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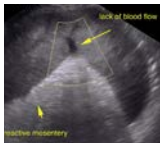
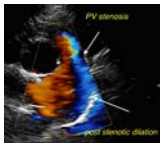
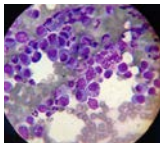
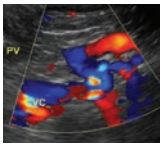

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1-800-838-4268 info@sonopath.com

PATIENT
Lexi Conner

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed Female

AGE
8 Years

WEIGHT
58 Pounds

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Jack Reese

HOSPITAL NAME
Willow Run VC

REFERRING VET
Dr. Gwenna Brubaker

INVOICE
44694

DATE
2/1/23

PRESENTING CLINICAL SIGNS

Chronic history of inflammatory bowel disease, typically well controlled on budesonide, tylosin, Proviable, Vitamin B12 injections. Owner reports more frequent symptomatic breakthroughs, currently feeding Hill's GI Low Fat diet at home. Ultrasound recommended to assess for structural changes to GI.

Abnormal PE/Chem/CBC/UA Results: Recent lab work unremarkable aside from elevated folate (>24) and mild elevation in SDMA (16 [0-14])

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 (6.21 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 (5.87 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 (1.89 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 (0.37 cm at the cranial pole and 0.52 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.

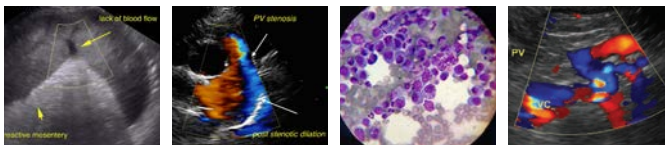
Liver

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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly fluid distended with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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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 empty with 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.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

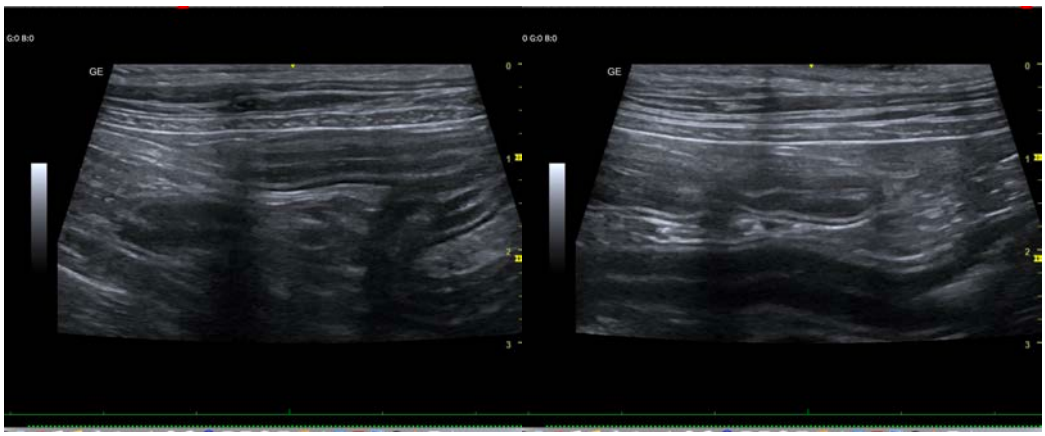
- Relatively unremarkable/normal abdomen without obvious ultrasonographic evidence of gastrointestinal disease. However, visible changes may be masked by the current treatment regimen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's more frequent flare ups, one recommendation is further assessing possible underlying bacterial infections and/or other microorganisms via a fecal enteropathogen PCR panel to Texas A&M GI Laboratory. Contact the lab for recommendations regarding how long to discontinue Tylosin prior to obtaining a sample.

Ultimately, if the GI biome is off and contributing to flare ups, a fecal transplant from a healthy dog could prove beneficial.

Additionally, if not already evaluated, a transition in diet from a low-fat diet to potentially a biome diet or hydrolyzed protein diet or other based on trial and error response could be considered.



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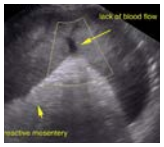
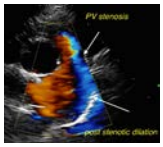
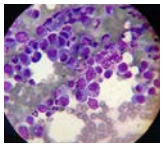
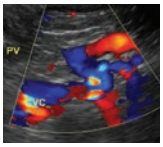

