IMAGING PERFORMED BY

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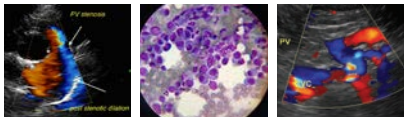

SonoPath

Clinical Sonography & Telecytology

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DATE

4/18/23

PATIENT

Harper Copenhaver

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Spayed Female

AGE

3/28/19

WEIGHT

25 Pounds

INTERPRETED BY

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

HOSPITAL NAME

All Creatures Veterinary Service

REFERRING VET

Dr. Meadows

INVOICE

46726

PRESENTING CLINICAL SIGNS

On/off vomiting and diarrhea that was initially evaluated for in October of 2022. Typically treated with metronidazole, Cerenia, Proviable, +/- Entyce. Pet is on Purina HA and has been for several months. CBC and chem done in October 2022 along with abdominal x-rays which was unremarkable. Resting cortisol done in January 2023 which was 5.5. Has had 4-5 flare ups since October of 2022. CBC and chem done 4/12/23 and overall unremarkable Texas GI panel (folate, cobalamin, TLI, and PLI) pending

Current Medications: Metronidazole 125mg BID during flares, Proviable 1 capsule SID, Omeprazole 10mg BID, Entyce 30mg SID PRN, Cerenia 15mg SID PRN, Purina HA
Lab Results: mild hypocalcemia 4/12/23 (8.8- normal is 8.9-11.4).
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

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 left kidney has a normal shape and size (4.44 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 (4.38 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 0.41 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 0.47 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.

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 moderate ingesta. 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 0.35 cm. Jejunum wall measures 0.31 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 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, 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

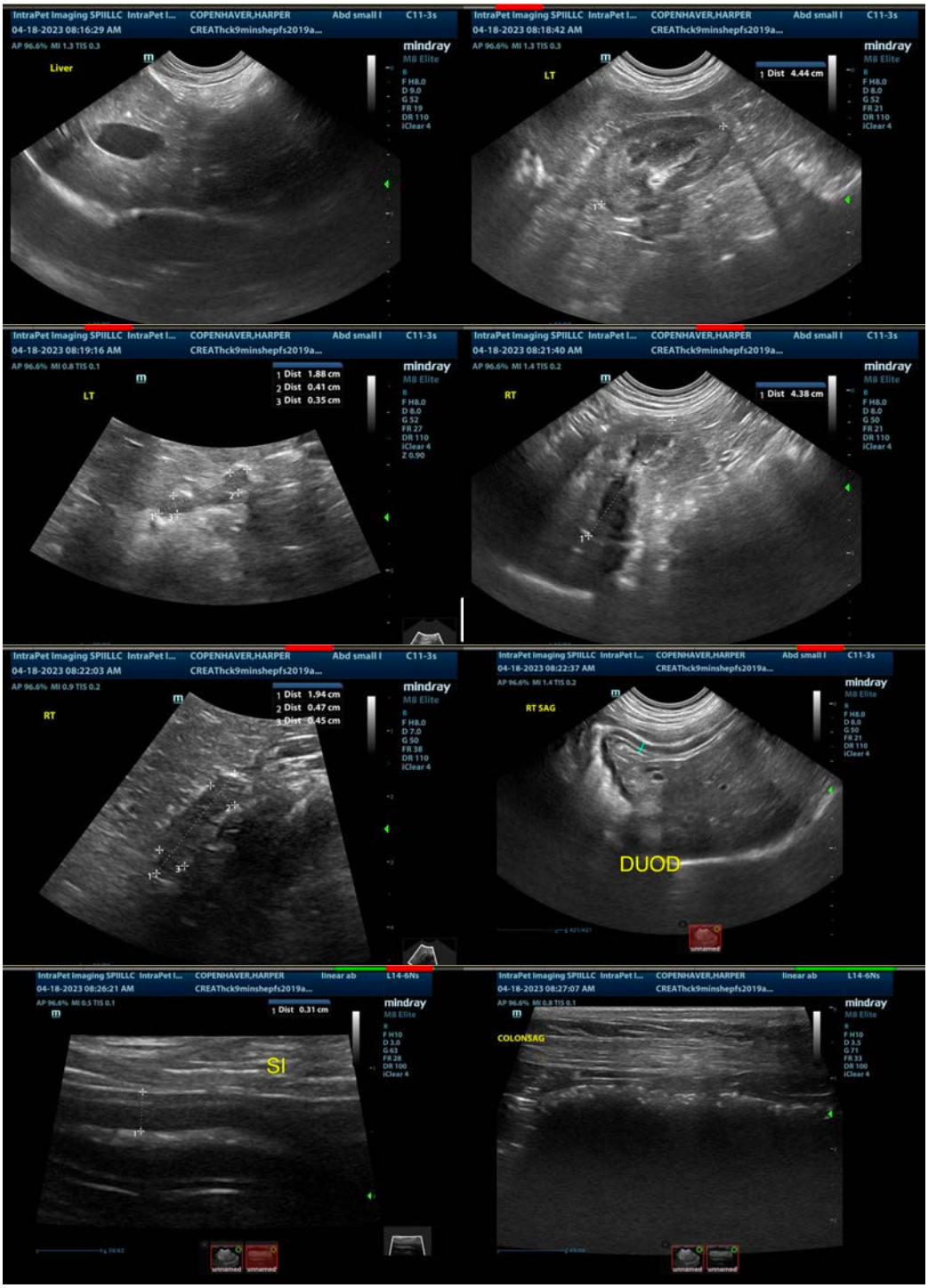
- Moderate amount of shadowing material within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal for a young dog. No focal lesions were visualized with the gastrointestinal tract to explain the intermittent vomiting and diarrhea reported. Intermittent symptoms can be particularly frustrating, as it is difficult to assess response to treatment. The most common differentials to consider in a younger dog would include food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, dietary indiscretion, dysbiosis. Underlying IBD or intestinal neoplasia are possible but less likely. You've taken many of the initial steps such as a hydrolyzed or novel protein diet. If you're not seeing a response to the diet that you selected within a few months, you could consider a different diet. Additionally, GI panel is pending, which may be helpful.

