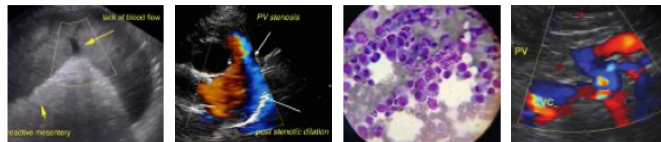


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kobi Scanelli	History: Patient presents for chronic vomiting and diarrhea. TLI (cobalamin/folate) = LOW. Current med: Cobalequin - no improvement.
<b>SPECIES</b>	Abnormal PE/CBC/Chem: unremarkable.
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Beagle Mix	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.
<b>SEX</b>	Prostate is normal in size, echotexture and echogenicity for a neutered male.
Neutered Male	The left kidney is normal in size (4.23 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.
<b>AGE</b>	The left kidney is normal in size (5.80 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.
1 year	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
44.7 lbs	The right adrenal gland is normal in size (1.76 cm in length / 0.20 cm cranial / 0.28 cm caudal), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (1.66 cm in length / 0.56 cm cranial / 0.62 cm caudal), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Kelly Vazquez	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Pompton Lakes AH	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.
<b>REFERRING VET</b>	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.
Dr. Taylor McConnell	<b>Gastrointestinal</b>
<b>INVOICE</b>	The visible 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.
12978	The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and
<b>DATE</b>	
5.8.23	



**PATIENT**

hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

Kobi Scanelli

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**SPECIES**

Canine

**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.

**BREED**

Beagle Mix

**Free Abdomen**

There is no evidence of free fluid.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

1 year

- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

**WEIGHT**

44.7 lbs

- Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It's difficult to interpret from the history whether the cobalamin and folate were low, or whether the TLI was also low. If the TLI was low/diagnostic for exocrine pancreatic insufficiency, then further therapy for EPI, including potentially pancreatic enzyme replacement, may need to be considered. If not, further evaluation of suspected infiltrative bowel disease is recommended, ultimately with biopsies likely being necessary to definitively diagnose and therefore manage the underlying process. In the meantime, to further assess other contributing factors and/or secondary infections, etc., a fecal examination is recommended as is a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Additionally In the meantime, a transition in diet can be considered based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond better to one brand or version of hydrolyzed protein diet vs another, so sometimes several trials are indicated. Additionally, if not already done, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as is a probiotic such as Provable or Visbiome.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Pompton Lakes AH

