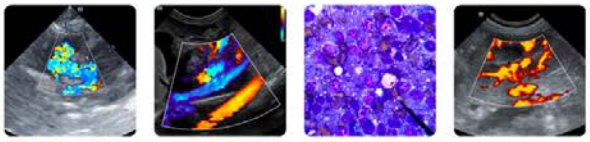

PATIENT

Beatrice Spiegel Gotsch

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

14 Years

WEIGHT

34.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Kathleen Laux

INVOICE

73179

DATE

2/21/26

PRESENTING CLINICAL SIGNS

Been struggling with chronic diarrhea on and off. Mild weight loss. Responds to metronidazole treatment but then reoccurs about 5 days after finishes medication

Abnormal PE/Chem/CBC/UA Results: Unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.4 mm and the caudal pole measures 6.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 7.5 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder contains a moderate amount of gravity dependent echogenic debris that appears clinically insignificant at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness.

The colon contains soft stool. Colonic wall measures 1.2 mm in width, which is normal. Diffusely the colon wall appears to have normal thickness and appearance. There is a mildly enlarged pericolic lymph node that measures 4.5 mm x 9.2 mm. This node is hypoechoic and rounded with a mild amount of hyperechoic fat present.

Pancreas

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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Soft stool in the colon.
- Mildly enlarged pericolic lymph node.
- Mild amount of echogenic gravity dependent debris within the gallbladder.

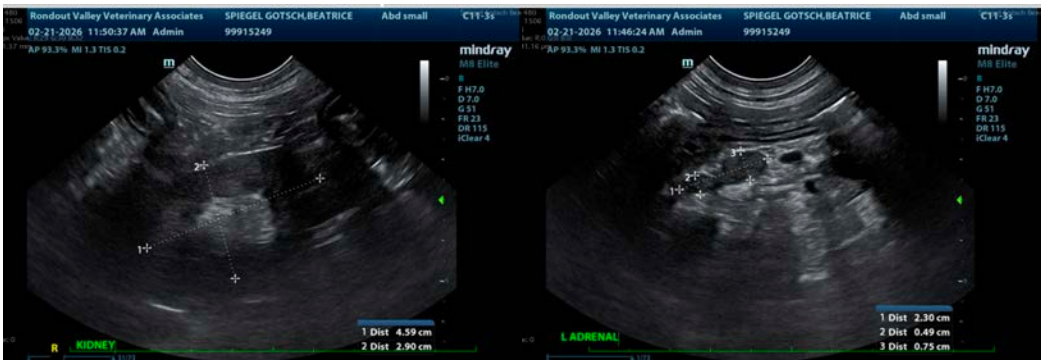
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific cause for the patient's diarrhea is seen on this exam. No significant abnormalities are seen. If not already performed, recommend further workup for the patient's diarrhea with fecal pathogen PCR to rule out parasites and protozoa. Recommend Texas A&MGI panel if not already performed to screen the patient for hypocobalaminemia or possible decreased folate that may indicate occult small intestinal disease that could be contributing to the patient's diarrhea.

I suspect that this patient may have antibiotic responsive diarrhea. If no parasitism is identified on the fecal pathogen PCR, and the GI panel does not significant GI disease is present, at that time recommend considering a Tylosin trial at 30 mg/kg given by mouth twice daily mixed into patient's food. The Tylosin can be continued long-term safely, and once the diarrhea has resolved, considering tapering Tylosin to the lowest effective dose, which may be once daily, or often some patients can achieve resolution of their diarrhea on every other day Tylosin.

If ultimately the patient fails a Tylosin trial and the diarrhea persists, then at that time I would recommend upper and lower GI biopsies endoscopically if possible. If endoscopic GI biopsies are not possible, consider surgical GI biopsies.

Given the reported history and the fact that there are no significant findings on this abdominal ultrasound, I believe the patient's prognosis is good at this time.



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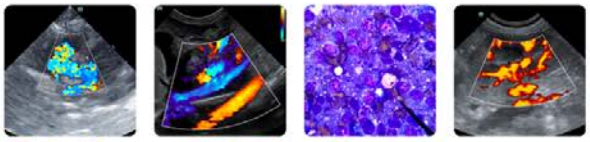

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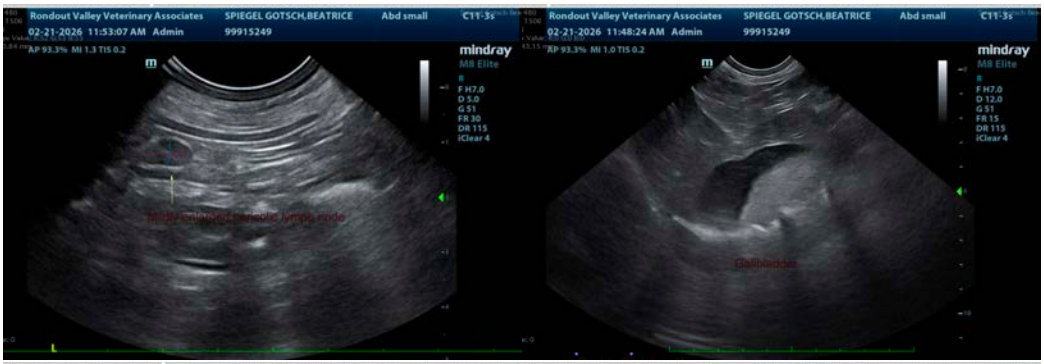

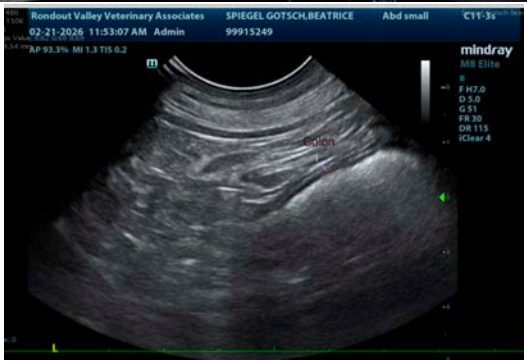

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com