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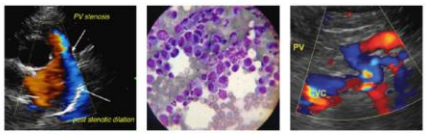
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Godric Shrum

SPECIES
Canine

BREED
Akita

SEX
M/N

AGE
9 years

WEIGHT
77.2 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice- Dr. Craig

INVOICE
15904

DATE
1/24/23

PRESENTING CLINICAL SIGNS

Current Medications: Fenbendazole 8g PO SID x5d #40 Metronidazole 500mg 1.5 tab PO BID x 5d # 15 Resume i/d low fat Patient History:Presented for AUS for chronic intermittent diarrhea. Has done well with i/d low fat since the past summer. Recent diarrhea started week prior to presentation, improving with chicken and rice. Stool contains mucus, no blood.

Abnormal PE/Chem/CBC/UA Results: 1/17/23: 1. BAR 9/10. Abdomen soft, no palpable masses/Fb. Rectal exam- light brown/yellow soft feces. - O has started feeding chicken and rice, stools have improved over past 6 days since diet change. Prev were liquid. No known fb ingestion. No vomiting, good appetite. Still well hydrated CBC- Mild increase in eos on diff Chem- mild increase in ALT, ALP, 4dx (not current on prevention)- O declined, recommend YR prevention- O declined prevention as well Fecal cytology- suspect giardia, clostridium 1+ Fecal float- No ova seen AUS recommended Maldigestion panel- Recommended to recheck B12 levels, O has been out of oral tablets for past 4 days.

ALP 329, ALT 177, Albumin 3.1, Na/K ratio 34, CBC- eosinophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was free of pathology.

Visualized medial iliac lymph nodes were sonographically unremarkable without evidence of inflammatory or neoplastic criteria.

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 left kidney measured 6.4 cm in length. The right kidney measured 6.2 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 0.61 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.41 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour. The spleen exhibited primarily a finely textured and homogenous parenchyma with focal to intermittent, nondisruptive, discrete hypoechoic nodules, consistent with benign criteria such as discrete hyperplasia, hematopoiesis, or similar. An example of a discrete splenic nodule measured 0.83 cm in diameter. No evidence of splenic neoplastic criteria.

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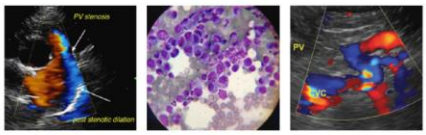

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Liver/ Gallbladder

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 containing primarily anechoic content with mild, nonorganized, echogenic, gallbladder debris primarily caudal lumen and area of the gallbladder neck. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of obstruction, or foreign material. The gastric body wall width measured 0.48 cm.

The small intestine presented intact wall layering exhibiting overtly normal wall layer detail and ratio with subjective propensity for prominent duodenojejunal mucosa, yet no evidence of infiltrative criteria or mechanical / metabolic ileus. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.44 cm width.

The colon exhibited intact mildly prominent wall layering. The colon contained generalized non-formed fecal matter, consistent with the patient history. Descending colon wall width measured 0.25 cm.

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal stomach and small bowel with mild colitis pattern
- Low-grade subjective benign to chronic hepatopathy - mild vacuolar hepatopathy, inflammatory / immune mediated disease, hyperplasia, hematopoiesis, benign parenchymal remodeling, early fibrosis, or other hepatopathy with infiltrative neoplasia unlikely
- Mild gallbladder debris (non-mucocele)
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral, specifically gastroenterocolic pathology.

At times, the gastroenterocolic sonographic appearance may not always correlate with a history of chronic to recurrent gastrointestinal signs. Dietary intolerance, dysbiosis, inflammatory bowel disease or low-grade / chronic pancreatitis (both of which may present as sonographically normal), parasitism, less likely occult Addison's Disease, or infiltrative neoplasia are all potentials.

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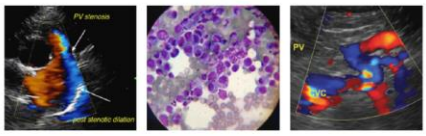

