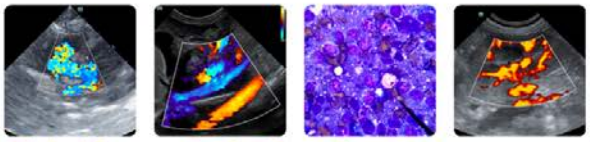


PATIENT

Octane Bradbury

SPECIES

Canine

BREED

Retriever x

SEX

Neutered Male

AGE

11 Years 10 Months

WEIGHT

32.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wymossing

REFERRING VET

White Haven Veterinary Hospital

INVOICE

73268

DATE

2/25/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate a history of IBD (cnf on histopath in 2024) that has historically responded poorly to Prednisone and low-fat hypoallergenic diet. Not currently on Prednisone. Recent diet trial included goat meat, chicken and vegetables, and HA diet. Clinical signs include discomfort lying sternal and licking the air. GI support meds started - Prilosec, sucralfate, ondansetron and no improvement. Still E/D. Blood work showed elevated ALP (653), elevated PLI on GI panel and Cortisol 1.5. ACTH stim not consistent with Addisons. Current medications: Pepcid BID, Gabapentin BID

Abnormal PE/Chem/CBC/UA Results: ACTH Stim: pre 2.1, 1-hr post 11.0 CBC: HCT 56.8%, WBC 4.96 L, NEU 2.99-n, LYM 1.43-n, PLT 66 L, MPV * 14.8 H, PDW 8.9 L, PCT 0.10 L Chem, normal BUN, Cr, ALKP 653 H, ALT 64-n, remainder NSF AUS 3/2024, Valley Central: Delayed gastric emptying w/GI hypermotility - GE w/underlying infectious/inflammatory causes. The echotextural changes in the prostate may be degenerative and/or inflammatory in nature but other emerging pathology cannot be r/o - Histopath (2024) Stom & Duodenum: Stom: Minimal eosinophilic gastritis w/minimally increased lymphocytes & plasma cells, & rare luminal spirochetes. Duodenum: Mild eosinophilic & lymphoplasmacytic enteritis. Findings w/in the stomach & duodenum are minimally to mildly inflammatory. - Texas AM GI Panel: PLI 515 H, Cortisol 1.5 L, remainder WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (7.6 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 is size (6.56 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.

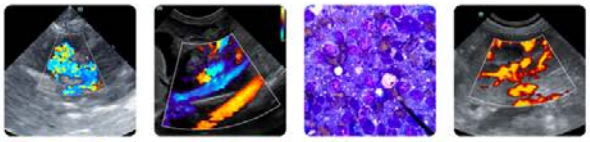
Adrenal Glands

The right adrenal gland is normal in size (1.2 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm at cranial pole and 0.45 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. 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.



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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 lumen of the stomach is empty 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. 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 pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- This is a largely unremarkable/structurally normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's reported lack of improvement to typical IBD therapy combined with the reported clinical signs, differentials include another underlying cause of the discomfort and licking of the air in addition to the suspected underlying IBD i.e., anxiety, other sources of pain such as orthopedic, neurologic, spinal, etc. If GI distress is believed to be the primary contributing factor, additional diet trials could be considered and/or alternative medical therapies in the place of reportedly poorly tolerated Prednisone. Full consultation with and/or referral to a veterinary internist could be considered.

If not recently done, empirical deworming with a 5-day course of Panacur is also recommended.

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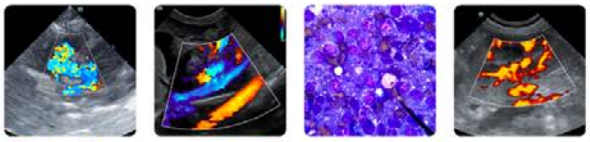

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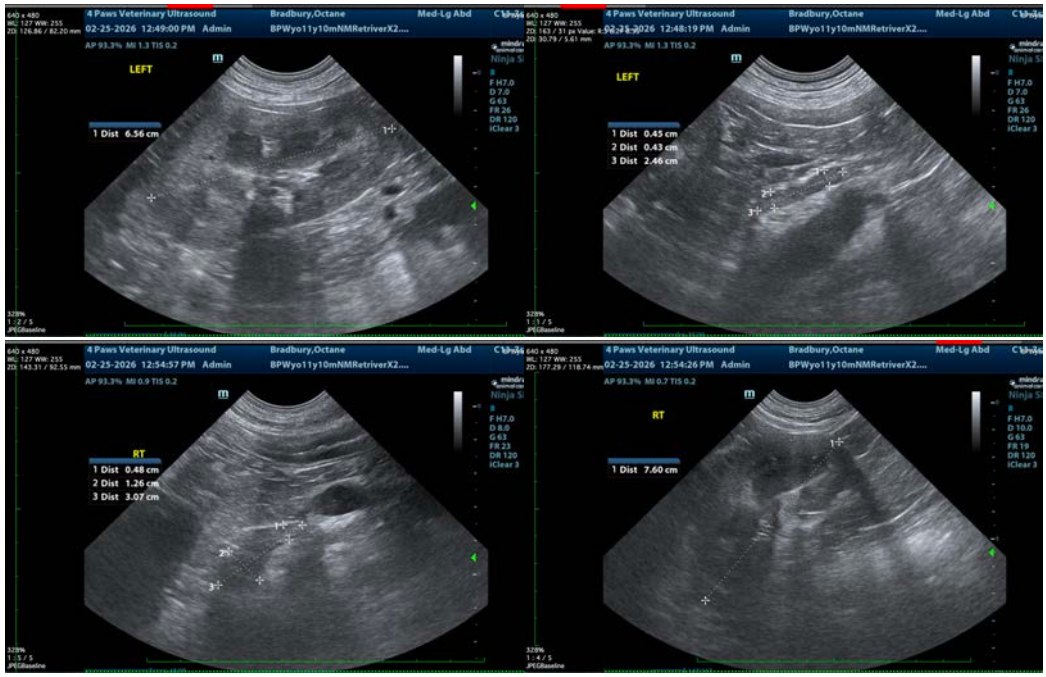

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com