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Clinical Sonography & Telecytology
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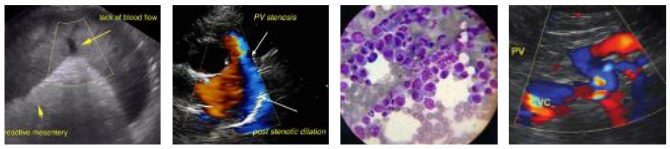


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Max Davenport

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

6 Years

WEIGHT

153 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schanche

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Schanche

INVOICE

21709

DATE

3/10/23

PRESENTING CLINICAL SIGNS

Max is a 6-year MN Great Dane who presented for slight decrease in appetite over the last week. Weight stable, defecations formed, energy normal. Most recent blood work - Alb 3.4, Alt 76, ALP 195, GGT 10, T Bili 0.1, Ca 9.7, Fecal PCR negative. He is still eating dinner normally. He has a history of protein loosing enteropathy that was first diagnosed in 5/4/2021 Labs revealed Alb 2.9 (2.7-4.4) and hct 63 H (36-60). A repeat of the albumin at the same time a urine sample was submitted showed similar results with USG 1.052 and no proteinuria. Bile acids and resting cortisol were unremarkable. Texas GI panel showed high-normal Folate levels. Since then, has had flares of low protein level intermittently. He was initially put on mycophenylate 500 mg BID in addition to prednisone and was tapered all the way down to 5 mg of Pred every 2-3 days but in the fall 2022 developed a coccidia infection, urinary tract infection, and very high liver values and was weaned off of the mycophenylate over 3 weeks per IM specialist - ALT 786-900 and ALP >990 and alb in the 2 range at that time. We have been doing a slow wean to get his prednisone as low as possible over the last few months - currently at 5 mg SID - has been at that dose since beginning of February. Current medications: Probiotic once per day in AM, Tylosin powder SID in PM, Flintstone Vitamin SID in PM - per IM specialist, AS: 06-22-22 at 6:00p: Prednisone 20 mg - 1/4th tablet SID, Abnormal PE/Chem/CBC/UA Results 3/6/23 Alb 3.4, Alt 76, ALP 195, GGT 10, T Bili 0.1, Ca 9.7, Fecal PCR negative

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 **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 right kidney measured 10.0 cm. The left kidney measured 9.4 cm.

Adrenal Glands

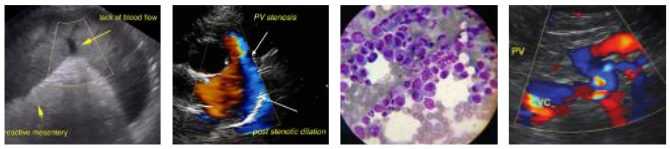
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.75 cm in width.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably



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thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** itself was unremarkable. Minor duodenal luminal dilation was noted, possibly owing to low grade duodenitis.

Pancreas

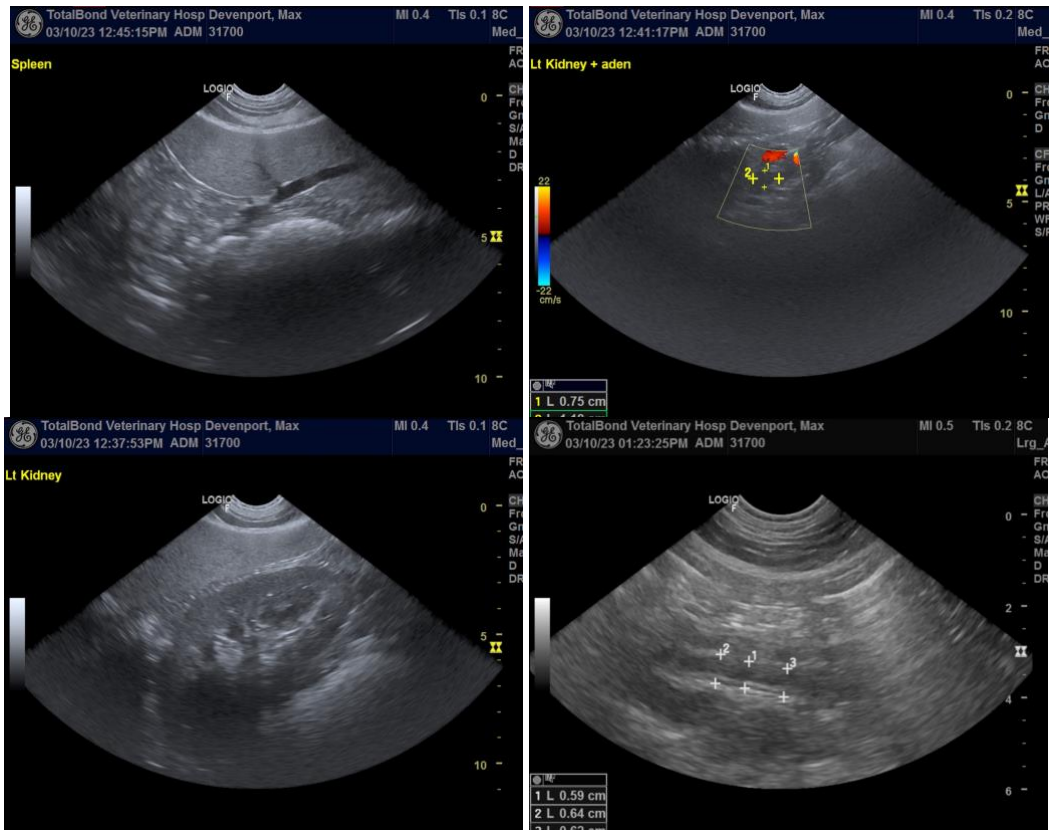
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Possible low grade duodenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol +/- diet change. Other causes of hyporexia, such as arrhythmogenic disease , orthopedic, CNS or thoracic disease should also be considered. Otherwise, I would focus on GI irritability causing the clinical signs and/or underlying Addisons. Screening for Addisons is warranted with baseline cortisol or ACTH stimulation.