- If not already done, consider screening for GI parasites and empirical treatment.
- Recommend chronic probiotic therapy.
- If symptoms are persistent, consider obtaining GI biopsies.

Consider reevaluation of the calcium with either an ionized calcium, or a recheck serum calcium and an ionized calcium/PTH level if it is persistently low.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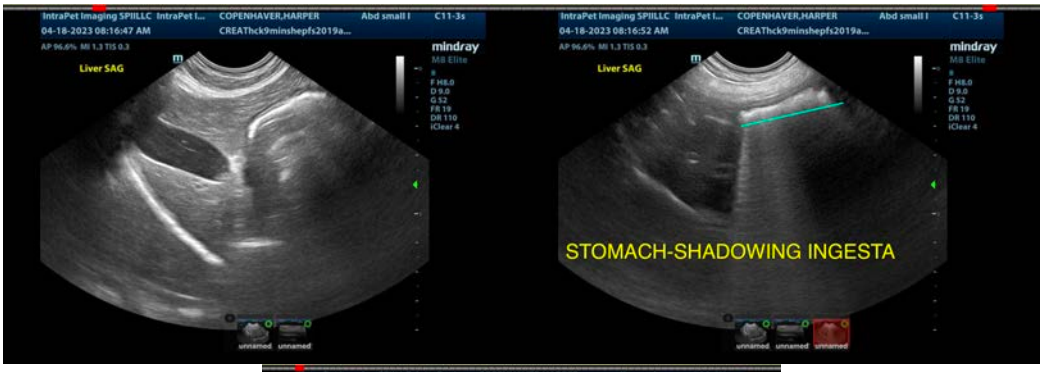

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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kathleen.sennello@sonopath.com