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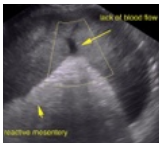
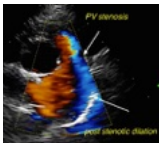
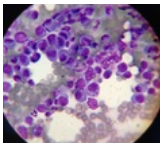
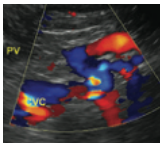

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1-800-838-4268 info@sonopath.com

PATIENT

Jax Beke

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

3 years

WEIGHT

75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas, DVM, Ph.D

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Aaron Lucas, DVM, Ph.D

INVOICE

10429

DATE

8/18/2023

PRESENTING CLINICAL SIGNS

Patient has a long history of GI upset characterized by persistent vomiting and diarrhea (large bowel). Episodic vomiting and diarrhea started September 2022 and patient was treated symptomatically for gastroenteritis with cerein, famotidine, fluid support and bland diet (chicken and rice). When owners started transitioning from chicken and rice to normal kibble (purina proplan) patient started again with diarrhea and vomiting. Prescription bland diet (Purina EN) was then initiated, and patient seemingly improved. On October 13th, 2022, patient presented to ER for acute vomiting and diarrhea and an abdominal ultrasound was carried out with few abnormalities other than small bowel ileus. Fecal flotation was negative at this time and resting cortisol was 4.7 ug/dL. GI panel carried out on October 14th revealed low Cobalamin (182 ng/L) with normal folate and TLI. Patient was then started on oral cobalequin supplementation and bland diet (Purina EN was continued). Episodic vomiting and diarrhea started again on 7/25/23. At this time routine CBC, Chemistry and UA were normal and abdominal radiographs were unremarkable. Patient was treated symptomatically with cerenia and metronidazole and transitioned back to chicken and rice and owners noted no vomiting of diarrhea until 8/4/23 when owners tried to transition patient back to EN and vomiting started. At this time, I examined patient, and he was clinically normal with mild intestinal gas and abdominal radiographs were unremarkable. Patient was again treated symptomatically again with oral cerenia and famotidine and transition back to chicken and rice. Owners called yesterday to and said patient was normal but started with vomiting and diarrhea again yesterday morning. Sedated abdominal ultrasound was performed today.

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 (0.87 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 (5.83 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.

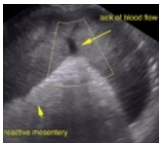
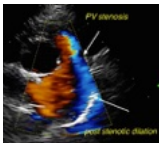
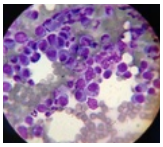
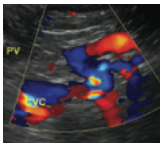
The right kidney has a normal shape and size (6.5 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex: medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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 0.58 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

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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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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. The duodenum measured as normal (0.49 cm), and the jejunum measured as normal (0.4 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

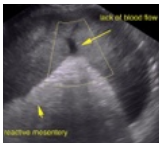
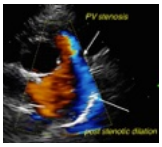
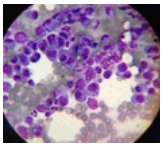
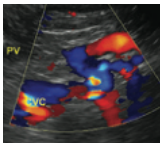
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Mildly heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. In the absence of liver enzymes evaluations, the significance of this is uncertain.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the gastrointestinal tract to explain the intermittent GI signs reported. Based on the information supplied particularly the low Cobalamin levels or chronic

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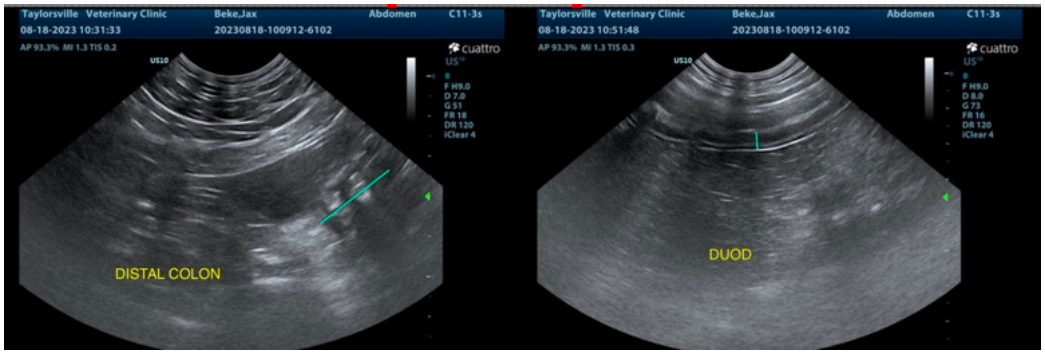
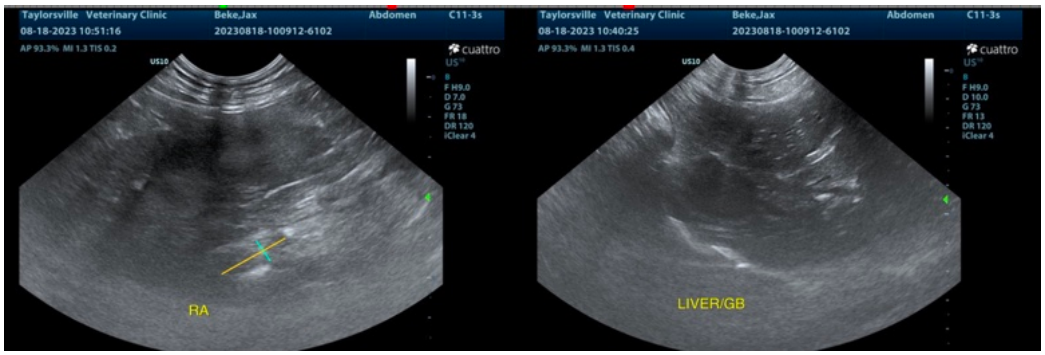
enteropathy is very likely.

