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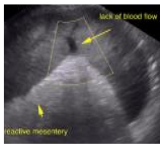
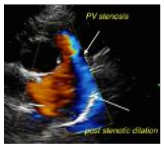
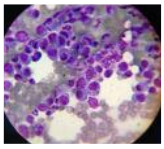
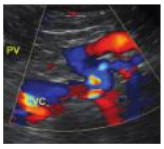

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1-800-838-4268 info@sonopath.com

PATIENT

Penelope Greven

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Graham Sager-Gellerman

HOSPITAL NAME

Back Bay VC

REFERRING VET

Katherine Wheeler

INVOICE

20631

DATE

1/20/23

PRESENTING CLINICAL SIGNS

History: Diarrhea duration (ACUTE diarrhea (1-3 days)), Clinical signs (anorexia/hyporexia), Clinical signs summary (Dark stools started Tues night. Progressed to diarrhea Wednesday - O describes as black, maybe tarry. Anorexia starting Thurs. Seen for annual exam Tues and received Lepto vax. Annual labs run at same time (see results below). History of softer stool with lepto vax but mild.

Abnormal PE/Chem/CBC/UA Results: Summary of PE findings from 1/19: (MM pk, CRT <2, tacky. Gr 2-3 dental dz. Mild fever. Remainder of PE WNL), T (103.2F/39.6C), P (160), R (28), MM (Pk, CRT <2, tacky), Patient attitude/demeanor (patient demeanor- quiet). Remainder PE WNL. - CBC: Hct 56.9 - Chem: Na 153, Cl 121, TP 8.2, Alb 4.0, Globs 4.2 - T4 3.4 - 4DX neg 1/18: - UA: 1.063, pH 6.5, 1+ protein, 2+ struvite crystals - UPC 0.1 - Fecal neg) - AXR: The appearance of the colon is consistent with reported diarrhea. Although there is no gastric dilation, the variability in the size of the small intestine could indicate early or partial intestinal obstruction. Gastroenteritis is considered slightly more likely at this time.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint discrete minor medullary mineralization was noted bilaterally. The left kidney measured 3.9 cm in length. The right kidney measured 3.6 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 1.7 cm length x 0.45 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 1.1 cm length x 0.39 cm width at the caudal pole.

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

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 anechoic content and minor echogenic luminal debris in the caudal lumen, in the area of the gallbladder neck. The cystic and common bile ducts were normal.

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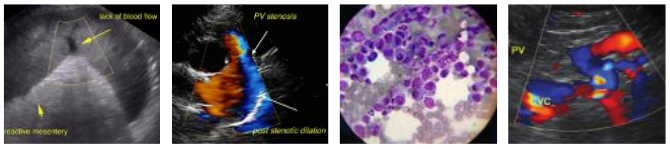

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic nonshadowing ingesta/chyme. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.24 cm.

The small intestine exhibited intact wall layering and overall maintained 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent intestinal mucosa layer. No evidence of intestinal mechanical/metabolic ileus, loss of intestinal wall layering or intestinal masses.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi-formed to non-formed fecal matter was present in the colon lumen with lumen dilation, consistent with patient history.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern with mild potentially retained nonshadowing gastric ingesta/chyme
- Sonographically normal pancreas
- Early age-related kidneys with discrete minor to pinpoint medullary mineral
- Minor gallbladder debris- incidental, potentially secondary to fasting

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction or foreign material. Dietary indiscretion, acute inflammatory bowel episode/hemorrhagic gastroenteritis, dysbiosis, occult parasitism, inflammatory bowel disease, occult Addisons disease, or less likely low grade to chronic pancreatitis, which may present sonographically normal, or occult infiltrative gastrointestinal neoplasia are all potentials. Some degree of metabolic gastric stasis is suspected. No overt evidence of gastrointestinal ulceration, although potential for microulceration, given the possible melena, cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered less likely given the normal adrenal presentation, a resting cortisol level to rule out occult Addisons disease is suggested. Empirical therapy for acute gastroenterocolitis with assessment of clinical response is recommended.

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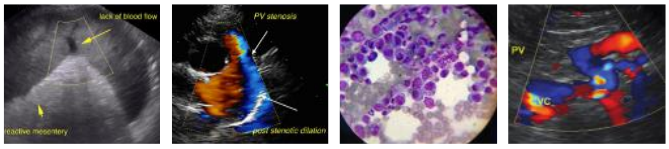