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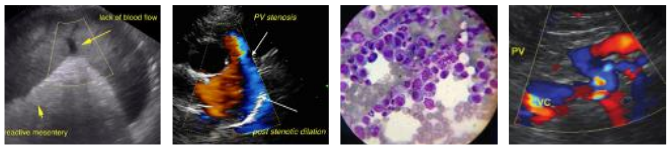

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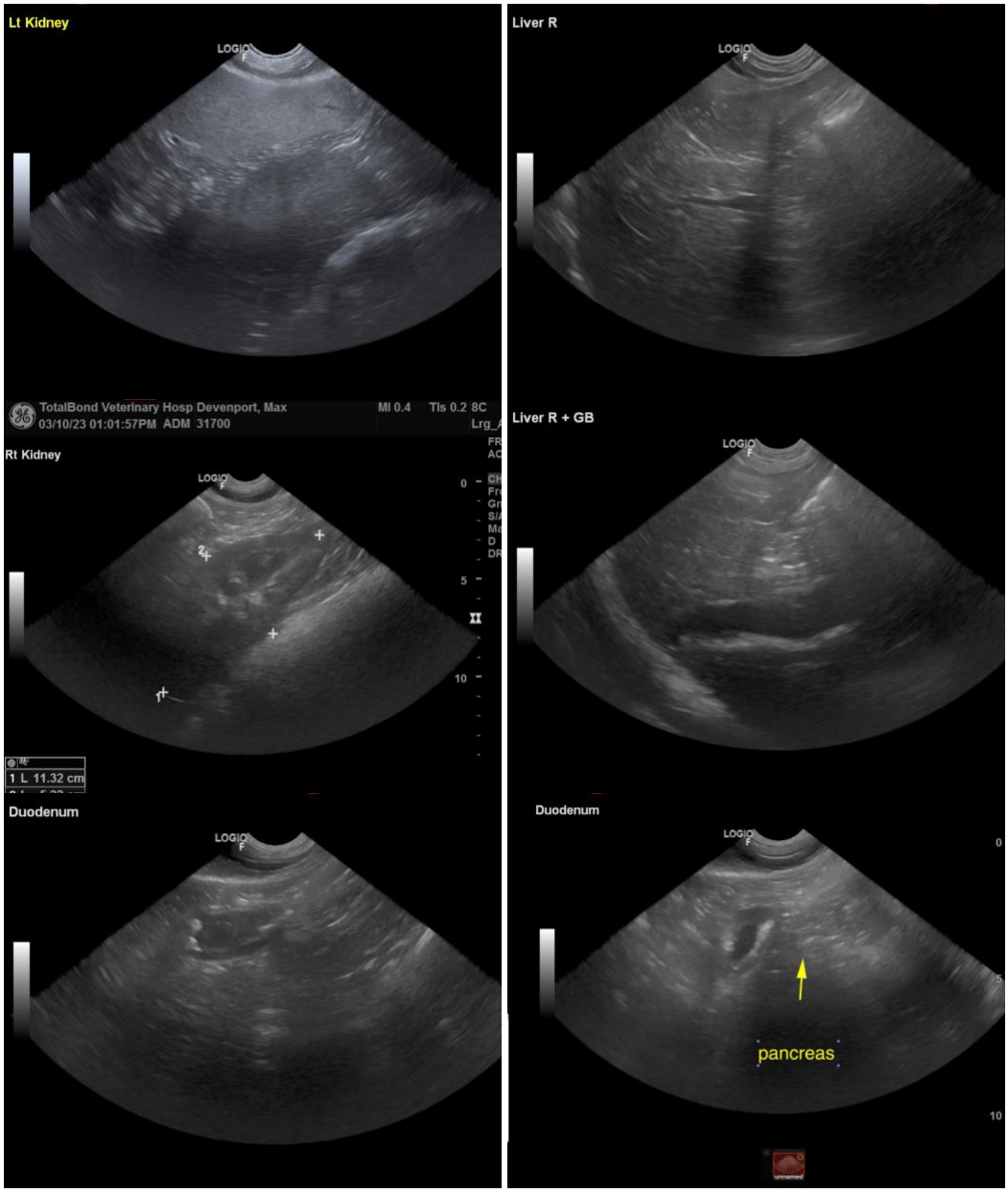

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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