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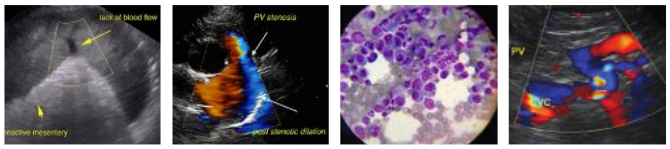

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kathy Krause

SPECIES

Canine

BREED

Kangal Shepherd

SEX

M

AGE

2

WEIGHT

112

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Ashley Douglass

HOSPITAL NAME

Mt. Yonah Animal Hospital

REFERRING VET

Ashley Douglass

INVOICE

12700ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

40lb weight loss, patient has chronic vomiting, diarrhea, and anorexia. Patient likes to eat rocks with no obvious intestinal blockage on radiographs. Bloodwork unremarkable, pending ACTH stim for atypical Addisons and a GI panel to look at cobalmin, folate, TLI, CPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was mildly distended with luminal gas with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent semi formed feces in lumen.

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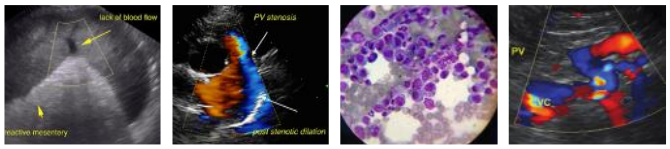

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract/colon
- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of GI foreign material or obstructive pattern.

At times the sonographic presentation of the gastrointestinal tract may not correlate with reported weight loss or gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, malassimilation/maldigestive disorder, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal, Addison's disease or less likely infiltrative neoplasia are possible. Correlation with pending ACTH and GI panel is suggested. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Pending additional diagnostics, endoscopic upper and lower GI biopsies may be indicated for histopathology.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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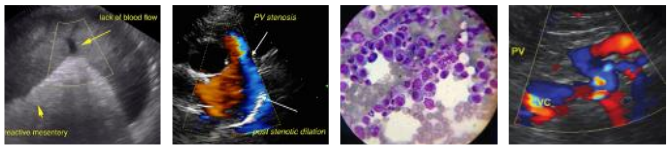

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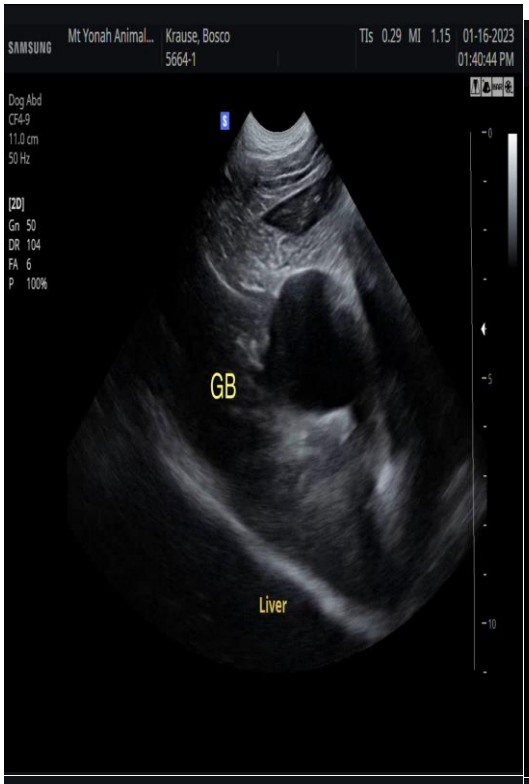