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.
- Recommend screening for Addison's disease.
- If not already done recommended screening for GI parasites and empirical treatment.

If the above steps already been taken and symptoms are persistent recommend repeating a GI panel and consider obtaining GI biopsies to obtain a more definitive diagnosis and treatment plan.





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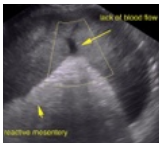
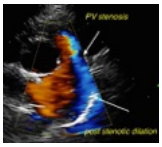
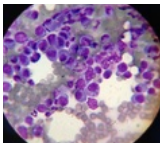
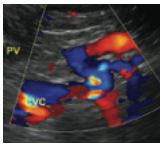

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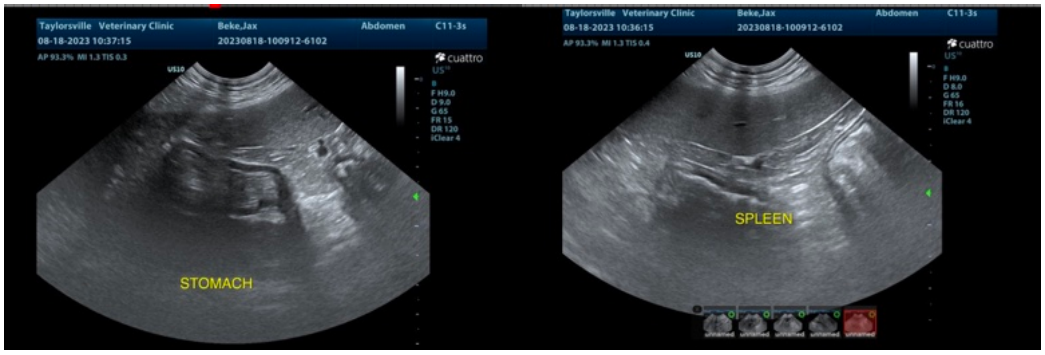

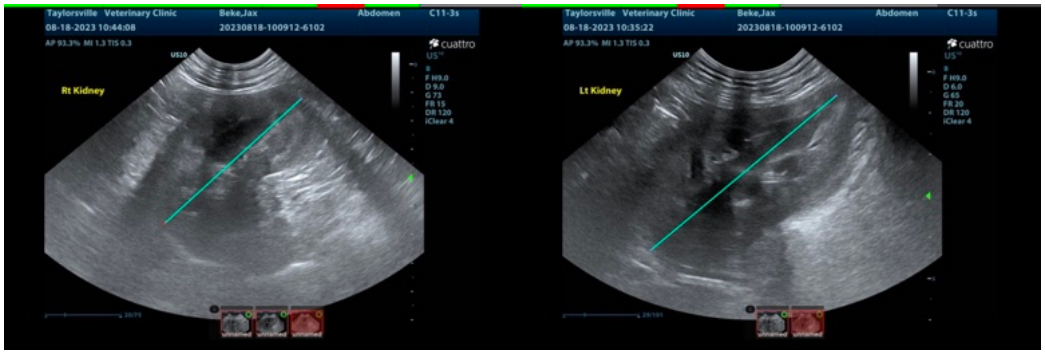

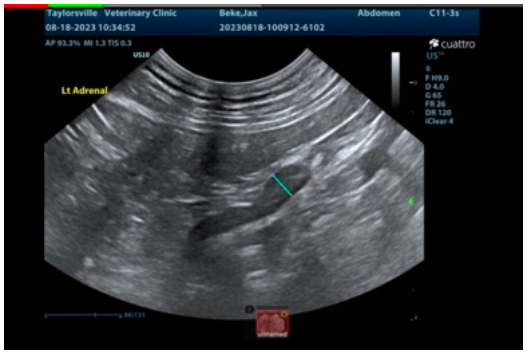

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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