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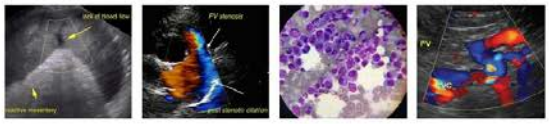

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bodhi Ohlson

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

6 Years

WEIGHT

62.9 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Michelle Caldwell

INVOICE

44476

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Patient presenting for abdominal ultrasound today for further evaluation of elevated liver values, follow up after bout of pancreatitis, and rounded portion of the spleen noted on abdominal x-ray earlier this month, all diagnostics performed at Southwest Veterinary Hospital. P presented BAR for recent exam, H/L auscultation NSF, Abdominal palpation NSF. P is having persistent soft stool to liquid diarrhea, no hematochezia. No response thus far to probiotic. No vomiting. See LW results from SWVH below: PCV 60 Albumin 4.1 ALT 153 ALKP 399 Spec abnormal P also has been having trouble with weight loss despite food portioning and consistent exercise.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.88 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.95 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.12 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.74 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule measuring 2.13 cm x 2.49 cm towards the cranial aspect of the spleen, which mildly deforms the splenic capsule.

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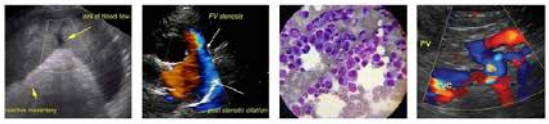

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.36 cm. There is mild mucosal speckling in the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with nonformed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an ovoid structure visualized in the region of the sublumbar lymph node measuring 0.66 cm. The omentum is of normal echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Focal hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mild mucosal speckling of the duodenum – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Ovoid structure in the sublumbar region – This could be a relatively normal sized sublumbar lymph node, but it appears prominent. Recommend continued monitoring.

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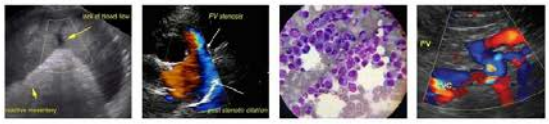

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the chronic diarrhea reported. Additionally, the liver appears relatively normal with no focal lesions.

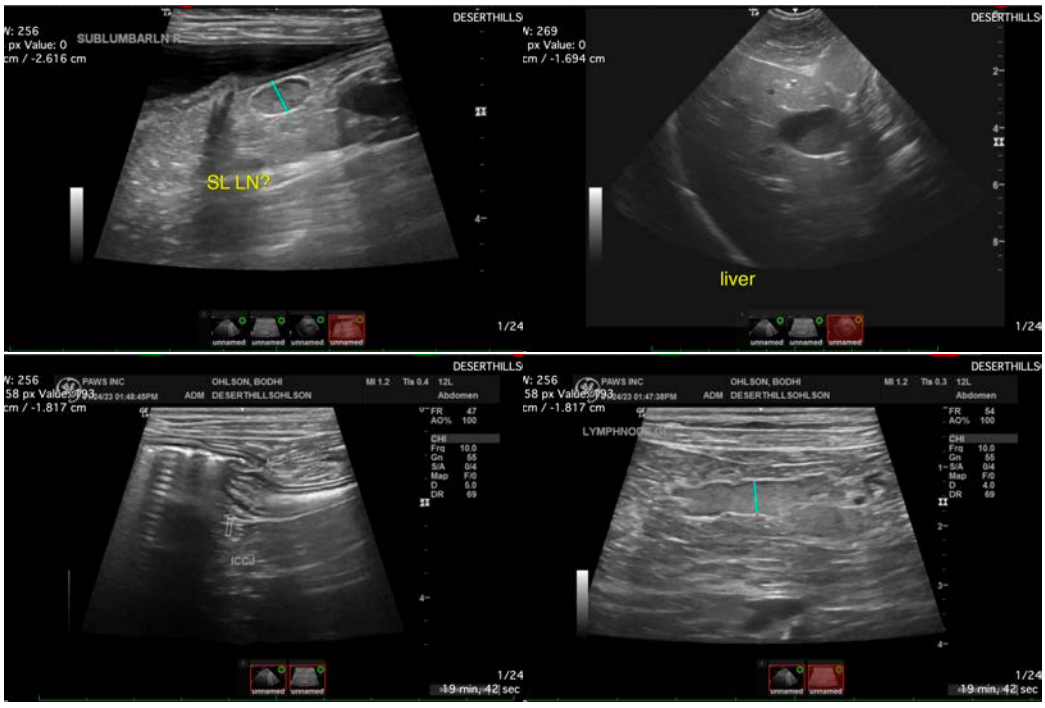
Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc….

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

It is possible that the liver enzyme elevations are reactive secondary to the chronic diarrhea, but continued monitoring is warranted. If liver enzymes continue to rise, consider a liver function test and fine needle aspirate of the liver.