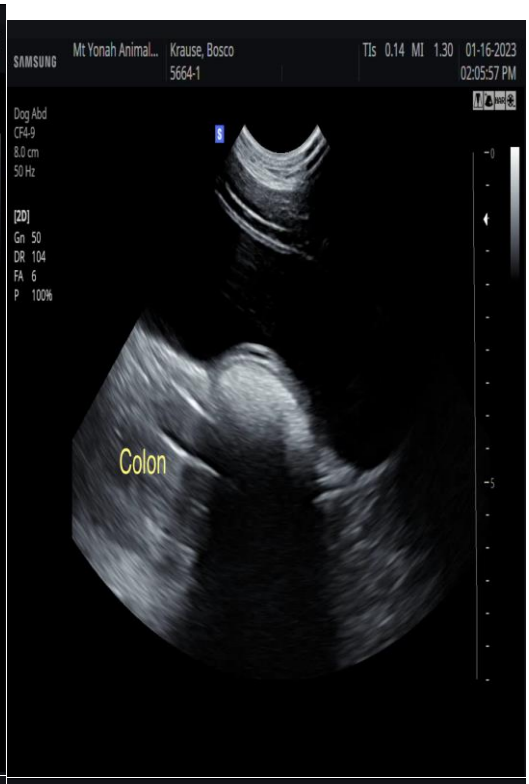

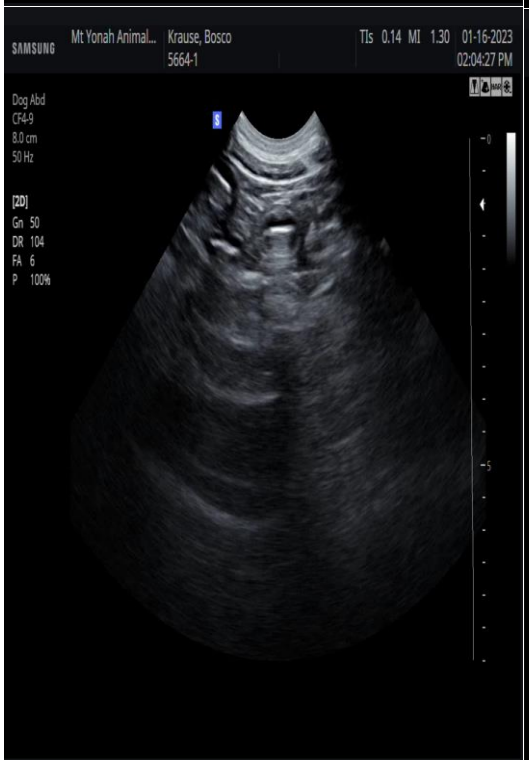

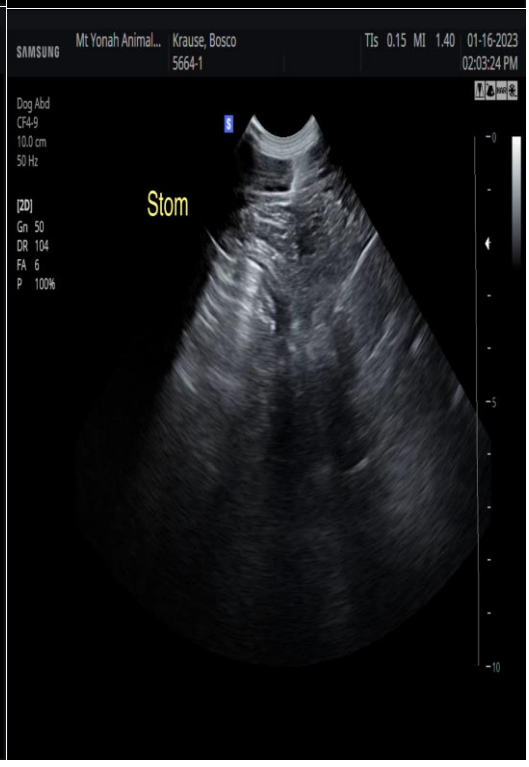

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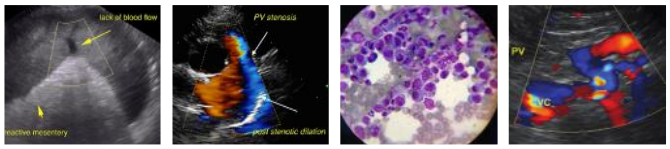

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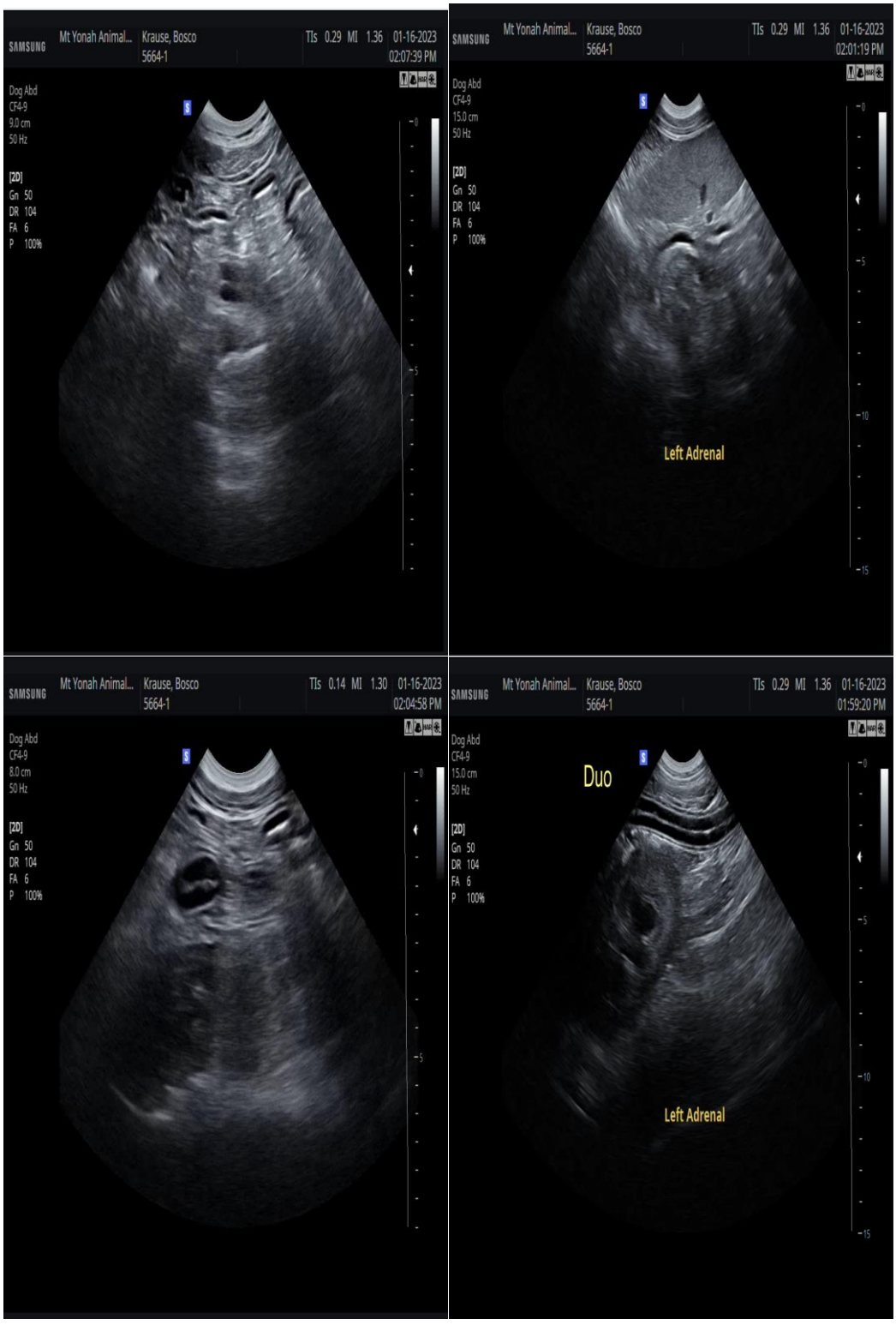

