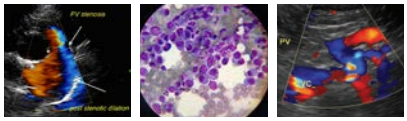
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

11/3/22

PATIENT

Maisy Stofko

SPECIES

Canine

BREED

Welsh Corgi

SEX

Spayed Female

AGE

10/23/20

WEIGHT

10/23/20

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Abbey AH

REFERRING VET

Dr. Kluttz

INVOICE

42543

PRESENTING CLINICAL SIGNS

Hx of sensitive GIT. Has been ADR since 8/2021. Work up of GIT
NSF on bloodwork, Now has lower back pain

Current Medications: i/d food, deramaxx 12mg SID, gabapentin 100mg BID, methocarbomol 50mg 1/2 BID, fortiflora
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 (6.02 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 (5.5 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.

Adrenal Glands

The right adrenal gland is normal in size (2.44 cm long x 0.50 cm at the cranial pole and 0.58 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 (2.2 cm long x 0.52 cm at the cranial pole and 0.58 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, except for one focal area that measures 3.0 cm long x approximately 1.2 cm thick with a hypoechoic appearance and some concern for loss of mural detail.

This lesion cannot be corroborated in other views of the stomach. 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.

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

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.

A slightly hypoechoic normal shaped medial iliac lymph node is noted, measuring 1.67 cm long x 0.72 cm thick.

A normal shaped isoechoic mesenteric lymph node is noted, measuring 0.44 cm thick.

PRIMARY FINDINGS

- **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.

- **Focal gastric thickening in one view specifically –** This may indicate normal patient variant/rugal folds, etc., given the lack of ability to see it in other views. However, an infiltrative inflammatory process, potentially edematous change given the chronic gastrointestinal signs, infectious disease or less likely infiltrative neoplasia are possible.

SECONDARY FINDINGS

- Reactive mesenteric and medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

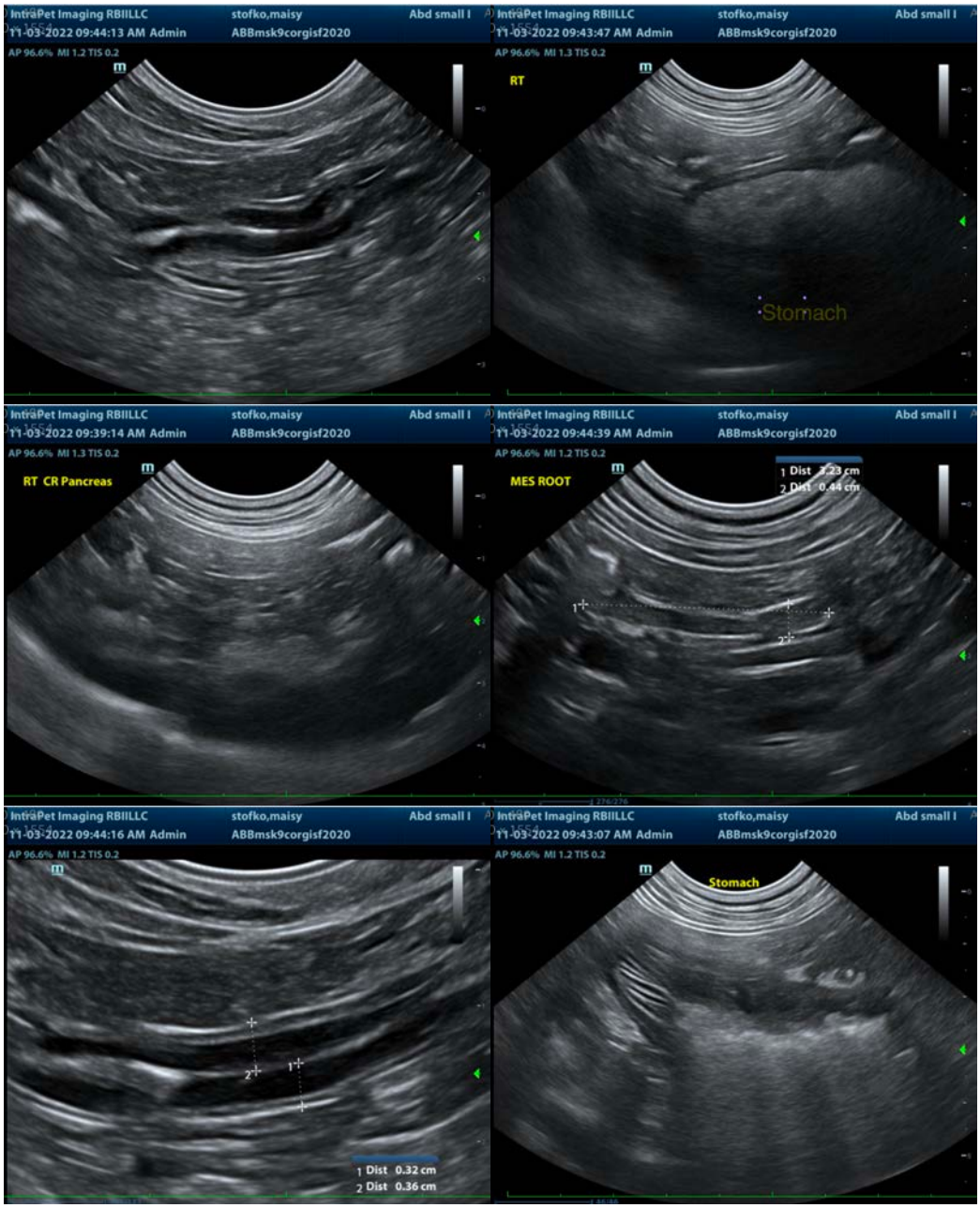
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

