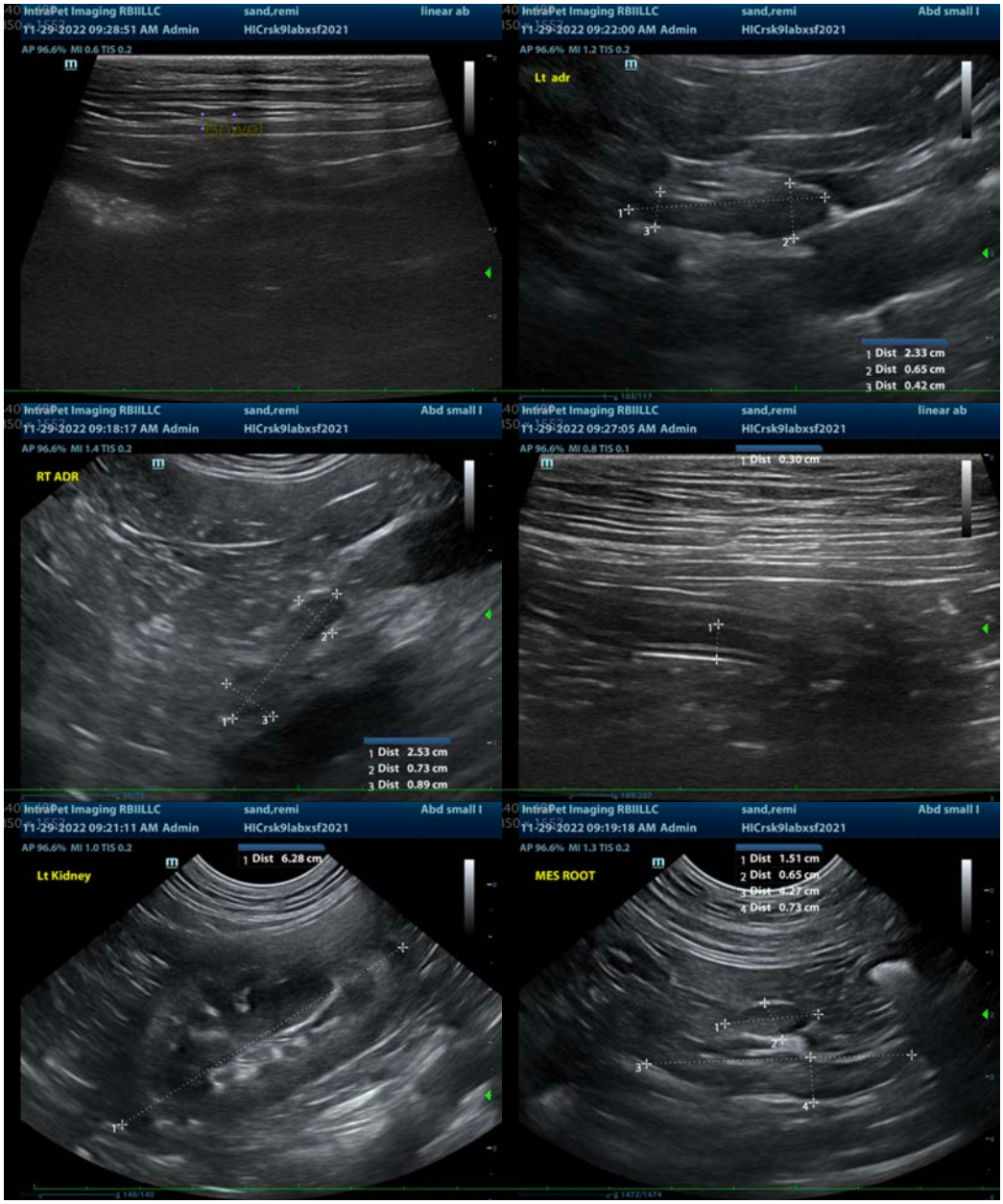
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's young age and reportedly increased folate, a small intestinal bacterial overgrowth could be present and be causing this patient's clinical signs, or could be a secondary occurrence due to underlying bowel disease, including food sensitivity or allergy, inflammatory bowel disease, other.