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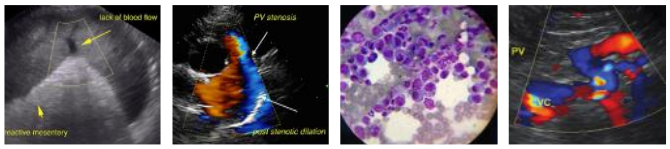

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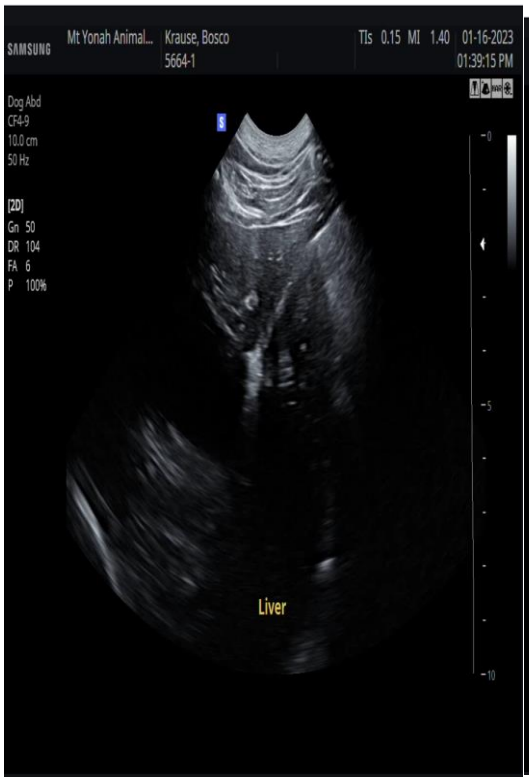

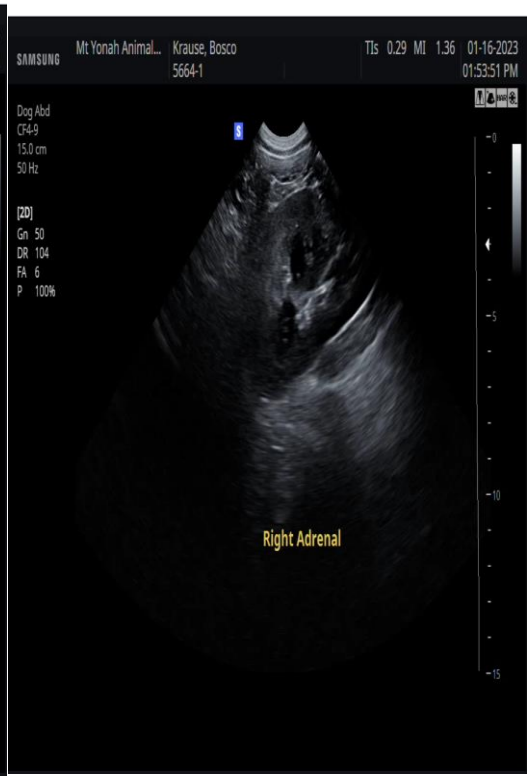

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com