**REFERRING VET**

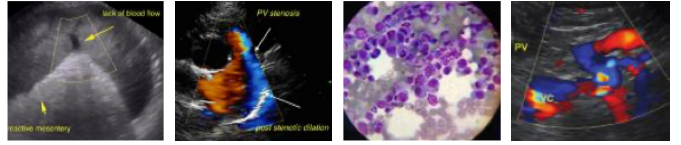
Dr. Taylor McConnell

**INVOICE**

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**DATE**

5.8.23



**PATIENT**

Kobi Scanelli

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered Male

**AGE**

1 year

**WEIGHT**

44.7 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Pompton Lakes AH

**REFERRING VET**

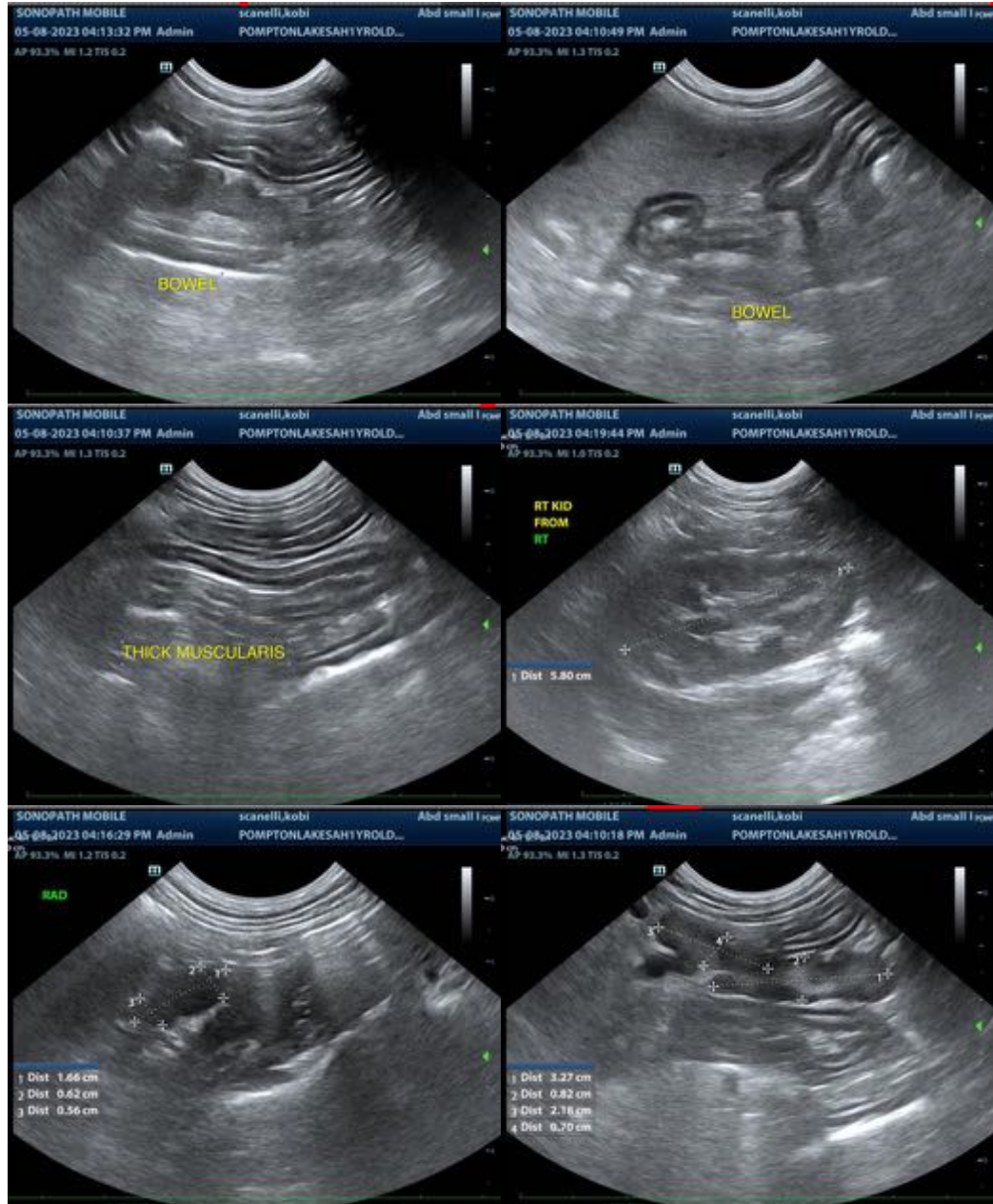
Dr. Taylor McConnell

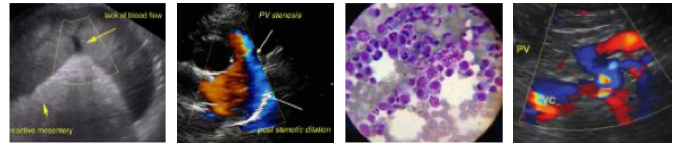
**INVOICE**

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**DATE**

5.8.23





**PATIENT**

Kobi Scanelli

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

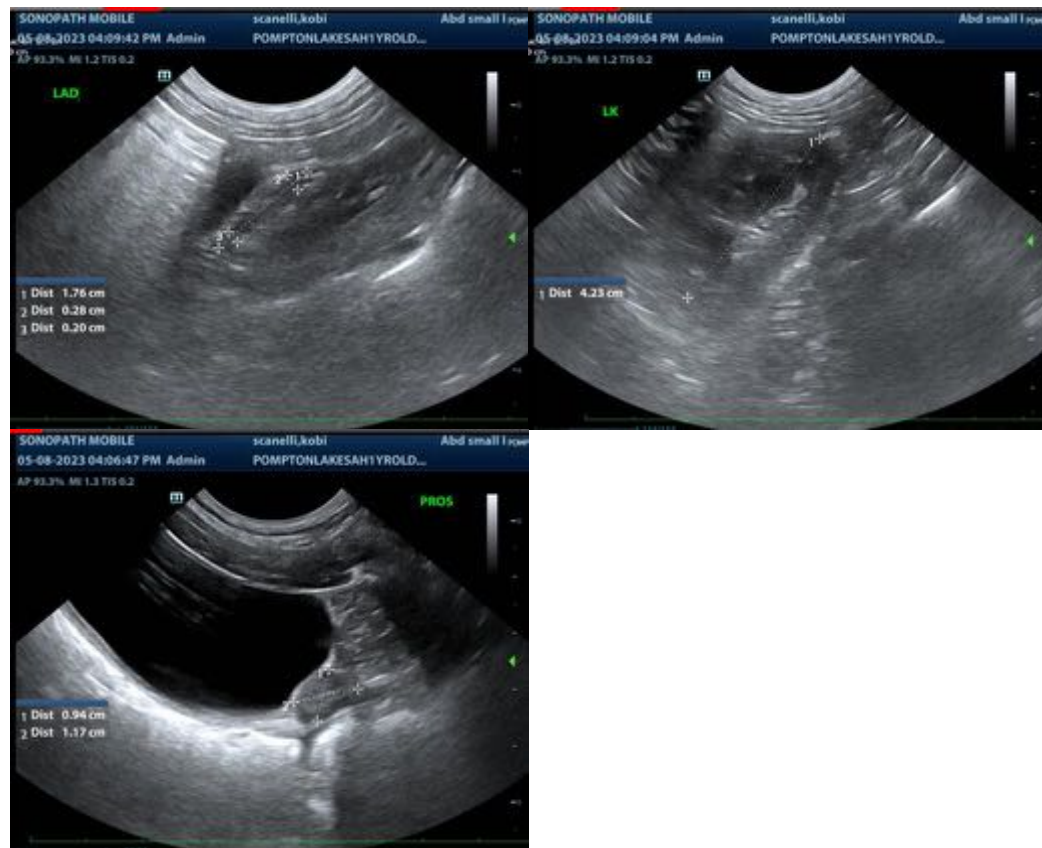
Neutered Male

**AGE**

1 year

**WEIGHT**

44.7 lbs



**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Pompton Lakes AH

**REFERRING VET**

Dr. Taylor McConnell

**INVOICE**

12978

**DATE**

5.8.23

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