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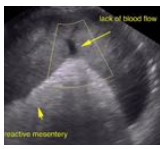
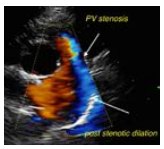
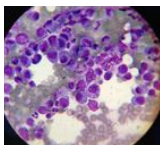
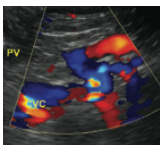

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1-800-838-4268 info@sonopath.com

PATIENT
Archie Balkam

SPECIES
Canine

BREED
Golden Retriever

SEX
Male

AGE
9 months

WEIGHT
80 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Wiley

HOSPITAL NAME
Petvacx AH

REFERRING VET
Dr. Wiley

INVOICE
43152

DATE
12/16/22

PRESENTING CLINICAL SIGNS

History: 3 month history of intermittent vomiting, diarrhea, abdominal pain. Currently on hydrolyzed diet, visbiome and cerenia for flare ups
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/T4/UA/FECAL Within Normal Limits Borderline low baseline cortisol, ACTH stim pending TLI/PLI/FOL/B12- Within Normal Limits

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 7.56 cm. The left kidney measured 7.19 cm.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.9 cm in length and 0.54 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal was not definitively visualized.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is mildly generally hyperechoic (isoechoic to spleen) with a slightly heterogenous coarse appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Thickened gall bladder wall with normal wall layering and hyperechoic mucosa with anechoic gall bladder contents. Common bile duct is mildly proximally distended but appears to taper normally

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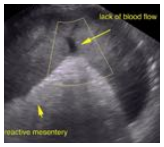
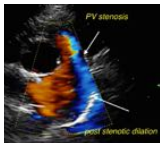
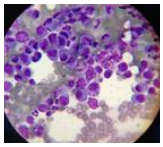
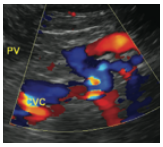

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Coarse liver
2. Thickened gall bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic parenchymal and gall bladder changes are consistent with cholangiohepatitis. Etiology may be infectious (viral, bacterial), inflammatory, reactive or less likely auto-immune or neoplastic. The remainder of the abdomen is ultrasonographically normal. Pending results of ACTH stimulation test, liver aspirate could be considered, though if liver values are not elevated this may be a low yield diagnostic. Bile acid profile could be considered to assess liver function. Though not ultrasonographically visualized, a liver shunt can cause intermittent GI signs in young dogs.

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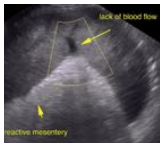
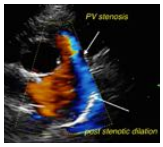
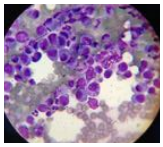
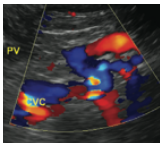

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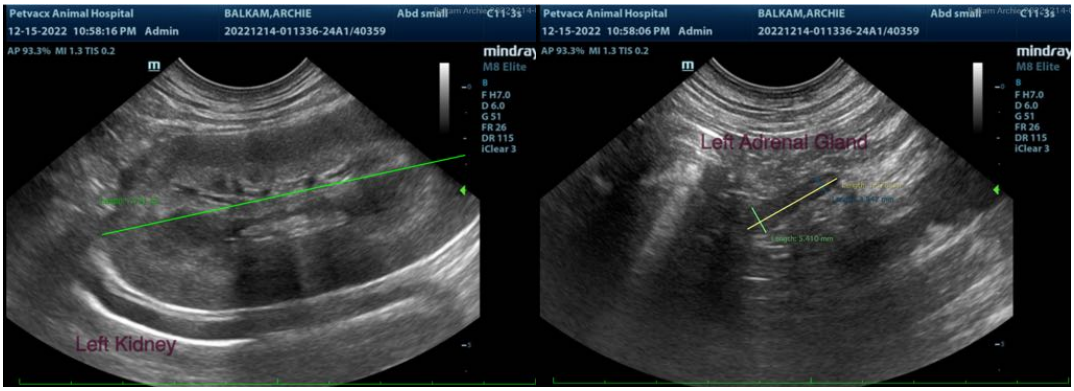

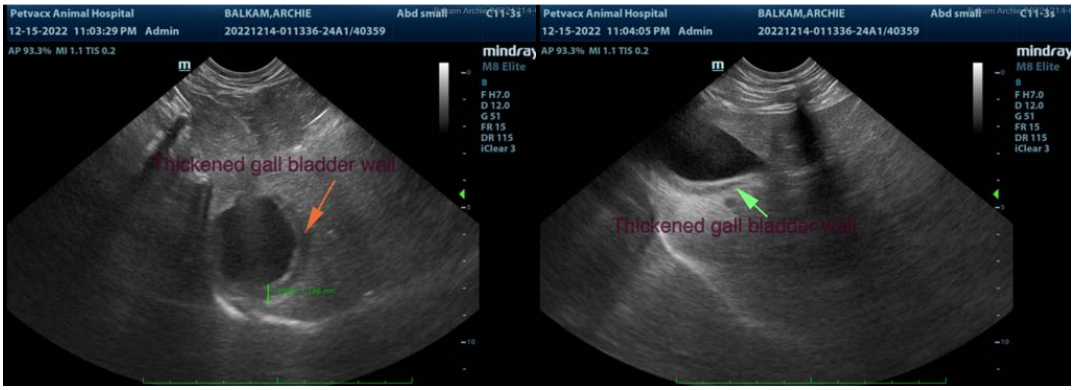

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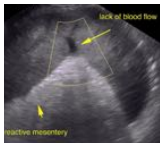
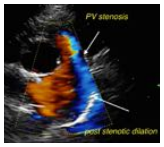
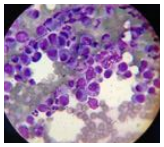
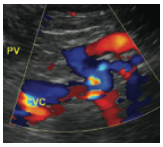

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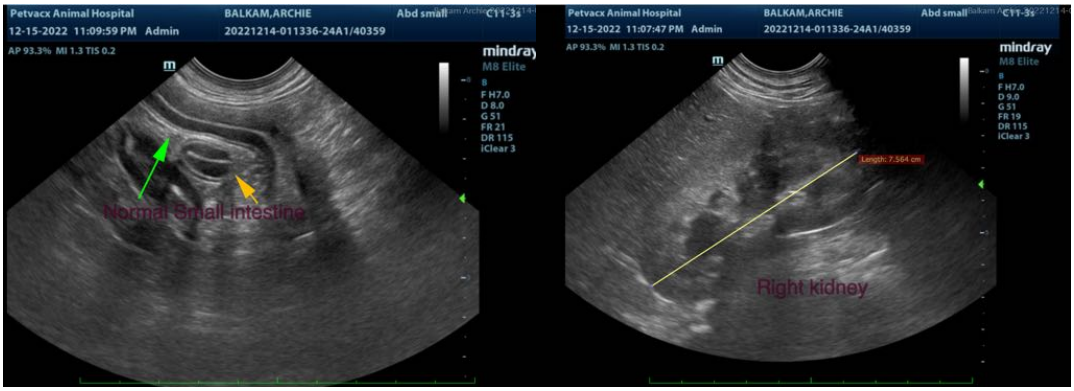

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com