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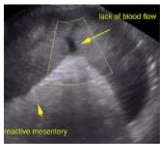

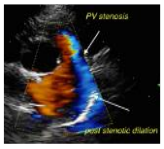

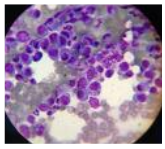
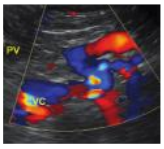

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1-800-838-4268 info@sonopath.com

PATIENT

Spike Kneisley

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

13 years

WEIGHT

15 lbs.

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jack Reese DVM

HOSPITAL NAME

Willow Run VC

REFERRING VET

Jack Reese DVM

INVOICE

14293

DATE

7/15/22

PRESENTING CLINICAL SIGNS

Chronic history of intermittent GI symptoms - previously diagnosed with pancreatitis - managed on i/d low fat diet. Recently diagnosed with Cushing's Disease - PU/PD at home, stomach upset noted with initiation of Vetoryl therapy. Vetoryl decreased in dosage (10mg SID) and GI symptoms have resolved aside from diarrhea. Diarrhea unresponsive to multiple courses of anti-diarrheals. Abnormal PE/Chem/CBC/UA Results: BUN 33 (9 - 31 mg/dL) SDMA 15 (0 - 14 µg/dL) Lipase 307 (0 - 250 U/L)

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

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 mineral or infarcts observed. Mild bilateral pyelectasia consistent with the reported PU/PD was noted. The left kidney measured 3.7 cm. The right kidney measured 3.9 cm.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measured 0.68 cm at the cranial pole and 0.53 cm at the causal pole. The right adrenal gland measured 0.97 cm at the cranial pole and 0.51 cm at the caudal pole.

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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.

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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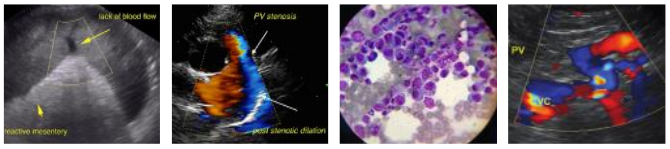

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Gastrointestinal

The stomach wall is normal in thickness (< 0.5 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. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). 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 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

Primary Findings

- 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.

- Bilateral adrenomegaly –this finding is consistent with reported previous diagnosis of hyperadrenocorticism and current therapy.

Secondary Findings

- Age-related kidney changes with mild bilateral pyelectasia, consistent with the reported PU/PD

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's breed and reported diarrhea a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. A low-fat diet Is already reportedly in place and steroids would not be ideal, given this patient's history of hyperadrenocorticism, but there may be other changes such as cobalamin supplementation, etc., that may help.

In the meantime, adding fiber to the diet and/or adding a probiotic are recommended to potentially help alleviate the diarrhea, if not already tried.

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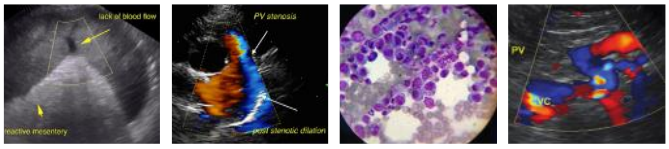

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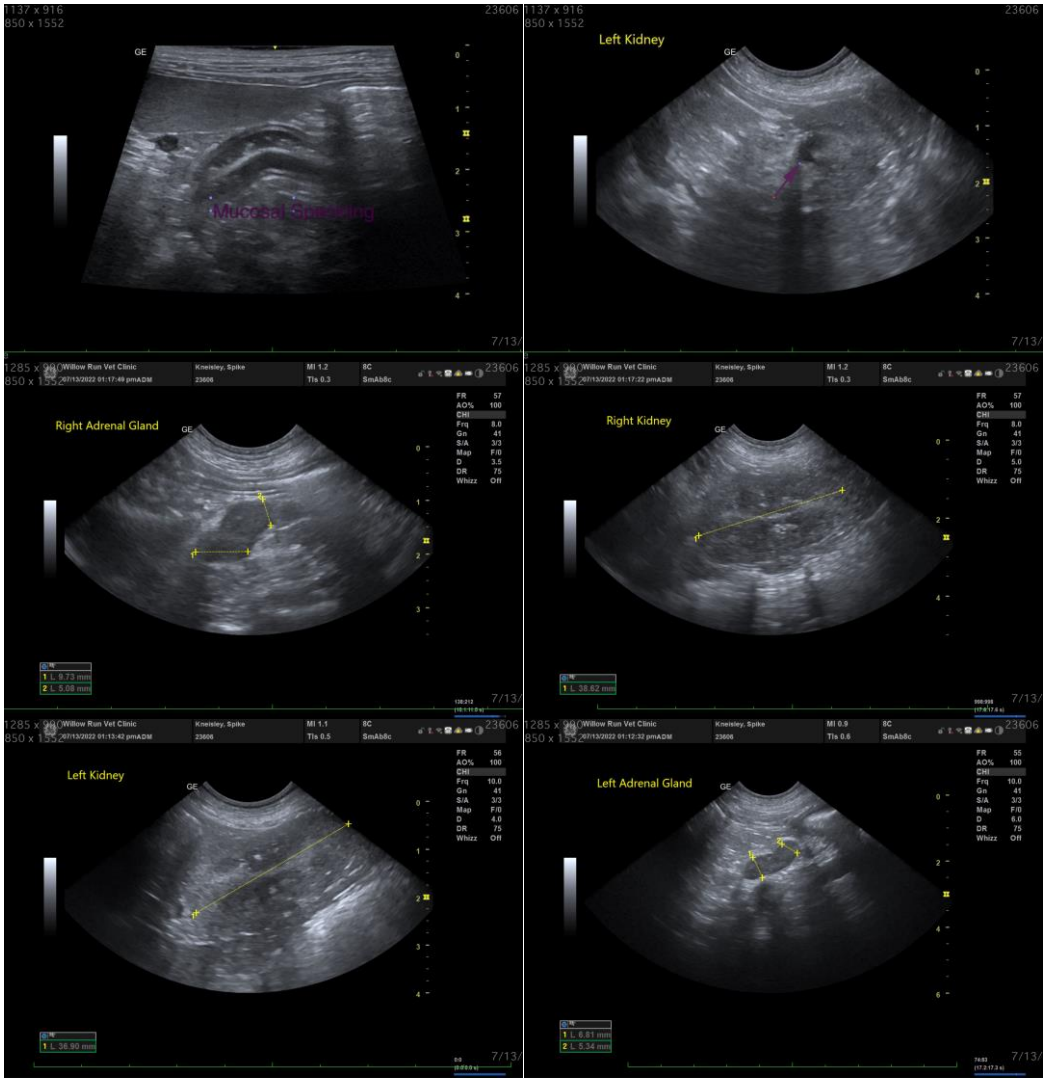

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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