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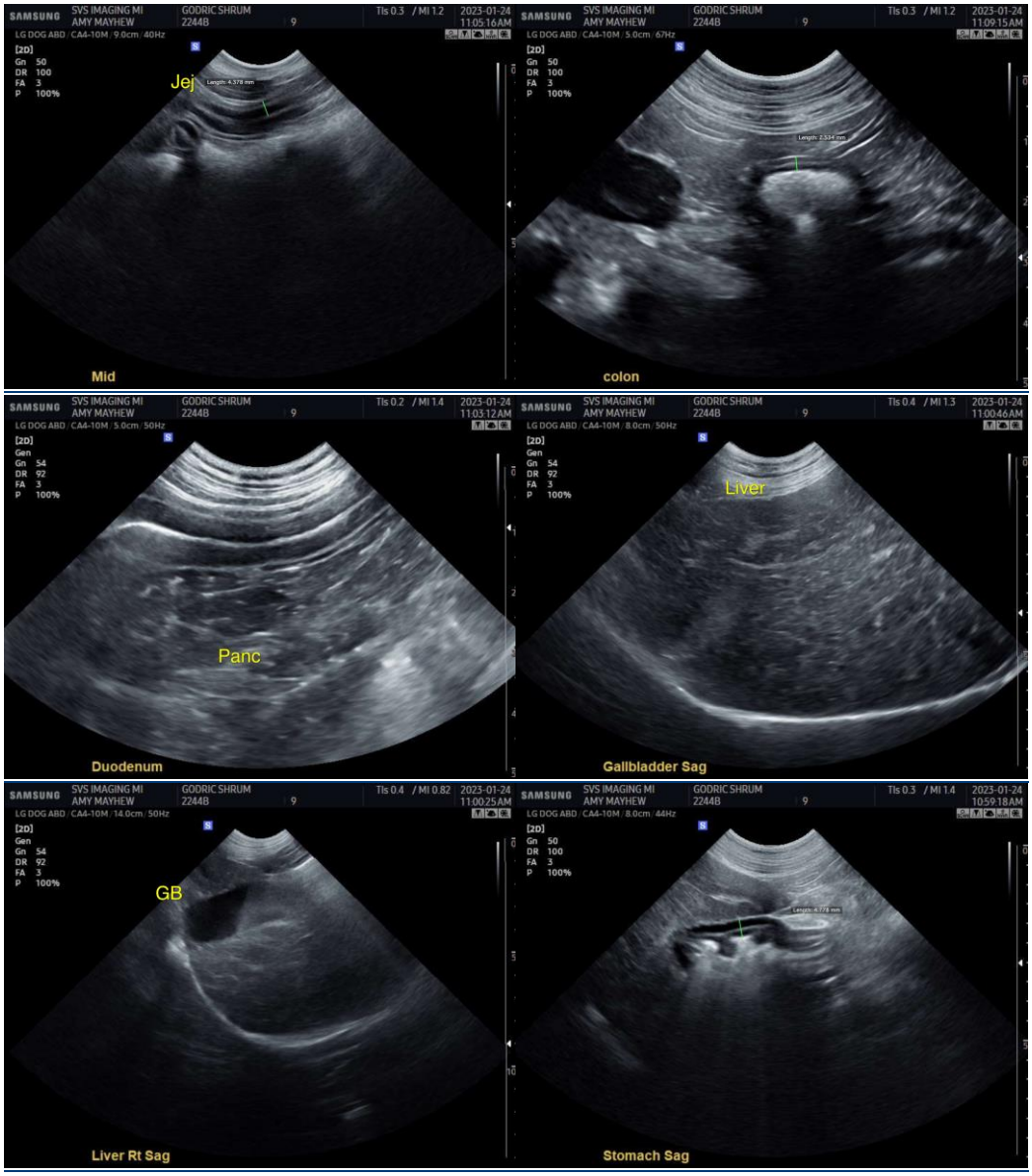
Long-term bland or ideally hydrolyzed diet, high colony count probiotic (Proviable), empirical deworming given suspect Giardia i.e., (Panacur 50 mg/kg SID x at least 5 consecutive days with repeat protocol in 3 weeks), continued cobalamin supplementation, and assessment of clinical response would be reasonable.



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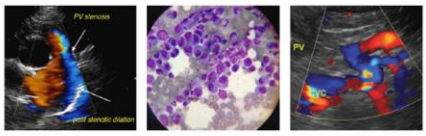

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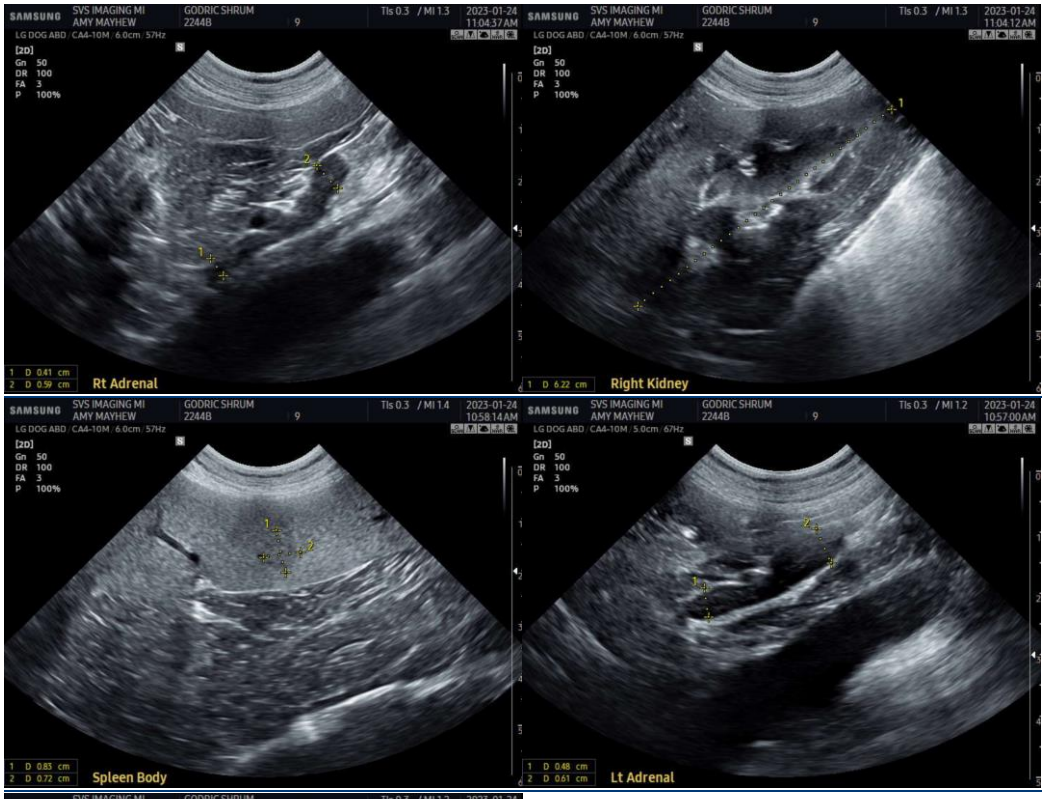

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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