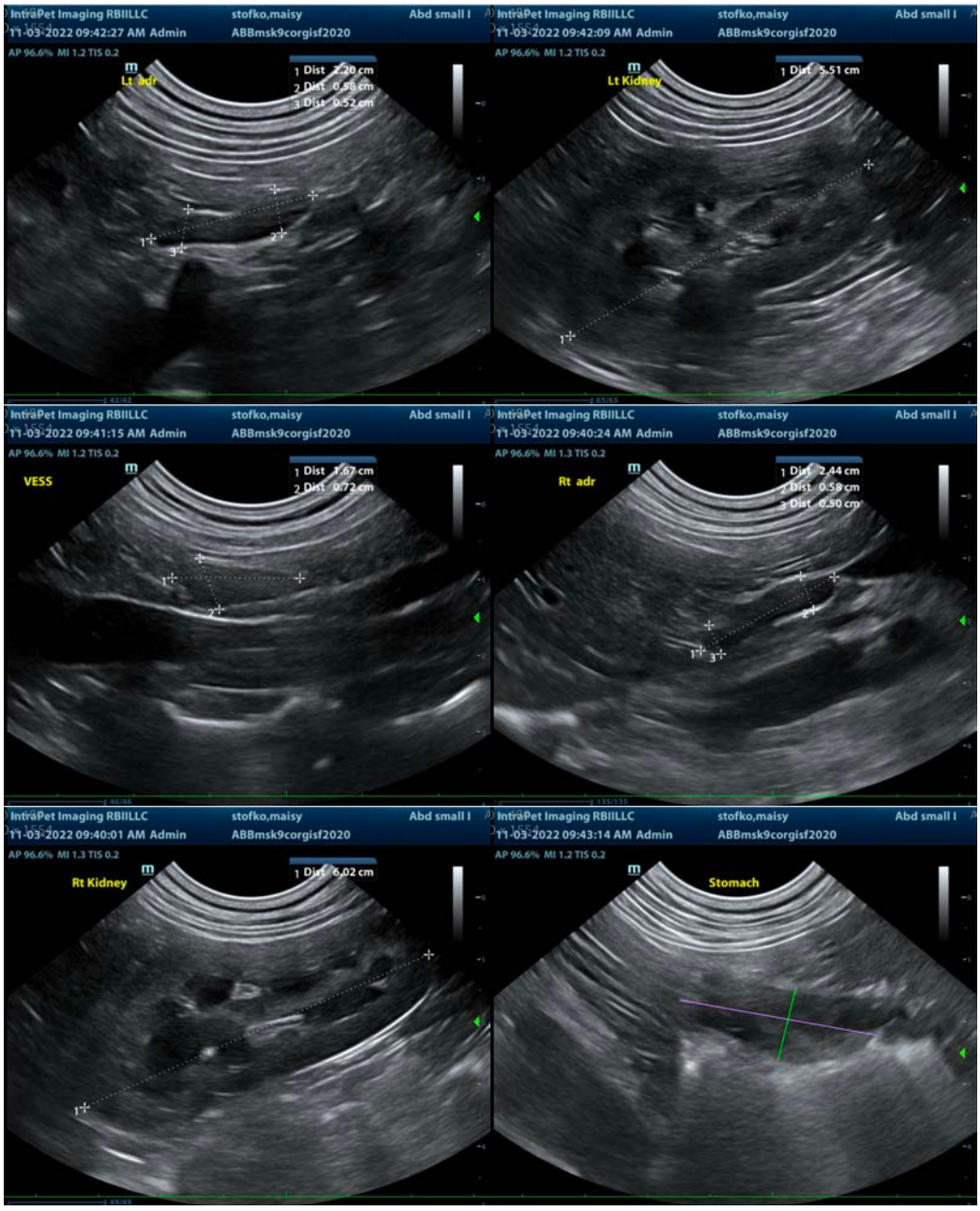
A fecal exam and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

In the meantime, empirical deworming with a 5-day course of Panacur as well as a probiotic such as Visbiome or Proviable and transition to a hydrolyzed protein diet is recommended on a trial-and-error basis. If one particular hydrolyzed protein diet doesn't work, often times a different brand will.

If clinical signs persist beyond the recommended empirical medical management, recheck imaging of a fully fasted stomach is recommended, at which time if the gastric thickening is still suspected, sampling could be

considered in the form of a fine needle aspirate if patient's coagulation status is appropriate, or gastroscopy for biopsies.





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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