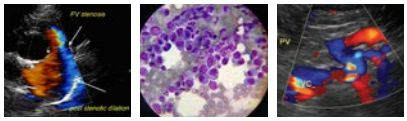
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

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DATE

8/29/22

PATIENT

Winnie Furman

SPECIES

Canine

BREED

Bearded Collie

SEX

Spayed Female

AGE

6/15/16

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Heart + Paw

REFERRING VET

Dr. Kraselski

INVOICE

40950

PRESENTING CLINICAL SIGNS

Pet presents for over 2 years history of intermittent diarrhea. O was primarily feeding I/D Hill's food, but pet also often receives other table food/treats/ etc. No history of vomiting. Normal energy levels.
Always hungry per owner. Full exam performed, including rectal - moderate tension in abdomen, pet is overweight, mild superficial dermatitis/full anal glands, otherwise normal. Recent transition started to Purina Salmon HA diet.

Current Medications: Proviable forte - 1 po sid - started 8/22/22
Lab Results: Full labs done June 2022 - wnl other than increased triglycerides/cholesterol - not fasted sample. Fecal sent out 8/22/22

Fasted Gi/pancreatitis profile - to be sent out day of ultrasound
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (5.62 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 (6.34 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 0.60 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 fluid and 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. Jejunum wall measures 0.29 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

- Mild/moderate gastric dilation with fluid – Correlate with feeding history. If the patient was adequately fasted, this could indicate delayed gastric emptying or partial outflow tract obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound changes observed were relatively mild. Unfortunately, the severity of ultrasonographic changes do not always correlate with the severity of Gi symptoms exhibited. Many causes for Gi signs cannot be definitively diagnosed by ultrasound alone.

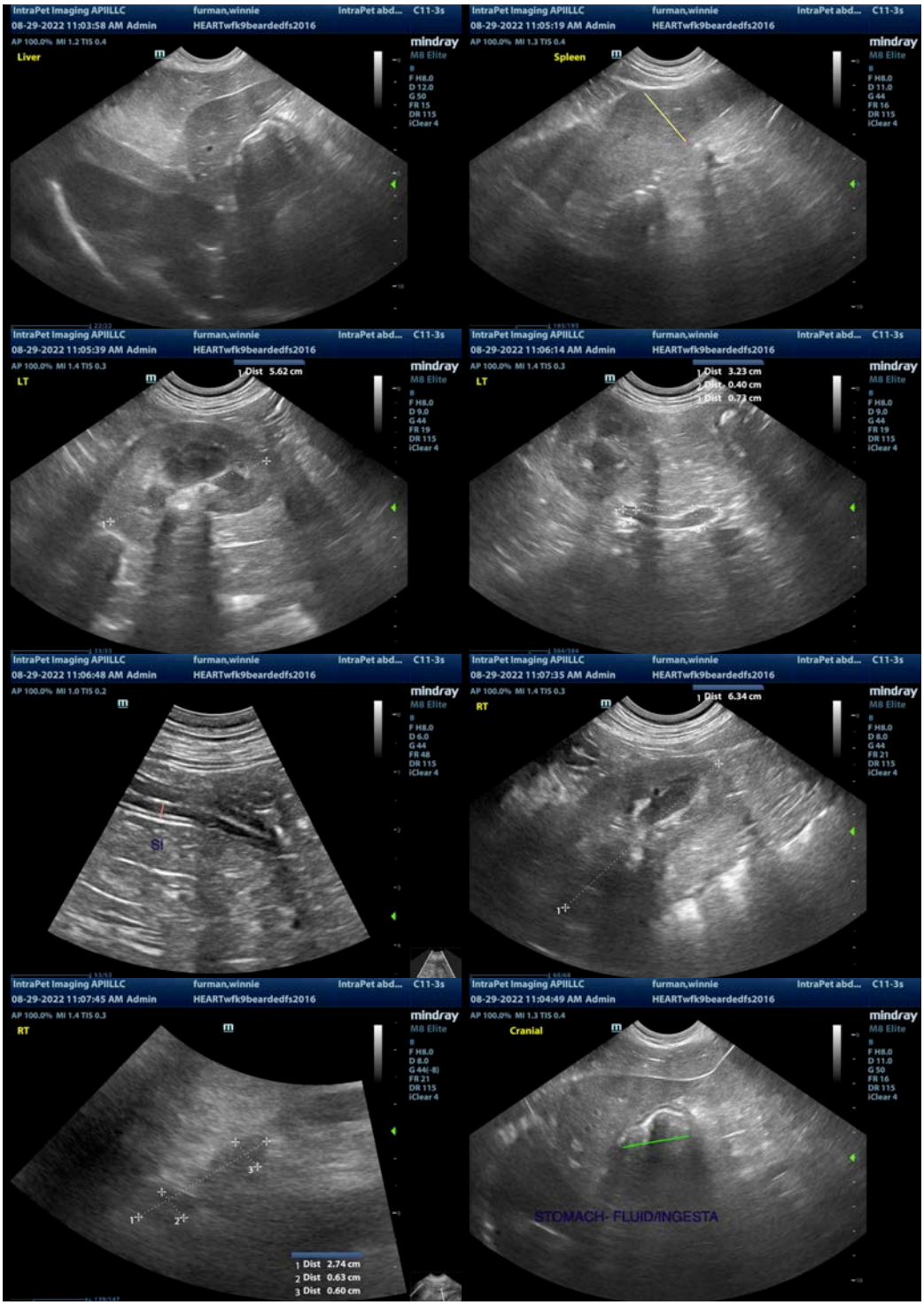
- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, Gi panel (TLI/PLI, folate, cobalamin.) (has already been done)

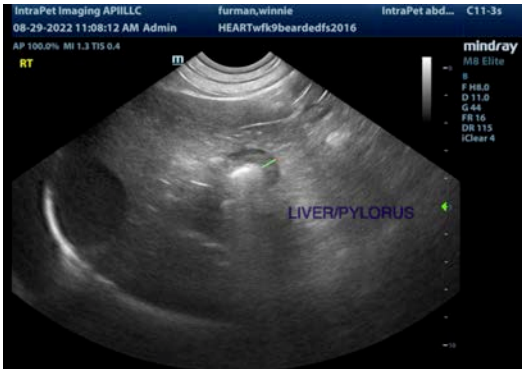
- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

Based on the history provided, this pet has had a good medical workup, and much of the above recommendations have been performed. Consider:

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- Consider fiber supplementation. This can make some individuals better and some worse.

With the chronicity of these symptoms and the age of this patient, if a hydrolyzed protein diet is unsuccessful in improving the GI signs, I would strongly recommend obtaining GI biopsies.





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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