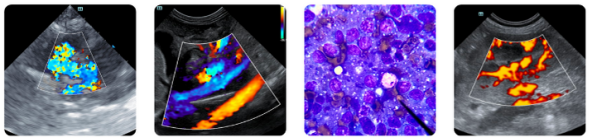

PATIENT

Gilly Bula

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

15 years

WEIGHT

15 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

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INVOICE

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PRESENTING CLINICAL SIGNS

- GILLY HAS CHRONIC IBD AND RECENT FLARE UP HAS SUBSIDED
- PLAN: SCHEDULE REPEAT ABDOMINAL ULTRASOUND HERE WITHIN THE NEXT COUPLE WEEKS OR SO TO COMPARE TO PRIOR AUS AT SPECIALIST. IF AUS SHOWS GIT IMPROVEMENT, WE MAY BE ABLE TO DECREASE PREDNISOLONE 5MG DOSE FROM 1/4 BID TO 1/4 TAB ONCE A DAY. WILL CONTINUE ALL OTHER MEDS LONG TERM: DENAMARIN ADVANCED SMALL DOG: 1 TAB ONCE A DAY, METRONIDAZOLE 250MG; 1/2 ONCE A DAY, URSODIOL 250MG; 1/4 TAB ONCE A DAY. P IS DOING WELL ON PURINA HA AND HILL'S L/D.

Abnormal PE/Chem/CBC/UA Results: Ultrasound report (pg 19) and labwork attached.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 3.73 cm with one small non-obstructive nephrolith is noted. The right kidney measures 4.32 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.98 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

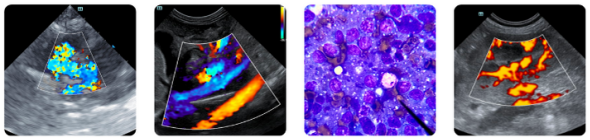
Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion. Several small anechoic densities noted in the caudal liver.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. Some of the debris has a mineral/sand appearance. The wall is smooth without



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visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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 intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. Some hyperechoic mucosal fogging or speckling is noted diffusely.The lumen of the small intestine 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 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.

PRIMARY FINDINGS

- Inflammatory bowel disease (IBD) pattern with mucosal speckling – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling. 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.
- Mildly heterogenous liver with suspect incidental hepatic cysts – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Some of the debris has a mineral component.

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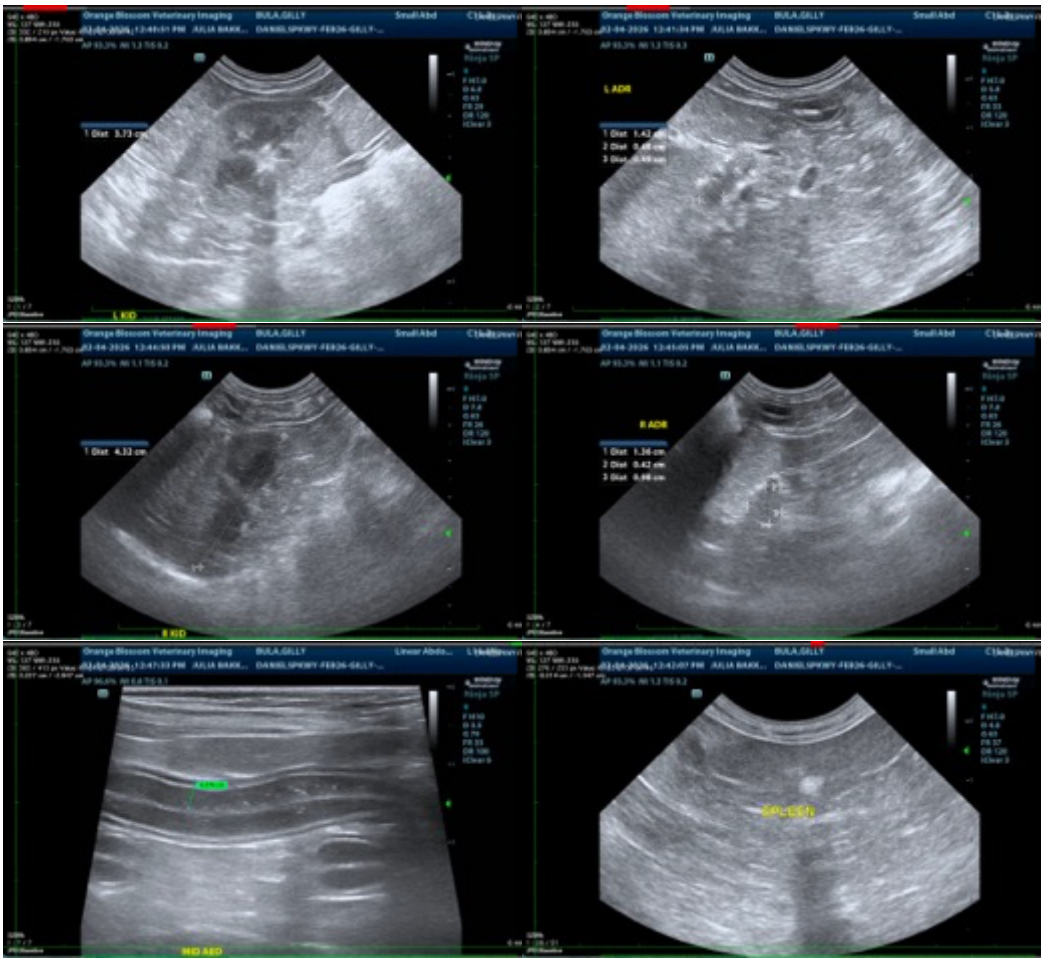
SECONDARY FINDINGS

- Age related kidney changes with a small non-obstructive nephrolith in the left kidney.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this study is largely consistent with the provided report from a previous exam, most suggestive of diffuse mild to moderate infiltrative or inflammatory bowel disease. There are no characteristics of malignancy present in these images at this time. Therefore, continued supportive/symptomatic medical management is recommended as is reportedly already currently in place, given patient's recent flare up has reportedly subsided. Having said that, if chronic antibiotics are necessary, a transition from Metronidazole to Tylosin could be considered to avoid long term Metronidazole toxicity or alternatively, and preferably, if possible, a biome diet or fecal microbe transplant therapy could be considered.



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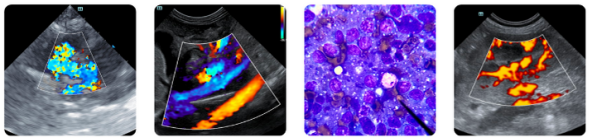

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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