Recommendations for further assessment of concurrent infectious diseases, etc. include a fecal enteropathogen PCR panel to Texas A&M GI Laboratory.

In the meantime, in addition to the hydrolyzed protein diet reportedly in place as well as the Proviable currently in place, empirical deworming with a 5-day course of Panacur is recommended, despite negative fecal, as fecals are not 100% sensitive.

Pending PCR results, a trial of Tylosin for 6-8+ weeks could be considered to rule out "antibiotic responsive diarrhea", and/or ultimately, if clinical signs persist despite management of bacterial population, a fecal transplant could be considered.


IntraPet Imaging RBIILLC
sand,remi
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AP 96.6% MI 0.6 TIS 0.2
IntraPet Imaging RBIILLC
sand,remi
Abd small I
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AP 96.6% MI 1.2 TIS 0.2
Lt adr
1 Dist 2.33 cm
2 Dist 0.65 cm
3 Dist 0.42 cm
IntraPet Imaging RBIILLC
sand,remi
Abd small I
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RT ADR
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3 Dist 0.89 cm
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sand,remi
linear ab
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Lt Kidney
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Abd small I
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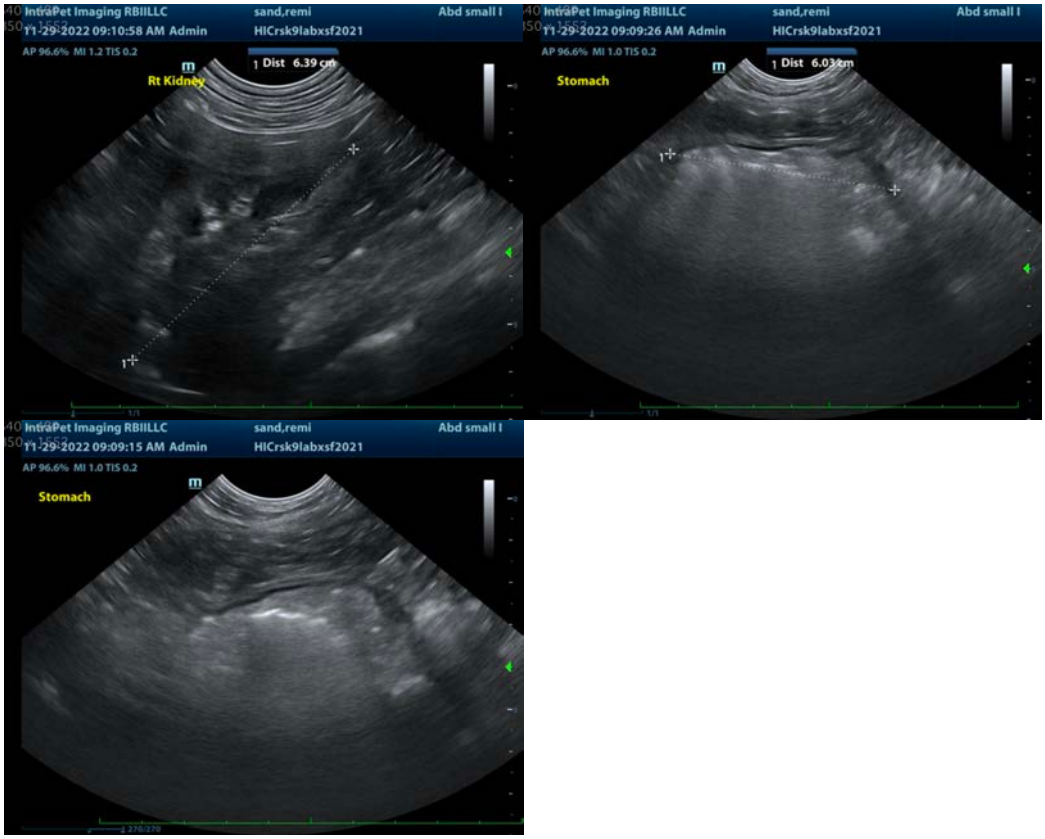
3 Dist 6.27 cm
4 Dist 0.73 cm
MES ROOT



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.

Beth Johnson, DVM, DACVIM
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