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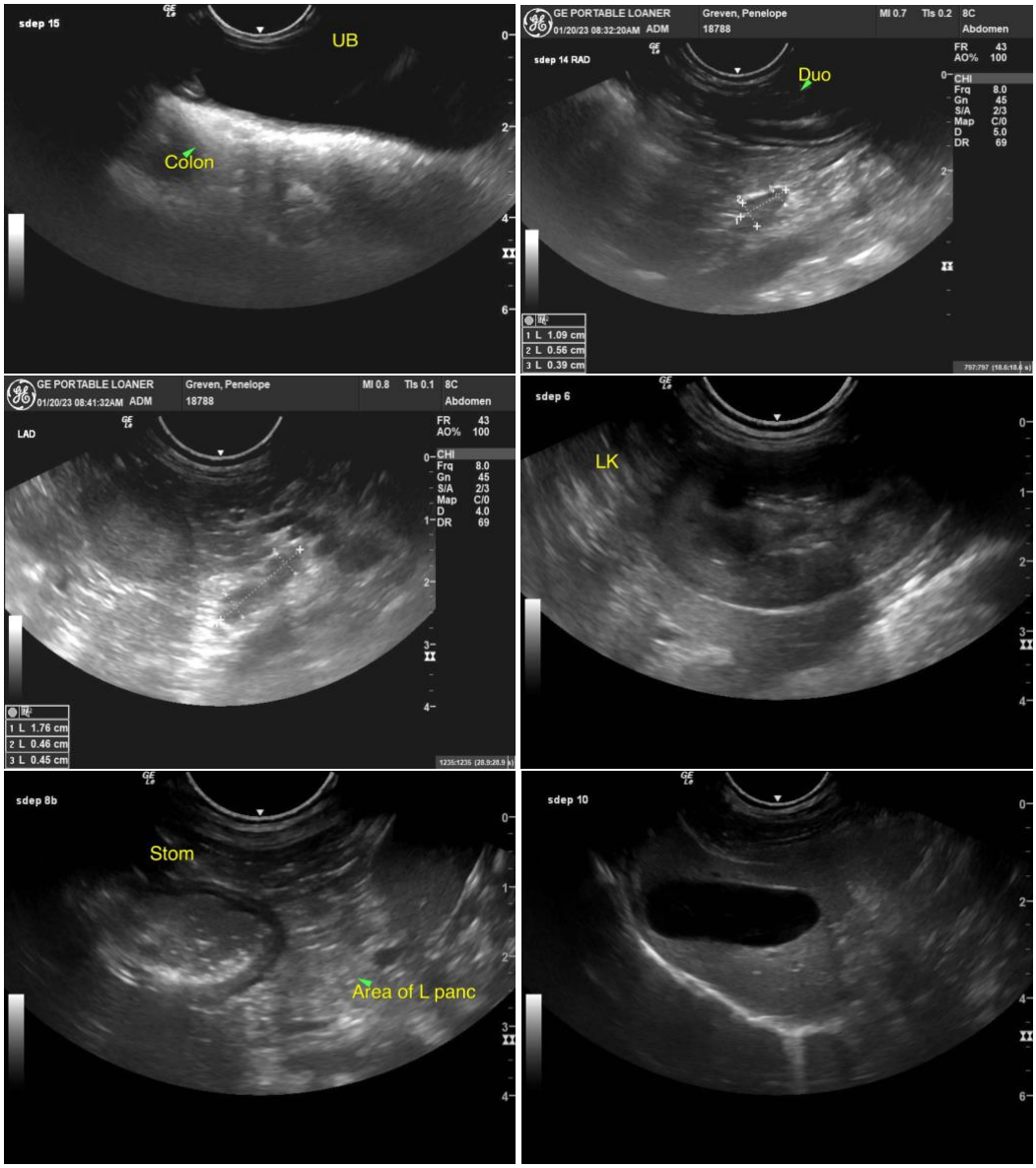

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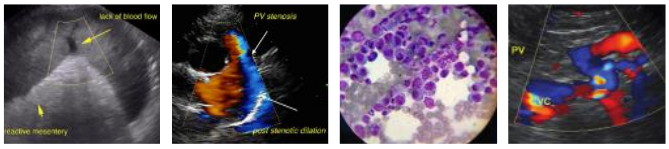

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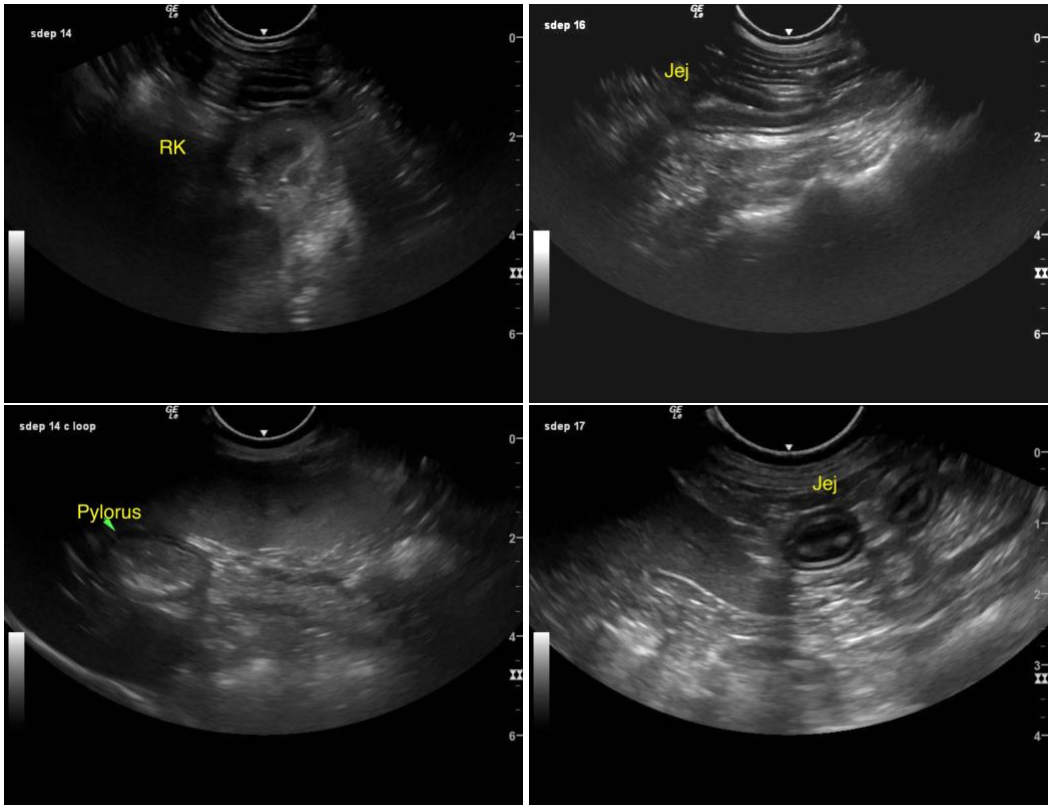

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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