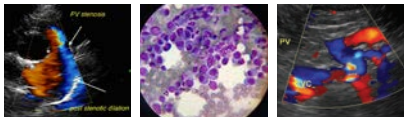
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

3/30/23

PATIENT

Journey Bauer

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

6/14/14

WEIGHT

21.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

46310

PRESENTING CLINICAL SIGNS

Pet had a moderate bout of pancreatitis in January 2023. This was his first ever episode. BW and radiographs supported the diagnosis. He responded very well to treatment, however since then it seems that any time he is taken off metronidazole, his bowel movements become runny. He is not having more frequent episodes of diarrhea, but when he does go it's a large volume and very liquidy. O gives Purina Pro Plan GI treats. He is not on any medication other than F/T/HW prevention. He does sometimes get into other pet's food, but does not exhibit dietary indiscretion otherwise. Prior to his pancreatitis in January, he has not shown any signs of having a sensitive stomach. He is currently on Hill's ID low fat diet, but O is transitioning to Hill's GI Biome diet.

Current Medications: Has had 3 separate courses of Metronidazole. Diarrhea is always responsive to antibiotic.
Lab Results: 1/12/23 Elevated WBC, Amylase, Lipase.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (4.65 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 or infarcts observed. Small/punctate non-obstructive nephroliths are noted.

The left kidney is normal in size (4.88 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 or infarcts observed. Small/punctate non-obstructive nephroliths are noted.

Adrenal Glands

The right adrenal gland is normal in size (2.42 cm long x 0.62 cm at the cranial pole and 0.72 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 (1.61 cm long x 0.71 cm at the cranial pole and 0.72 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 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. Very subtle 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 area of the pancreas contains irregular hyperechoic pancreatic remodeling.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Hyperechoic pancreas –** This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.

- **Very subtle 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.

SECONDARY FINDINGS

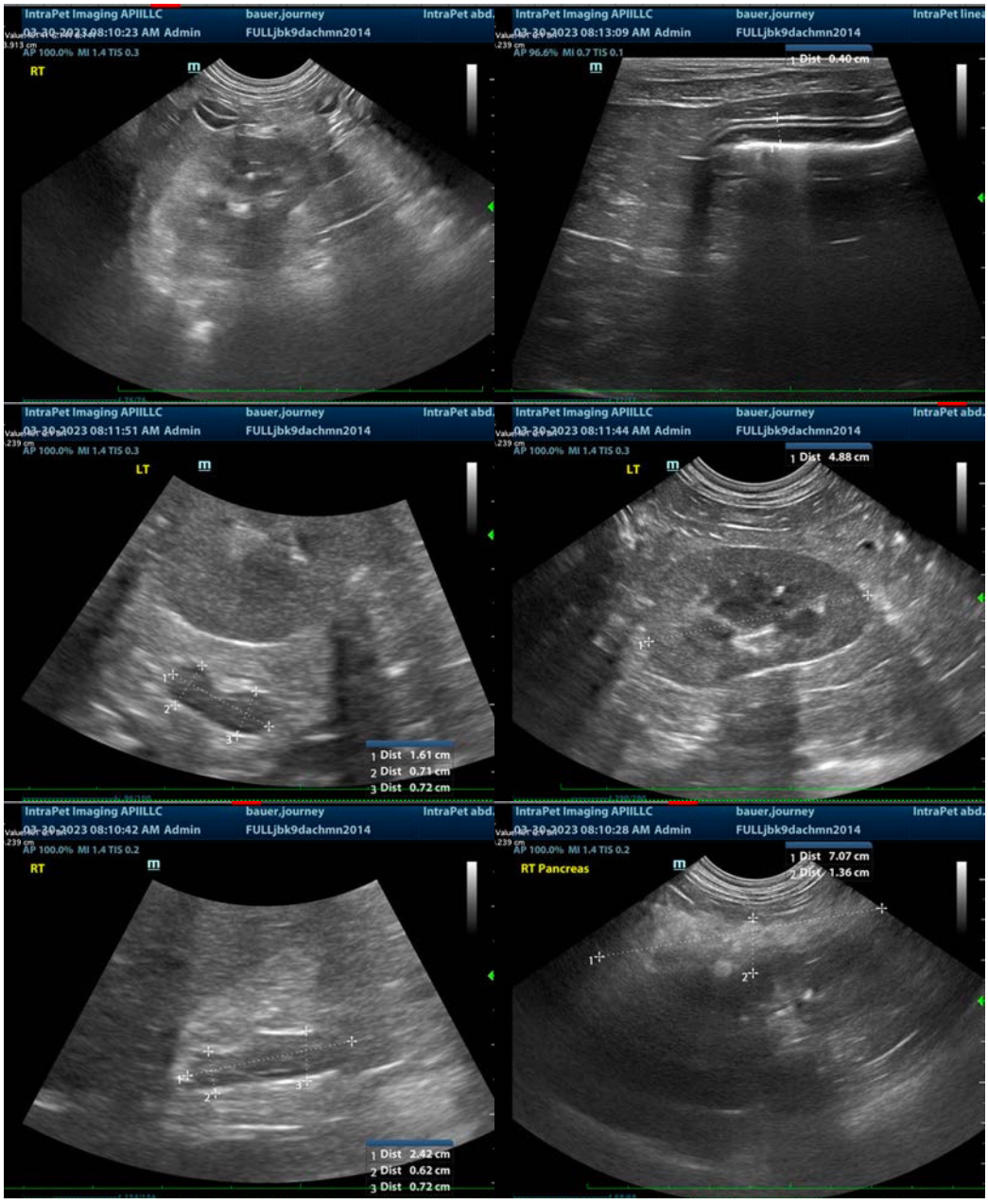
- Small bilateral non-obstructive nephroliths