There is a hypoechoic nodule visualized in the spleen. This could represent a benign or neoplastic process. Recommend a fine needle aspirate and 3-view thoracic radiographs.

If the diarrhea persists and there is no obvious metabolic cause, and dysbiosis seems unlikely, then consider obtaining GI biopsies. Additionally, the splenic nodule should be monitored and removed if it is getting larger or if cytology is consistent with a neoplastic process, and eventually if liver enzymes continue to rise, a biopsy may be necessary.



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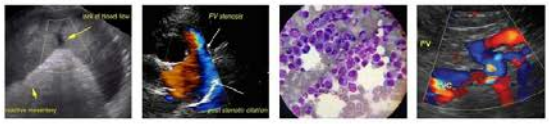

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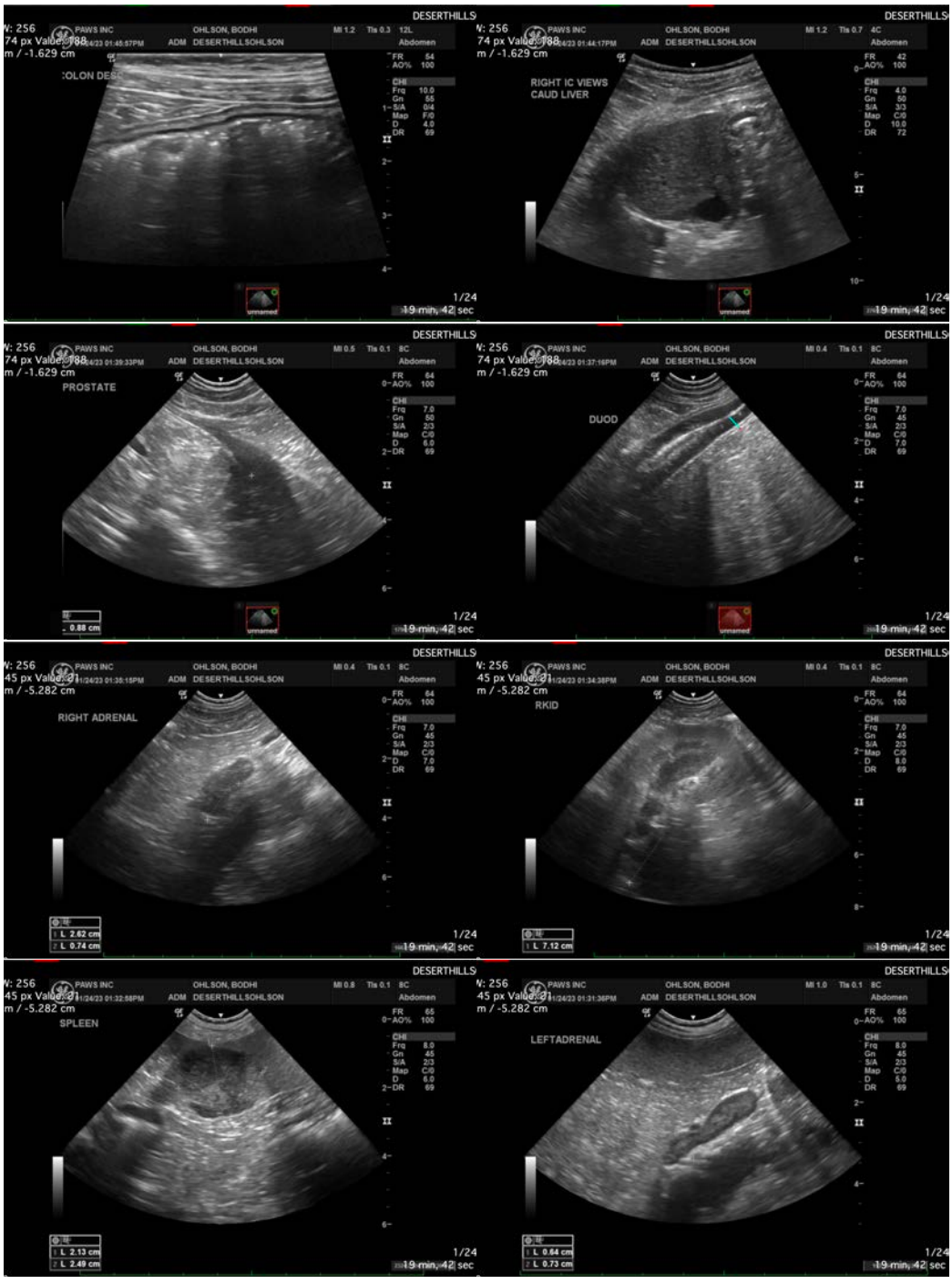

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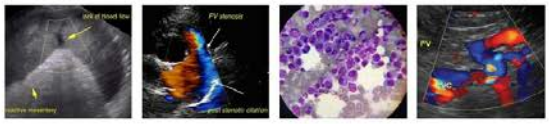

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com