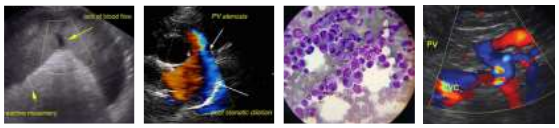


PATIENT
Mia Bedford

SPECIES
Canine

BREED
Shepherd Mix

SEX
FS

AGE
13 years

WEIGHT
58.8 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Reid Veterinary Hospital

REFERRING VET
Dr. Tim Reid

INVOICE
13087

DATE
1/18/22

PRESENTING CLINICAL SIGNS

Lack of appetite and water consumption Coughing Vomiting Diarrhea Lethargic
Abnormal PE/Chem/CBC/UA Results: SDMA: 17 ug/dl (slightly elevated) Monocytes: 1.296 K/uL (slightly elevated)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.56 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.4 cm length x 0.68 cm width at the caudal pole.

Spleen

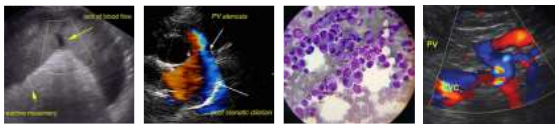
The spleen was normal in overall size and contour with generalized parenchymal heterogeneity with subtle to indistinct parenchymal hypoechoic nodular changes. No distinct splenic masses or nodules were noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained mild, retained, nonshadowing ingesta / chyme most consistent with post prandial presentation



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without signs of ileus, obstruction or foreign material. The ventral gastric body wall width measured 0.55 cm.

The small intestine presented intact wall layering with subjective propensity for subtly prominent to echogenic segmental submucosa layer. No evidence of loss of intestinal wall layering, masses or mechanical / metabolic ileus. The duodenum wall width measured 0.54 cm. The jejunum wall width measured 0.54 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, significant lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

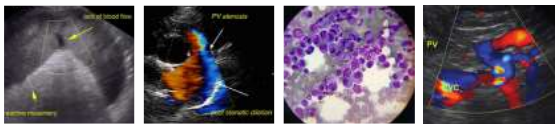
Primary Findings

- Nonhomogeneous to subtly nodular spleen
- Mild retained gastric ingesta / chyme
- Subjective inflammatory enteropathy pattern
- Mild heterogeneous pancreas
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small Intestine exhibited subtle mural changes which are suggestive of Inflammatory enteropathies such as IBD or other inflammatory intestinal process. The potential for neoplastic infiltrative enteropathy is considered a less likely differential diagnosis. The potential for some degree of possible mild metabolic gastric stasis Is possible. Likewise, the potential for low-grade to chronic pancreatitis may be present and present as essentially sonographically normal.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, given the gastrointestinal signs. Dietary Indiscretion / food intolerance, occult parasitism may be playing a role in this patient if gastrointestinal signs are relatively acute. In patients with more chronic gastrointestinal signs, low-grade to chronic pancreatitis, dysbiosis, IBD, or infiltrative enteropathy are all possible considerations. 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), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with an assessment of clinical



