



PATIENT

Allie Bear Coppolillo

SPECIES

Canine

BREED

American Bulldog

SEX

Spayed Female

AGE

7 Years

WEIGHT

54 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

M. Kermendy, CVT

HOSPITAL NAME

Wauwatosa VC

REFERRING VET

Dr. Ericka Haynes

INVOICE

35016

DATE

1/21/22

PRESENTING CLINICAL SIGNS

Several month history of intermittent diarrhea and infrequent vomiting. Vomiting improved with Cerenia and bland diet, but diarrhea persists despite metronidazole and tylosin trials. Screening for IBD. Abnormal PE/Chem/CBC/UA Results: pending cobalamine/folate and GI panel to Antech

Radiographs – Unremarkable other than minor excessive GI gas.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.53 cm. The right kidney measured 5.73 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed mild increased portal markings. Slight gallbladder wall thickening noted. History of cholangitis likely.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed normal curvilinear patterns. However, some areas of enhanced mesentery and minor thickening noted with increased submucosal echogenicity and thickness, consistent with subacute on chronic inflammatory bowel. Intestinal wall thickness measured 0.77 cm.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

- Minor hepatic remodeling, history of cholangitis likely
- Subacute on chronic IBD GI pattern



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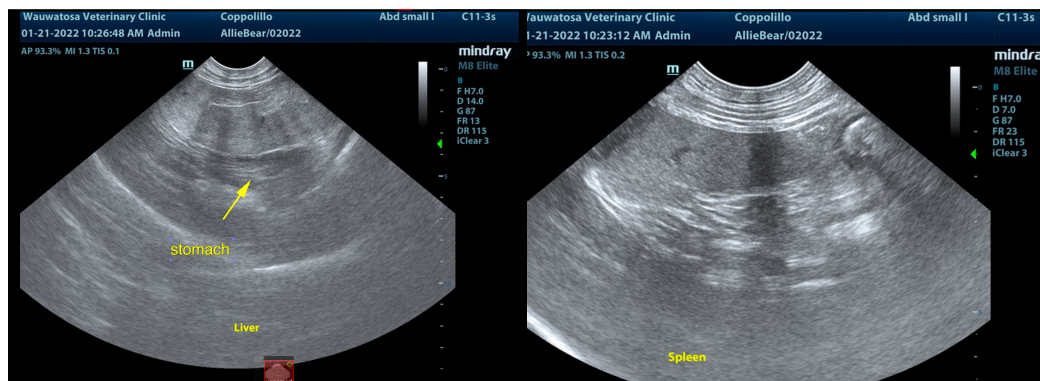
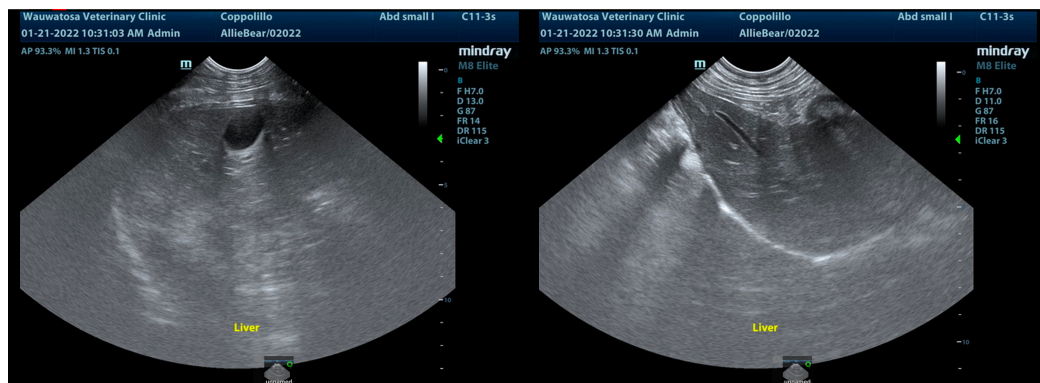
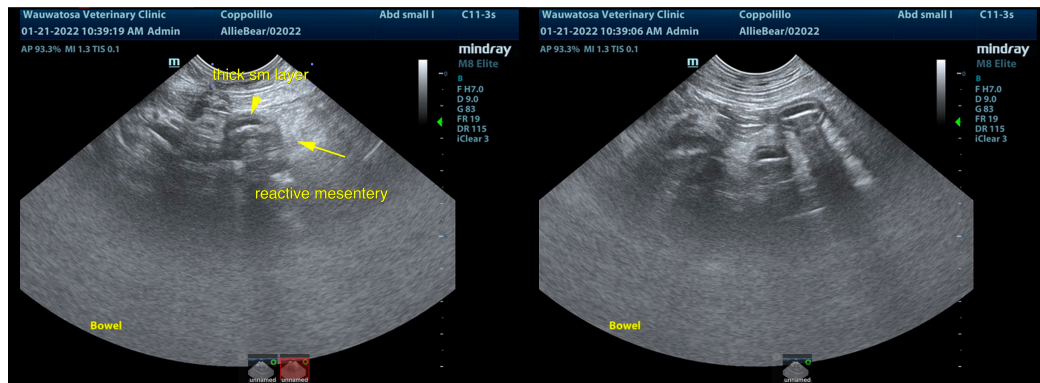
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying food intolerance, occult parasitism possible. Broad-spectrum anti-parasitic protocol warranted. Hydrolyzed diet warranted. Otherwise, full thickness intestinal biopsies with ultrasound guidance would be ideal in this case. No evidence of foreign bodies or neoplasia.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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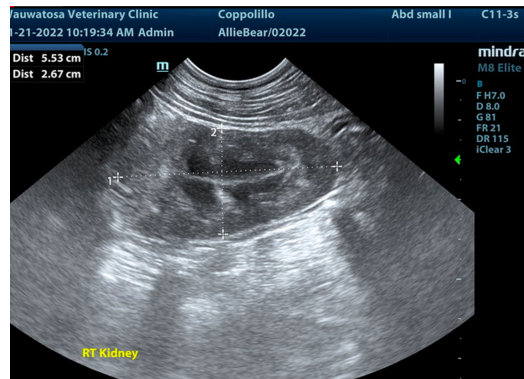
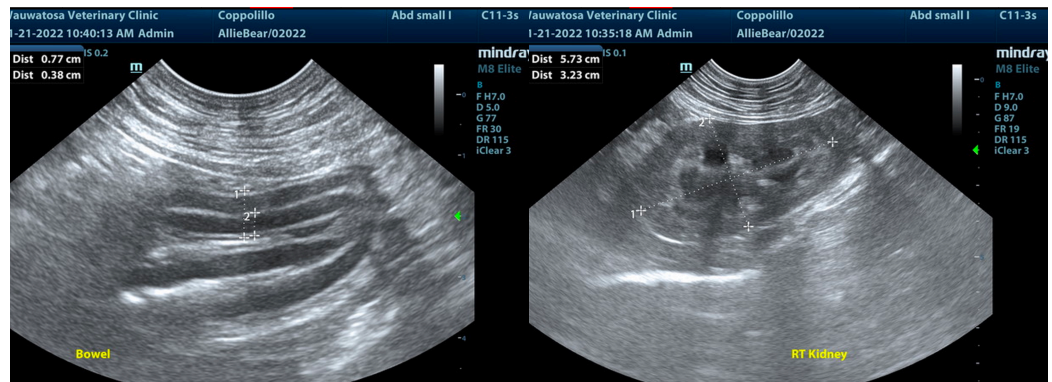
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com