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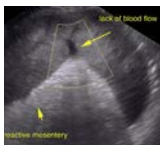
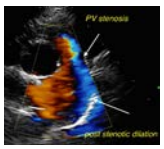
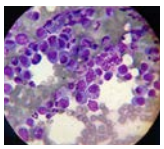
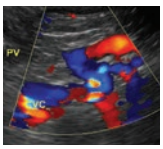

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1-800-838-4268 info@sonopath.com

PATIENT

Grayson Jabick

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

1 Year 5 Months

WEIGHT

72.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Megan Cassels-Conway

INVOICE

42440

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Intermittent chronic GI disease (vomiting and mucoid diarrhea) since P was a puppy. Vomits 1-2 times weekly bile usually in am, snack before bedtime helped some but still ongoing. Episodes of mucoid stool and vomiting 1 month ago and again 2 weeks ago. Last week vomiting. Episodes improve on zofran and metronidazole but recurred after 4-5 days off meds. On HP diet and fortiflora long term. Rads showed nonspecific gastroenteritis. Fecal no parasites seen, Giardia ELISA NEG. History of giardia and prepucial ring anomaly which was surgically repaired as puppy. Also has history of atopy treated with monthly cytopoint and daily zyrtec 20mg. GI panel and baseline cortisol pending.

Abnormal PE/Chem/CBC/UA Results: 9/27/2022 Cbc- wnl Chem-Cholesterol 425 H-- non fasted hem 1+ t4- WNL 3 u/a- Sp g 1031, ph- 7.5 H, Quiet sed 8/24/2022 CBC: WNL CHEM: AST 68, TBili 0.4, Chol 392 U/A: 1.019, clear sediment

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 (0.80 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 (6.45 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 (6.11 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 0.38 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 0.44 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. No focal parenchymal abnormalities are visualized.

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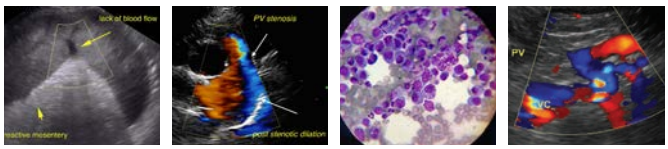

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Liver

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 0.44 cm. Jejunum wall measures 0.28 cm. 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 formed 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. Unfortunately, there are many causes for vomiting and diarrhea that cannot be diagnosed by ultrasound alone. Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis and IBD.

In young dogs, the most common causes for longstanding diarrhea are dietary intolerance, GI parasitism, and dysbiosis/infectious causes. A GI panel and a cortisol level are pending, which is the perfect next step. If not already done, recommend a novel protein or hydrolyzed protein prescription diet, and consider a different probiotic, as different pets respond differently to different products (such as Proviable, etc.).

If symptoms persist and you strongly suspect dysbiosis, then consider a fecal transplant. This is a fairly straightforward procedure and can sometimes be successful.

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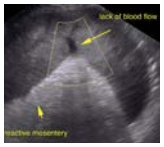
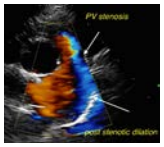
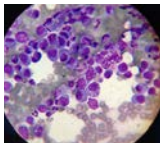
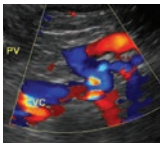

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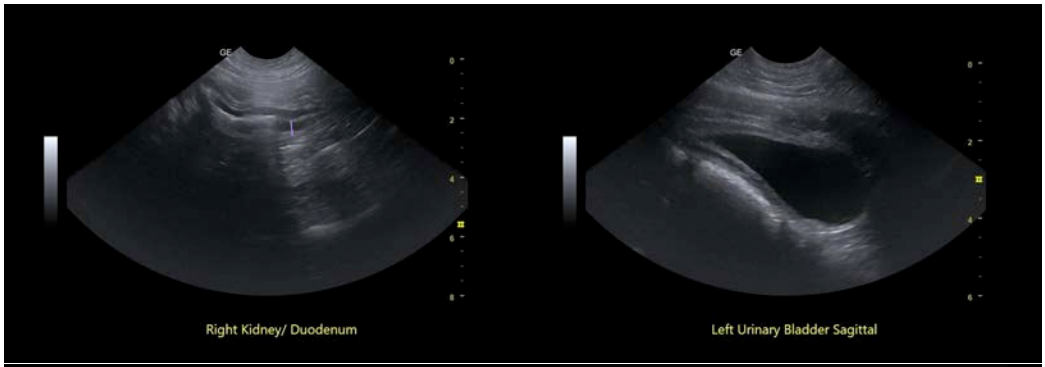