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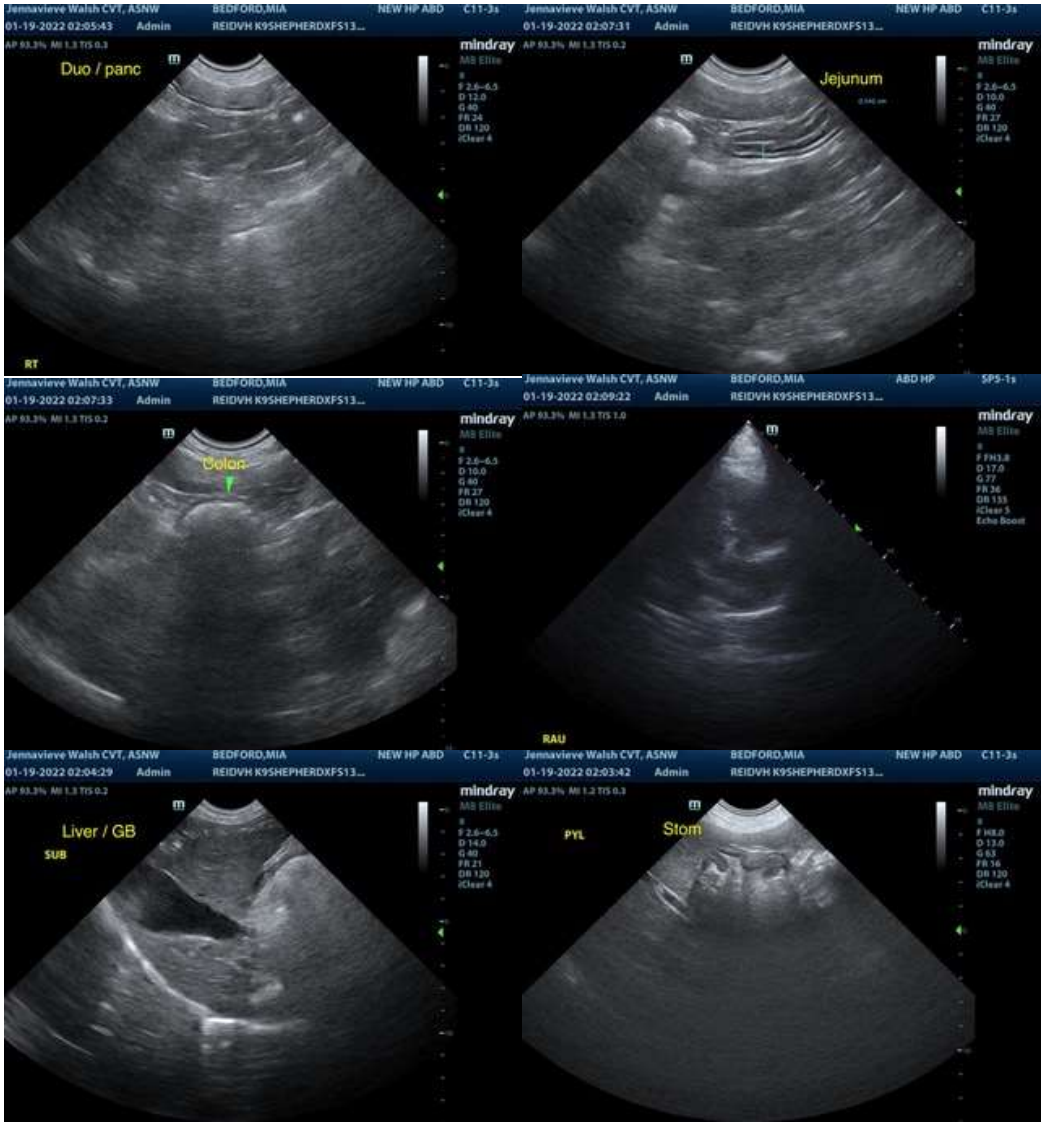
response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Although considered unlikely, resting cortisol to rule out occult Addison's Disease would be warranted.



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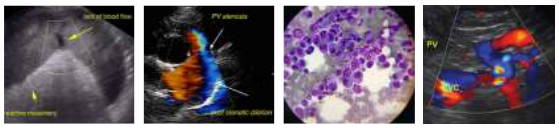

ANIMAL SOUNDS NW
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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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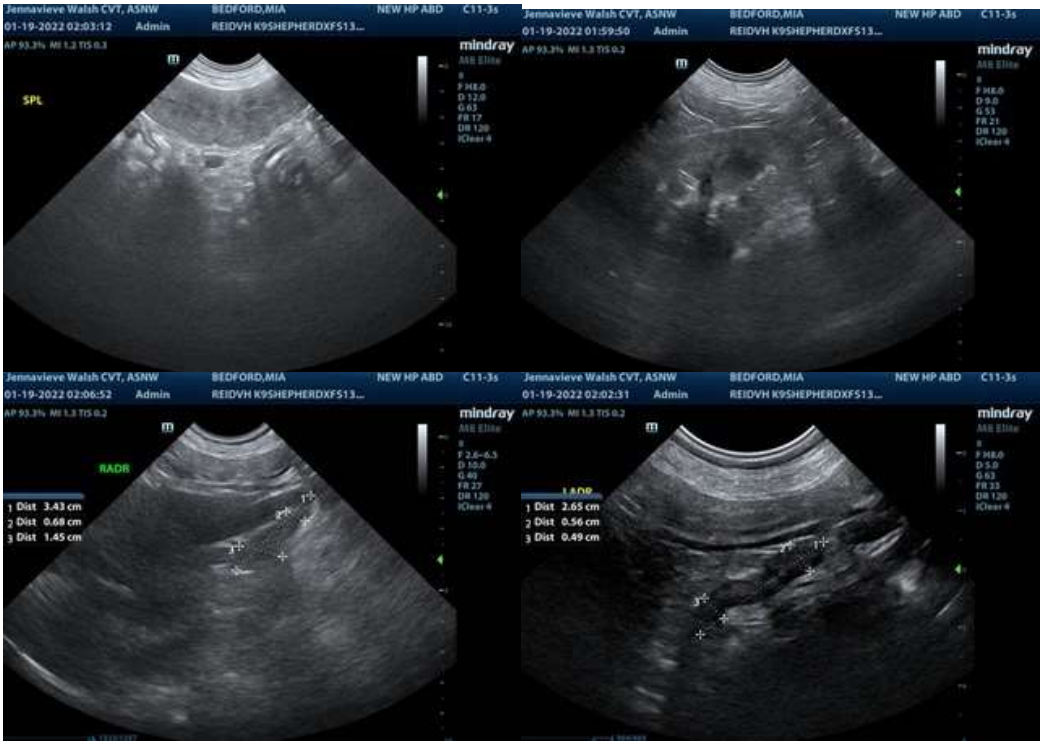

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com