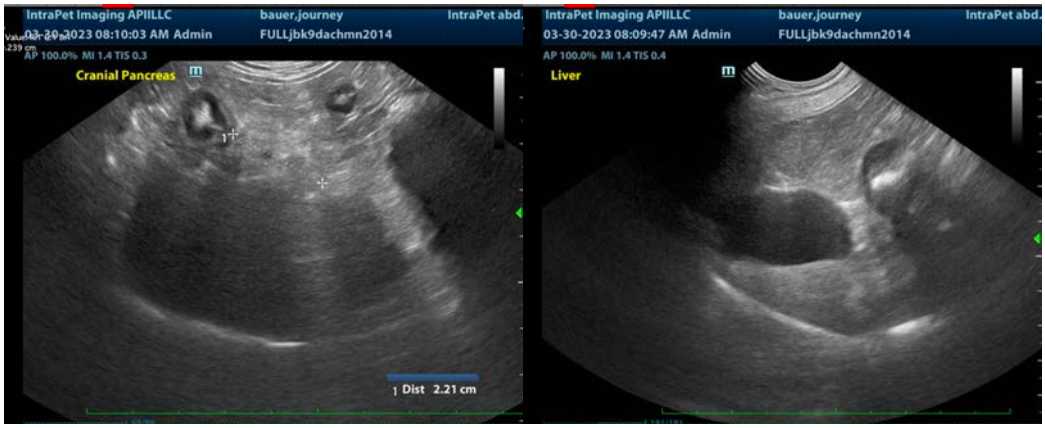
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the appearance of the pancreas combined with clinical signs following a severe bout of pancreatitis, further evaluation of a possible maldigestive condition is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory. Be certain that the GI panel include a TLI to evaluate for EPI.

Given the reported antibiotic responsiveness, further evaluation for underlying bacterial disease/overgrowth is also recommended via a fecal enteropathogen PCR panel to Texas A&M GI Laboratory. Recommendations include contacting the lab for advice regarding how long to discontinue antibiotics prior to obtaining a fecal sample for this test.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Proviable while awaiting results.





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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