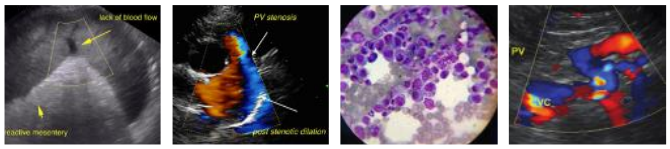
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Olive Seifriz

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

5 Years

WEIGHT

57 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Kara Wallisch

INVOICE

17002

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History of intermittent vomiting, about 2-3x per week, mainly at night. Soft stool. On Omeprazole daily. Small meals/snacks didn't help for possible bilious vomiting. Currently been on Hydrolyzed Protein diet for 2 weeks, no improvement yet.

Abnormal PE/Chem/CBC/UA Results: On 7/25/22: CBC normal, Chem normal except for ALT 142 T4 normal. Resting cortisol normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal is size (5.7 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. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

Right kidney is normal is size (5.8 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, or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

Adrenal Glands

Left adrenal gland is normal in size (0.44 cm at cranial pole and 0.42 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.56 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

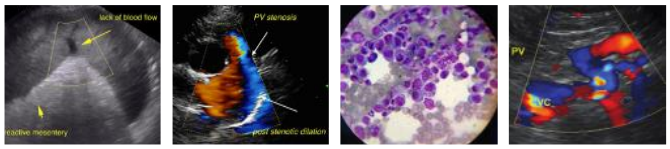
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

Gastrointestinal



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The visible stomach wall is normal in thickness 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. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Nonobstructive mineralization bilaterally in the kidneys
- Otherwise, unremarkable/normal abdomen with no visibly definitive explanation for this patients chronic intermittent vomiting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chronic vomiting combined with intermittently soft stool, further investigation of the gastrointestinal tract is warranted with 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 exam is also recommended, if not recently evaluated.

In the meantime, in addition to the hydrolyzed protein diet and daily Omeprazole, other empirical therapeutic recommendations include empirical deworming with a 5-day course of Panacur and increasing Omeprazole from once daily to twice daily could be considered in case this is truly gastroesophageal reflux, as some patients do better with twice per day dosing, as well as empirical therapy for helicobacter could be considered. If clinical signs don't improve at that time, next diagnostic steps to consider, include upper GI endoscopy with biopsies of the stomach and duodenum, if possible and/or exploratory laparotomy with plans to explore the GI tract, as well as obtain biopsies. In this patient specifically, however, endoscopy may be warranted over surgery to provide better evaluation of the gastric mucosa, distal esophagus, etc.

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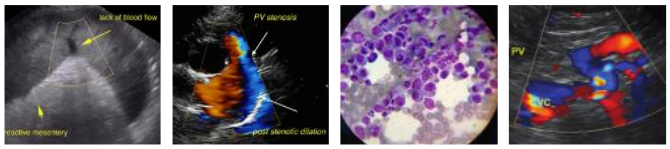

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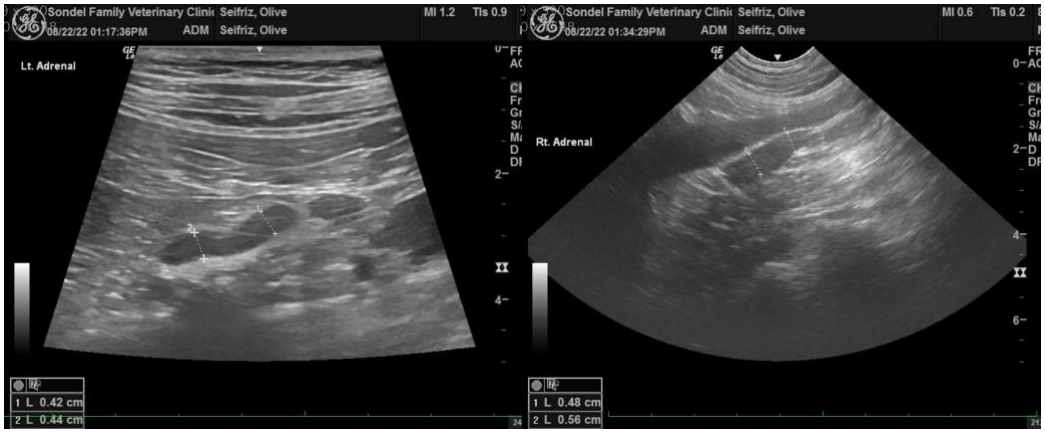

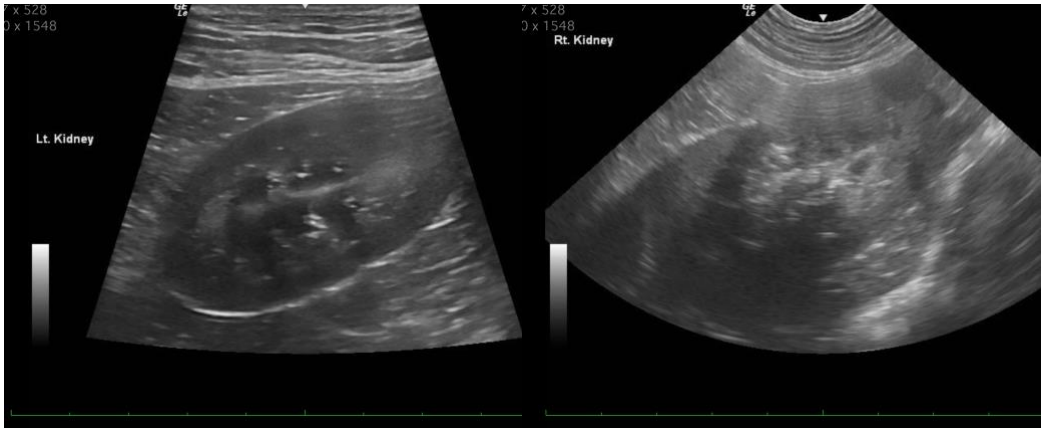

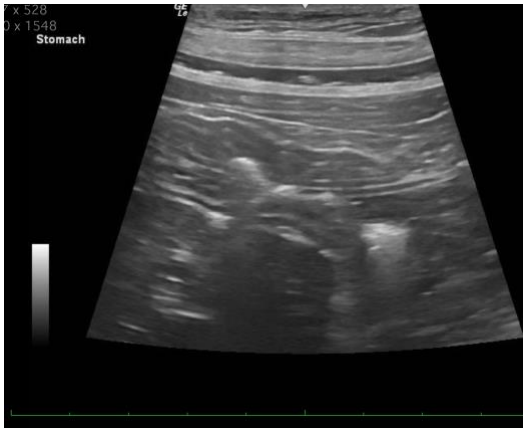

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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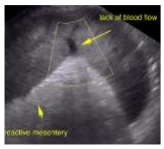
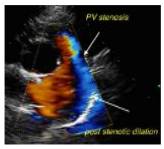
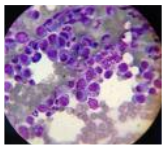
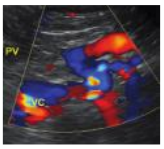

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