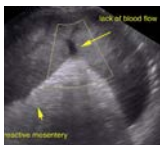
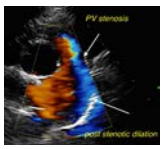
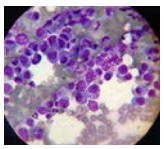
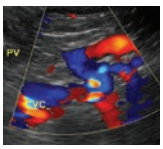

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PATIENT

Boudreaux Caraher

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

7 Years

WEIGHT

23.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Cumyn

INVOICE

39215

DATE

7/5/22

PRESENTING CLINICAL SIGNS

Dog from Wyoming in Calgary for 2 weeks .History of bloody diarrhea that responded to treatment Now only complaint is intermittent poor appetite. presently on omeprazole for possible Ulcer Abnormal PE/Chem/CBC/UA Results: Blood work and Ab x rays non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Apical wall thickening measured 0.32 cm. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The residual prostate was uniform at 0.97 cm.

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 4.87 cm. The left kidney measured 5.45 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 0.55 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measured 0.66 cm at the cranial pole and 0.67 cm at the caudal pole.

Spleen

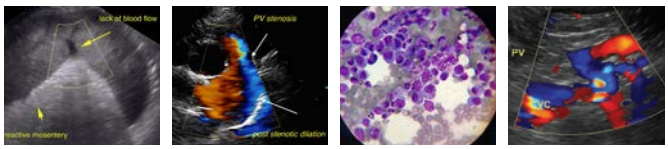
The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active 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 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 **gastrointestinal tract** revealed minor variable areas of increased, thickened and echogenic submucosal layer, suggestive for chronic disease. The ileocecal junction was mildly thickened. Regional lymph nodes were enlarged and hypoechoic, reactive pattern, measuring up to 0.69 cm in width. FNA,



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cytology and culture of the lymph nodes recommended. The stomach was empty. Curvilinear patterns were maintained throughout the abdomen. However, diffuse intestinal thickening was present.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

PRIMARY FINDINGS

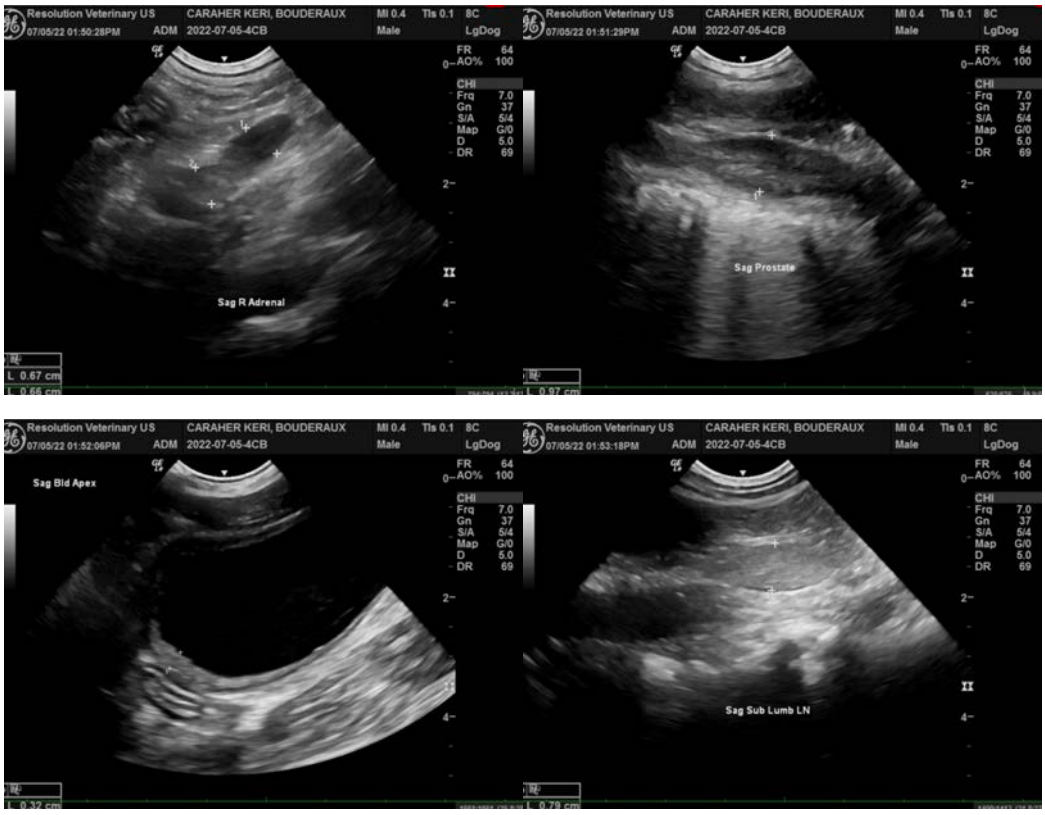
- Chronic inflammatory bowel presentation with reactive lymphadenitis – potential emerging round cell neoplasia.

SECONDARY FINDINGS

- Age related bladder, splenic, and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mesenteric lymph nodes recommended with cytology and culture. I recommend a fresh fecal smear and fecal floatation analysis, broad-spectrum antiparasitic protocol, hydrolyzed diet, and Enrofloxacin/Metronidazole to treat for enterotoxins. Otherwise, full thickness GI and lymph node biopsies would be appropriate.



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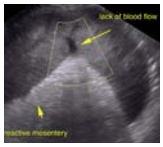
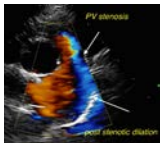
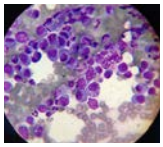
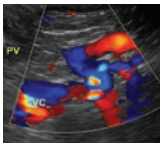

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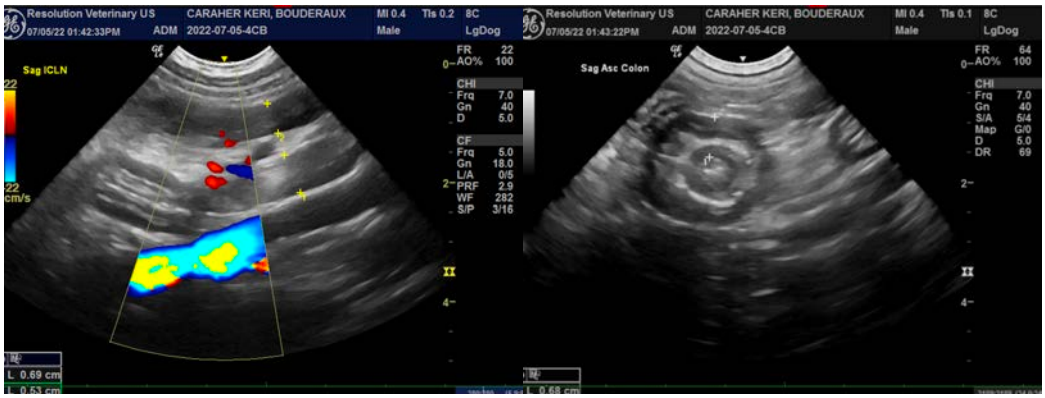

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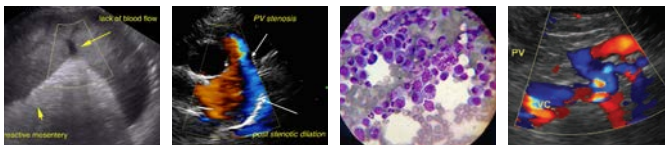

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com