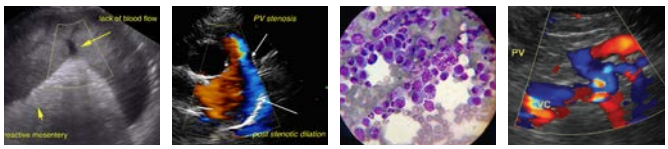
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rocky Cohee

SPECIES
Canine

BREED
Yorkie

SEX
Neutered Male

AGE
2 Years

WEIGHT
34 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Lynette Reyes

HOSPITAL NAME
Chain of Lakes AC

REFERRING VET
Dr. Lynette Reyes

INVOICE
40330

DATE
8/11/22

PRESENTING CLINICAL SIGNS

Pet presented for lethargy, diarrhea and vomiting. Pet was also seen at urgent vet on July 31 for same symptoms. Abnormal Spec Cpl test at urgent vet. Currently eating E/N but no other medications

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 (2.8 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 (3.5 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 adrenal glands are unable to be well visualized in these images.

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. It is moderately distended with echogenic non-shadowing luminal contents and gas, consistent with normal ingesta. There is 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. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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.

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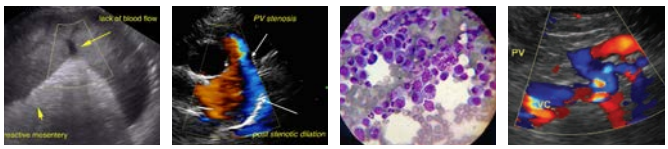

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Pancreas

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

- Unremarkable/normal abdomen (appears to be a post-prandial study)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the recurrent episodes of gastrointestinal signs, further evaluation for underlying gastrointestinal disease is recommended, including:

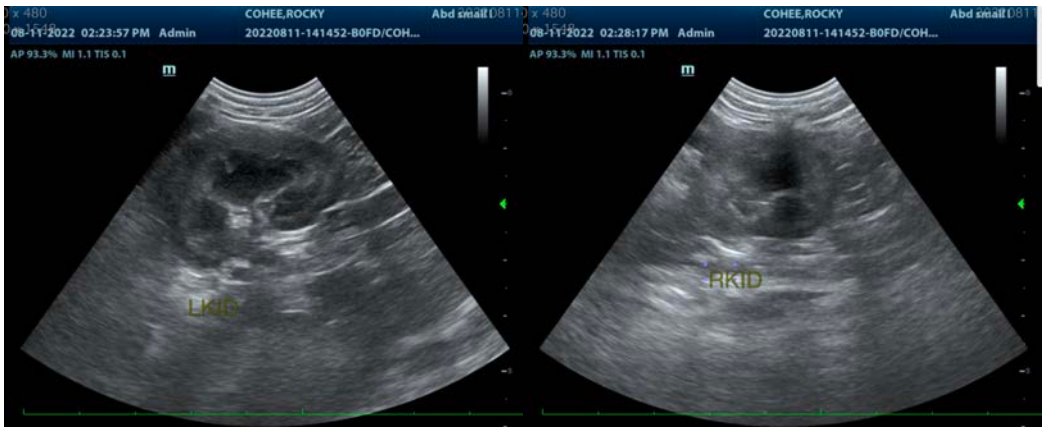
- Fecal exam.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

In the meantime, in addition to symptomatic/supportive care of the gastrointestinal signs, a transition on a trial and error basis to a new category of diet, since clinical signs returned while eating a bland, easy to digest diet, with the next consideration being a novel or hydrolyzed protein diet, is recommended.

Prior to diet transition, CBC/Chem panel, electrolytes and urinalysis are recommended, if not recently evaluated. If albumin is at all low or low normal, a low-fat diet versus a novel or hydrolyzed protein diet is recommended.

Empirical deworming with a 5-day course of Panacur is also recommended, as is the addition of a probiotic daily.

Ultimately, given the patient breed, bile acids are a reasonable diagnostic, and should be considered. However, there is no evidence of an extrahepatic portosystemic shunt in these images.



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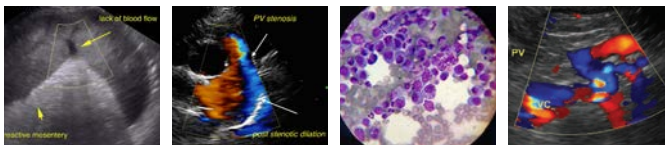

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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