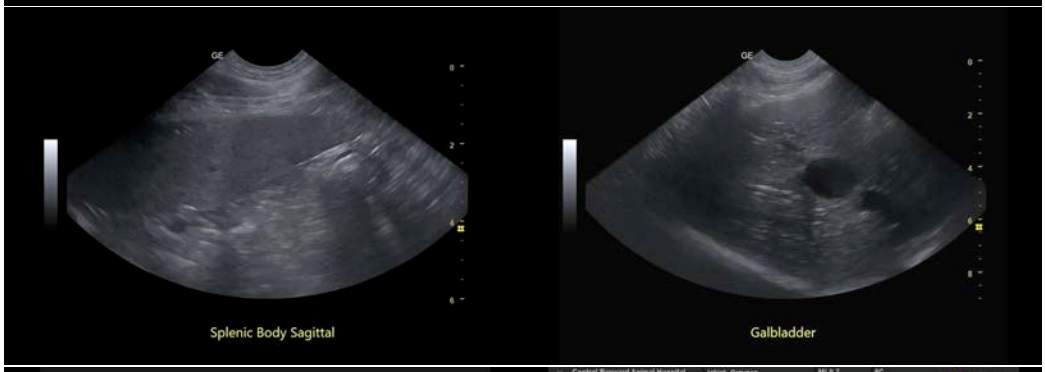

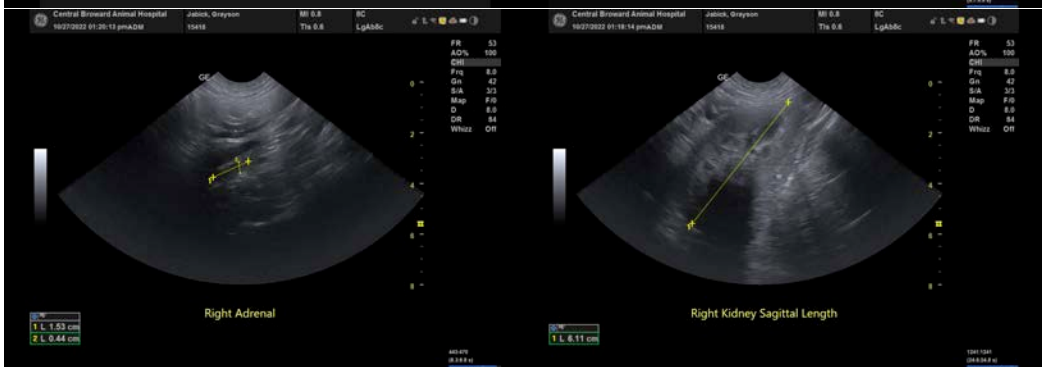

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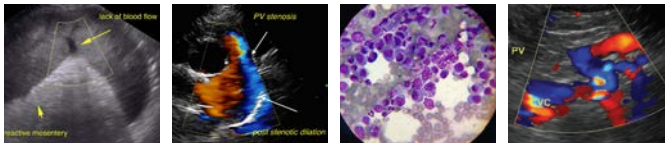

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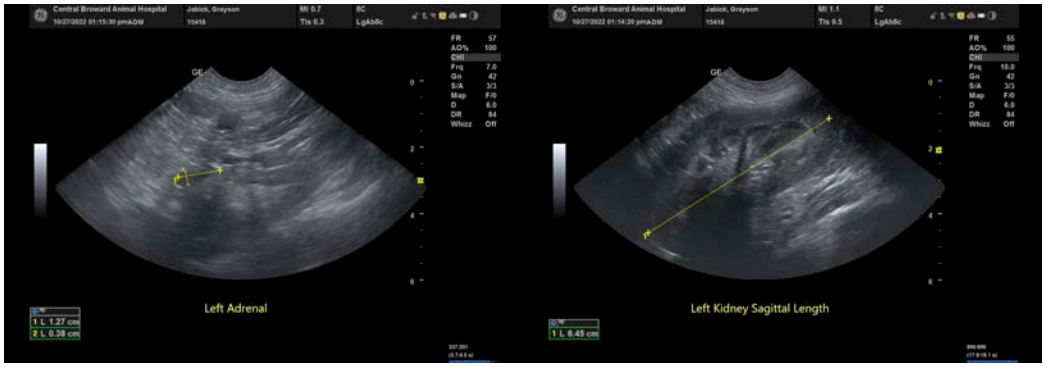

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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