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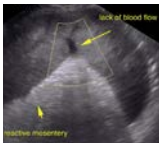
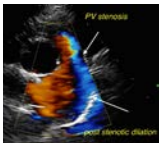
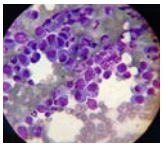
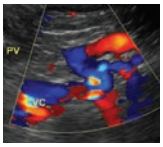

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1-800-838-4268 info@sonopath.com

PATIENT
Bonnie Yakaboski

SPECIES
Canine

BREED
English Pointer

SEX
Spayed Female

AGE
6 Years

WEIGHT
48.2

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Ken Leal

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Barron

INVOICE
44850

DATE
8/23/23

PRESENTING CLINICAL SIGNS

Excessive drinking, Vomiting / diarrhea, pancreatitis. Anaplasmosis positive, worried about FB.

Abnormal PE/Chem/CBC/UA Results: medication = IV fluids, Hydromorphone, pantoprazole, metronidazole, cerenia, BUN 46.5, Creat 2. phos (10.3, protein 7.9. albumin 4.1, flow 3.8, glu 146, cholesterol 1348, Alphas 263. bilirubin 1.1, sodium 136, chloride 97. eso 0. baso 1.6. rbc 9.38. HGB. 25.1. HCT 67, PCV/TS 55/5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The left kidney measures 6.07 cm. The right kidney measures 6.47 cm.

Adrenal Glands

The right adrenal gland is normal in size (1.3 cm at the cranial pole and 0.67 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.68 cm at the cranial pole and 0.76 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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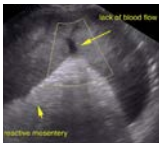
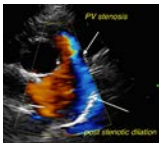
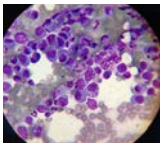
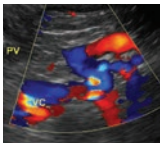

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately overdistended with fluid, as well as echogenic nonshadowing luminal contents and gas consistent with normal ingesta/chyme. 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 (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. There is occasional very mild fluid distention of the small bowel, but nothing significant, and no visible evidence in these images currently of foreign material or an obstructive pattern.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen is moderately overdistended with echogenic luminal contents and fluid.

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.

Diffusely, subtly enhanced hyperechoic mesenteric fat is noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Nephritis – This appearance can be consistent with chronic interstitial nephritis or glomerulonephritis. Toxic insult and/or infectious disease (pyelonephritis, Leptospirosis, etc.) cannot be ruled out. This finding should be interpreted in combination with suspicion for renal disease and/or supporting laboratory or urinalysis changes.
- Urinary bladder debris
- Mildly distended stomach – most consistent with ileus secondary to gastritis/gastroenteritis/colitis secondary to parasitic, infectious, dietary indiscretion, other causes versus an obstruction. Having said that, a non-visible partial obstruction can't be definitively ruled out.
- The colon is consistent with this patient history of diarrhea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported azotemia, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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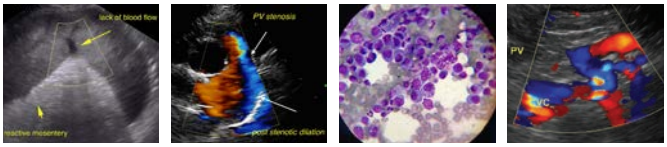

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In addition to beginning therapy for the reported anaplasma, further testing for infectious diseases that could result in azotemia could be considered, including testing for Leptospirosis.

Additionally, if not recently evaluated, a fecal exam is recommended.

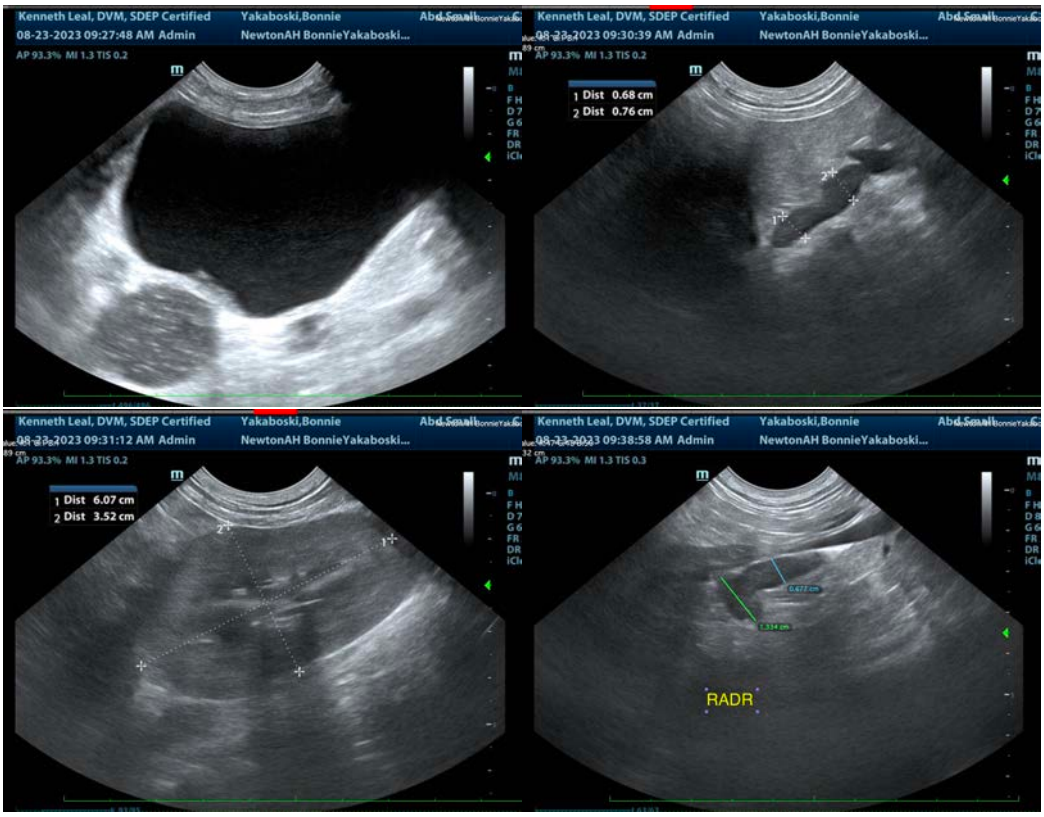
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

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 baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, additional therapeutic recommendations include supportive/symptomatic medical management of possible HGE is recommended in the form of antiemetics, gastroprotectants including Sucralfate, a probiotic such as Visbiome or Proviable, fluid therapy if clinically necessary, empirical deworming with a 5-day course of Panacur +/- a course of Tylosin.

Ultimately, if clinical signs persist and a diagnosis is not obtained, continued serial imaging could be evaluated, and/or ultimately an exploratory laparotomy to more definitively rule out partial obstructive foreign material and/or obtain biopsies of the GI tract.



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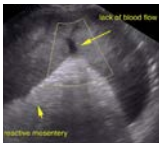
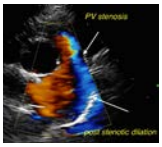
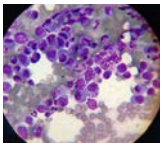
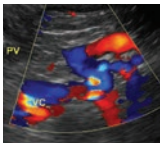

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com