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Clinical Sonography & Telecytology
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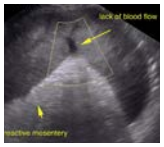
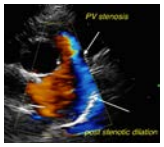
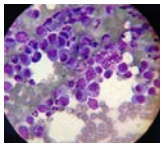
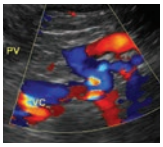

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1-800-838-4268 info@sonopath.com

PATIENT
Kava Giudice

SPECIES
Canine

BREED
Labrador Retriever

SEX
Spayed Female

AGE
12 Years

WEIGHT
74.9

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Miranda Fritz

HOSPITAL NAME
Waterbury VH

REFERRING VET
Dr. Miranda Fritz

INVOICE
47254

DATE
5/9/23

PRESENTING CLINICAL SIGNS

P presented for recheck abdominal ultrasound. Early 2021 p seen by specialist in NJ for weight loss and ongoing GI symptoms. Abdominal ultrasound and bw done at that time and p was diagnosed with IBD. P also had a 5mm splenic nodule on ultrasound, suspect benign. P was placed on hydrolyzed protein food and prednisone. P did very poorly on the prednisone so p was tapered off the medication. P was then transitioned to limited ingredient Merrick dog food. Overall p has done well since until recently. End of March p came in for vomiting and diarrhea. BW , fecal, x-rays unremarkable. P improved with supportive care but diarrhea/soft stool has persisted. App and energy normal, no weight loss. Other meds: joint supplements, B12 injections once a month, Proin 74mg ER SID. Finished metronidazole 5 days ago.

Abnormal PE/Chem/CBC/UA Results: PE: nsf CBC – wnl Chem – wnl cPLI – normal Fecal – NOS T4 – 1.4 ug/dL Three view abdominal x-rays – nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.47 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal in size (6.22 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 (5.86 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 (0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.54 cm at the cranial pole and 0.61 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.

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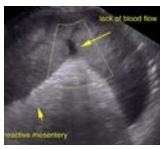
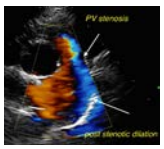
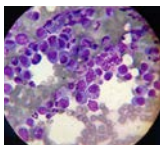
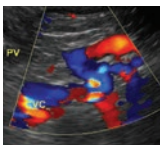

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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

- **Chronic Cystitis -** Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

- There is no visible evidence of the previously reported small splenic nodule and/or evidence of inflammatory bowel disease. However, neither can be definitively ruled out with a relatively normal ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's recurrent gastrointestinal signs, further evaluation for a possible secondary infectious or parasitic contributing factors recommended, beginning with a fecal exam, if not recently evaluated.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

Ultimately, biopsies of the GI tract may be necessary to definitively make a diagnosis and guide treatment if clinical signs persist, especially given the patient's inability to tolerate steroids.

Alternatively, or in the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Proviable. If biopsies are declined, and further empirical therapy is needed, an alternative immunosuppressant could be considered, such as Budesonide, Cyclosporin, etc. if not contraindicated by patient comorbidities.

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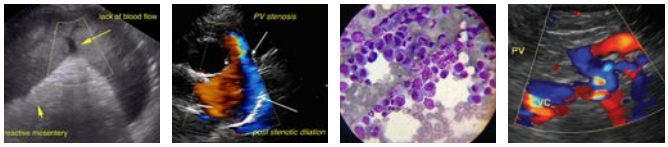

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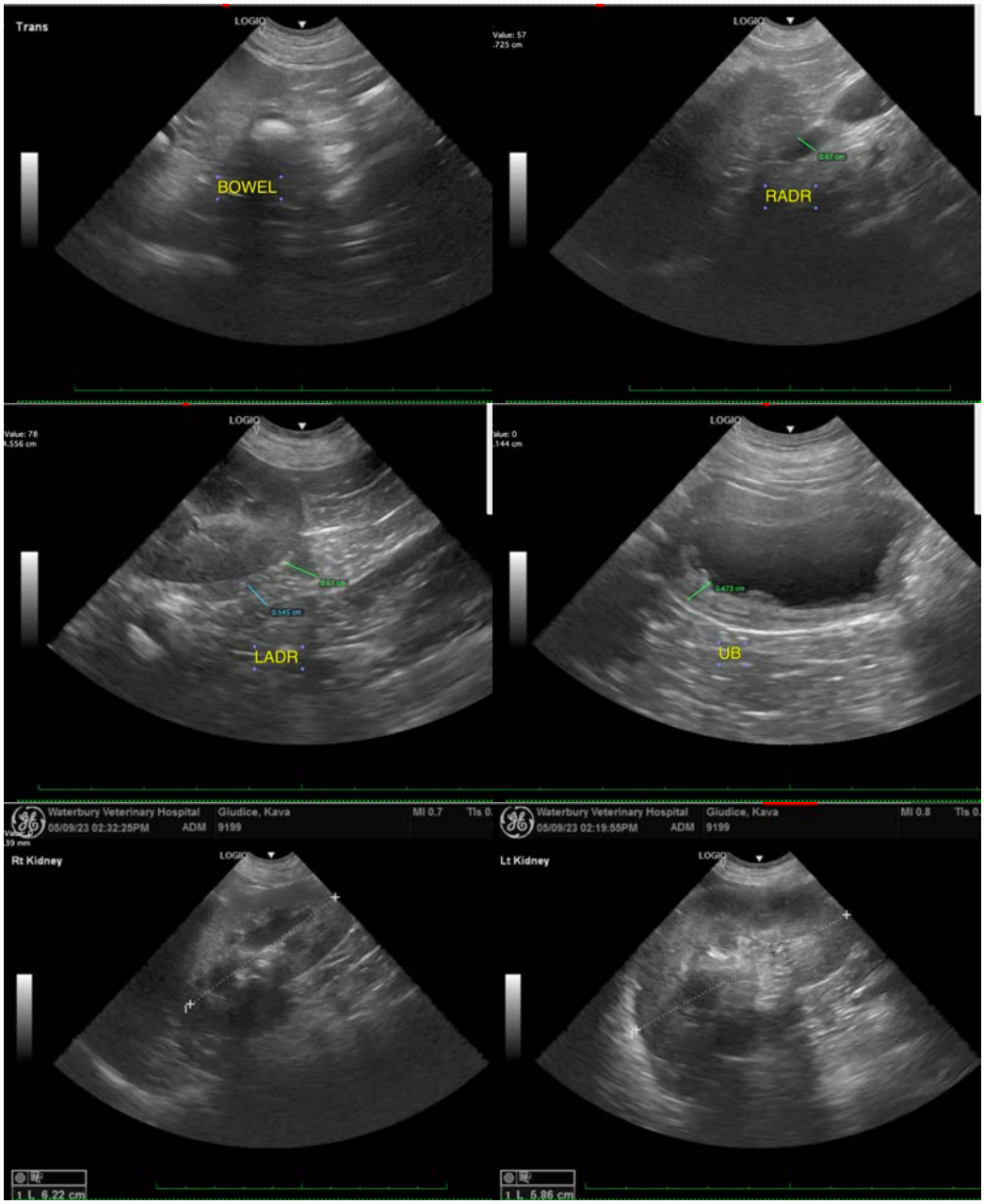

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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