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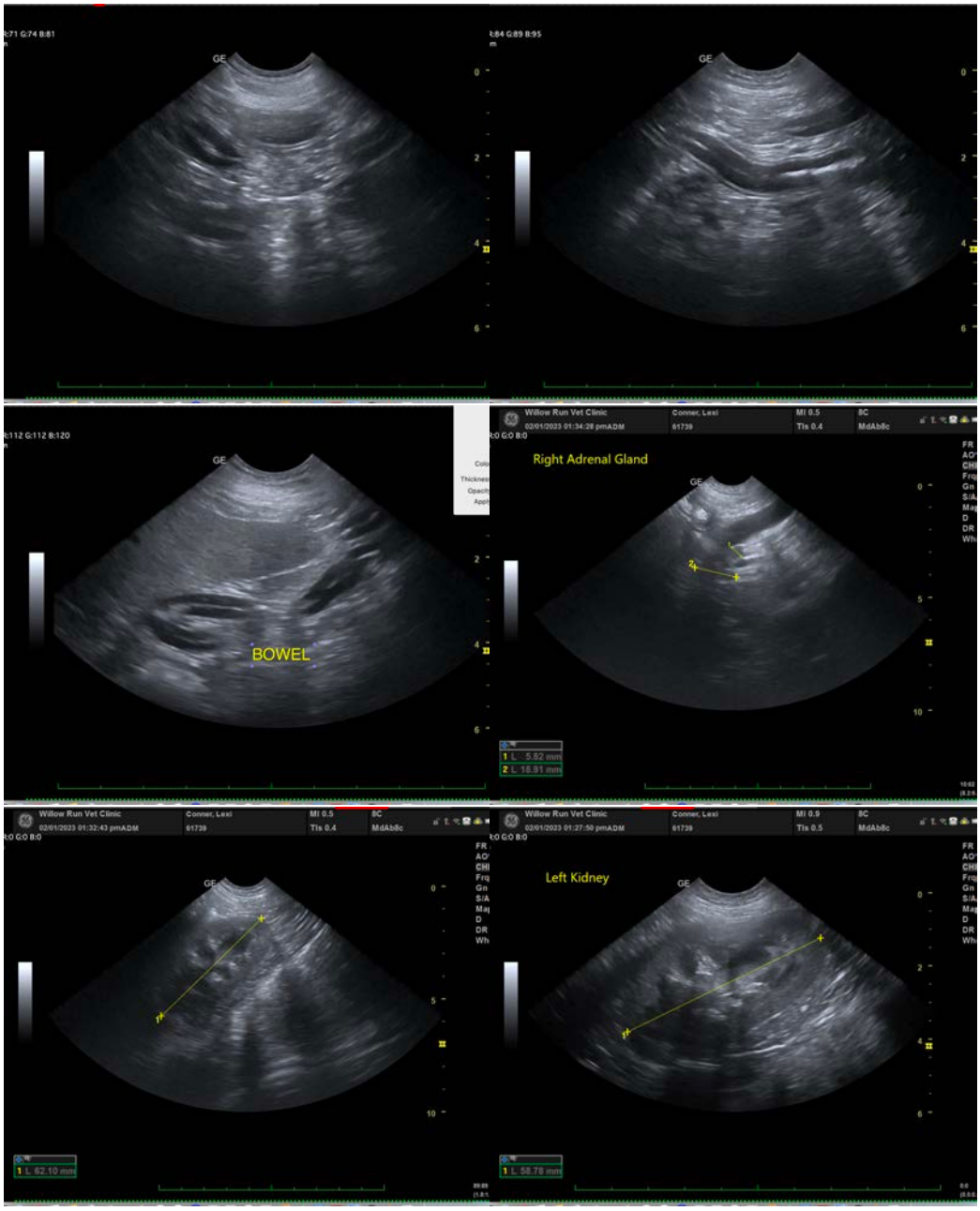

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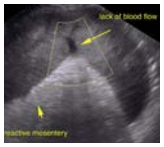
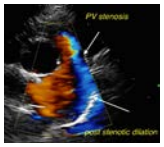
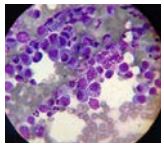
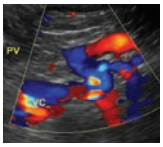

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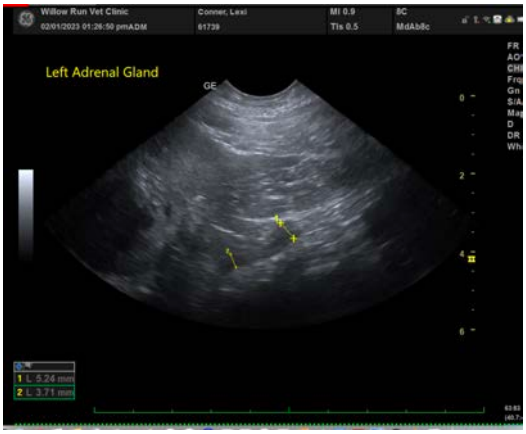

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com