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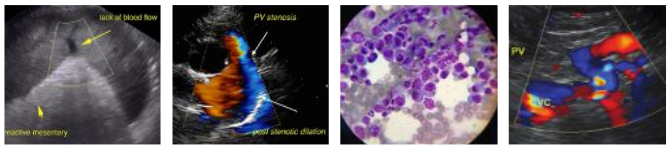


PATIENT

Wasabi Chu

SPECIES

Canine

BREED

Shiba Inu

SEX

MN

AGE

1.5yr

WEIGHT

26.4lb

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay Veterinary Clinic

REFERRING VET

Graham Sager-Gellerman, DVM

INVOICE

14293ag

DATE

07/07/2023

PRESENTING CLINICAL SIGNS

Started Apoquel for suspected atopy in May 2023. Following this point, appetite started to decrease (not directly correlated w/ Apoquel timing but owners noticed more overtly once starting Apoquel). Stopped Apoquel in mid June 2023, appetite still did not improve. Would show limited to no interest in treats or variety of diets. Has a history of very significant anxiety, very difficult to evaluate in clinic without sedation. Severe noise phobia -- following thunderstorm late June, acted consistently very lethargic and borderline anorexic (would eat only a few bites of chicken/ground beef intermittently for days). Has had a few instances of bilious vomiting. No diarrhea. Over this period he has gained weight (2 lbs). Owners are very confident there is no other source of food he could be eating. Does have very mild symmetrical hypotrichosis bilateral tarsi, no other evident alopecia. PE unremarkable elsewise. Goal of study is to rule out obvious abdominal disease; labwork is pending (cbc/chem/t4).

Abnormal PE/Chem/CBC/UA Results: Recheck labwork pending from today. 4/13/23: CBC: within normal limits CHEM: wnl 4dx: wnl

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 left kidney measured 4.65 cm in length. The right kidney measured 3.75 cm in length.

Adrenal Glands

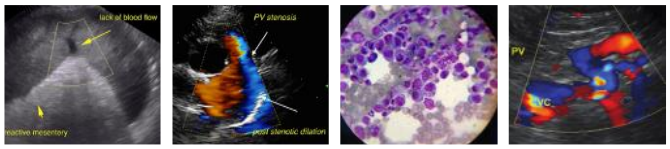
Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.81 cm in length by 0.48 cm caudal pole width by 0.41 cm cranial pole width. The right adrenal gland measured 2.01 cm in length by 0.36 cm caudal pole width by 0.64 cm cranial pole 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 thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the gastrointestinal tract revealed gastric wall hypertrophy and minor luminal fluid. No evidence of foreign body or significant mural disease. Microulcerative disease cannot be ruled out, although no overt ulcer is present. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

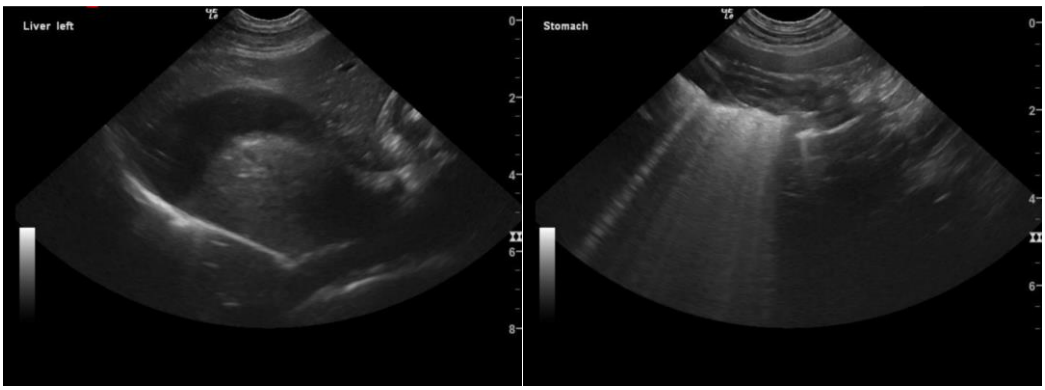
ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

Some or all of the follow protocol or similar may be considered with assessment of clinical response. A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg PO q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg PO BID), **Pepcid** (0.5-1 mg/kg PO SID.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg PO SID.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding BID/TID. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.



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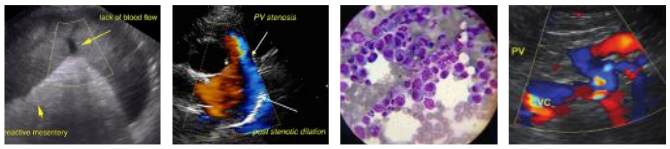

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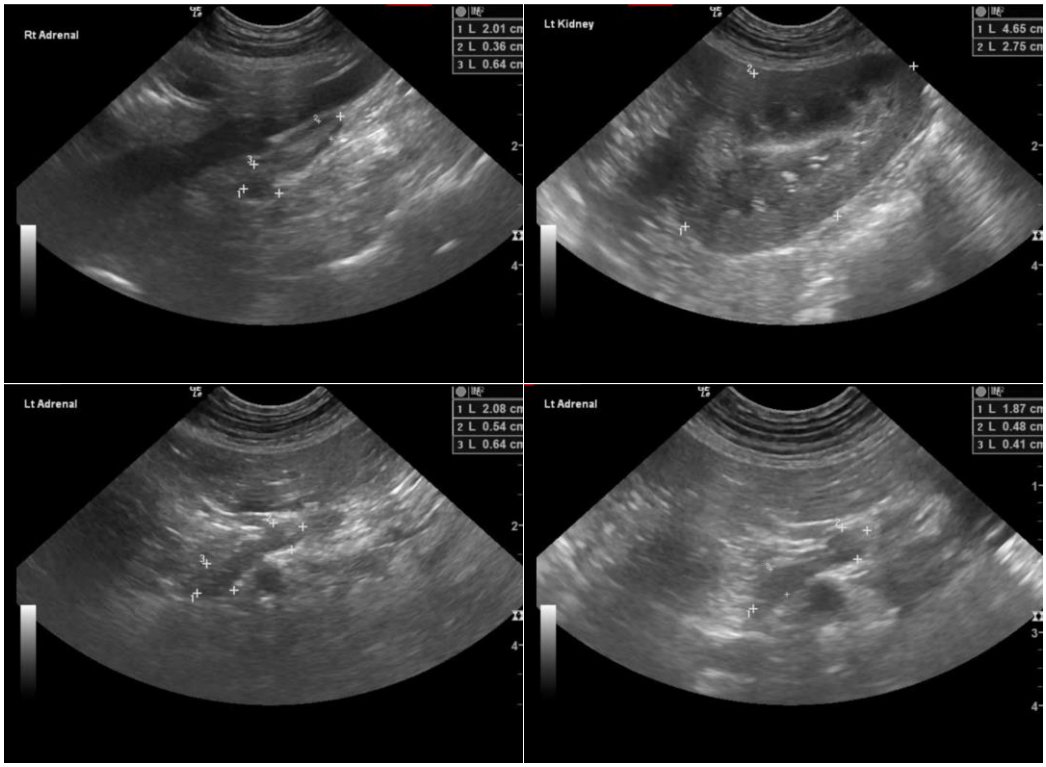

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com