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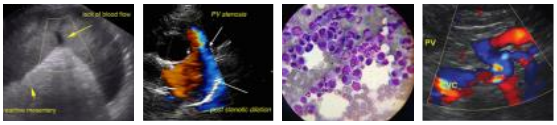

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Montana Silver Farver

SPECIES

Canine

BREED

Catahoula

SEX

Spayed Female

AGE

9 Years

WEIGHT

64 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Dr. Bretschneider

REFERRING VET

Q Street AH

INVOICE

13639

DATE

1/26/22

PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: CBC/ Chemistry all normal Current Medications cerenia, sucralfate, Omeprazole, Metronidazole off and on as needed

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 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 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 6.7 cm in length. The right kidney measured 6.6 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 2.9 cm in length x 0.54 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 2.5 cm in length x 0.64 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild non-shadowing ingesta without signs of obstruction or foreign material. The ventral gastric body wall measured 0.40 cm.

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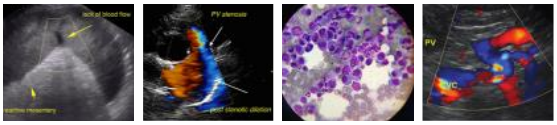

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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent to echogenic submucosa. Segments of minor retained jejunal chyme were present without evidence of an obstructive pattern. The jejunum wall measured 0.31 cm.

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

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.

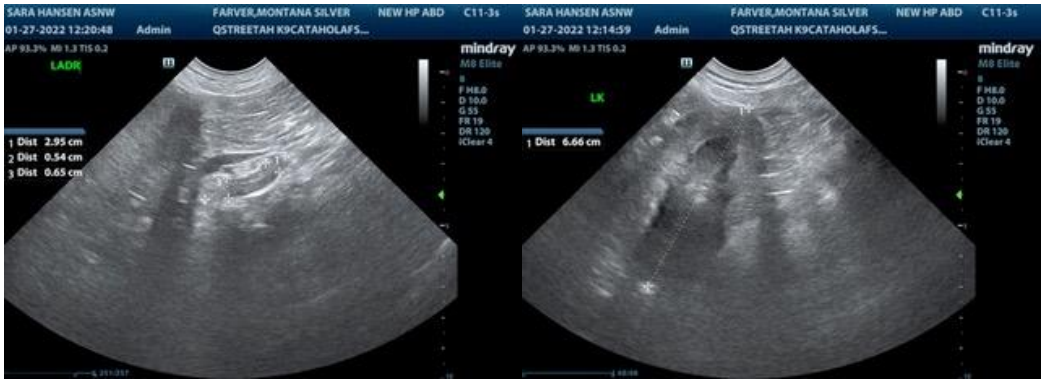
ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with mild gastric and segmental intestinal ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastrointestinal mural abnormalities or pathology. The gastric and segmental intestinal ingesta may indicate postprandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of gastric and potential segmental intestinal hypomotility may be possible. In patients with chronic gastrointestinal signs, low-grade to chronic pancreatitis, which may present sonographically normal, dietary hypersensitivity/food intolerance, structurally insignificant inflammatory bowel all possible. Subjectively, segments of small intestine exhibited mildly prominent to echogenic submucosa layer which may be more affected in dogs with inflammatory bowel, although this assessment is subjective and not definitive.

Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate. In addition to current medication protocol, a bland or hydrolyzed diet and high colony count probiotics (such as Proviable or Visbiome) may prove beneficial. Although considered unlikely, adrenal screening with resting cortisol to rule out occult Addisons disease may be considered.



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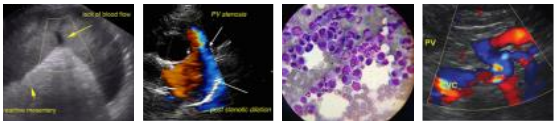

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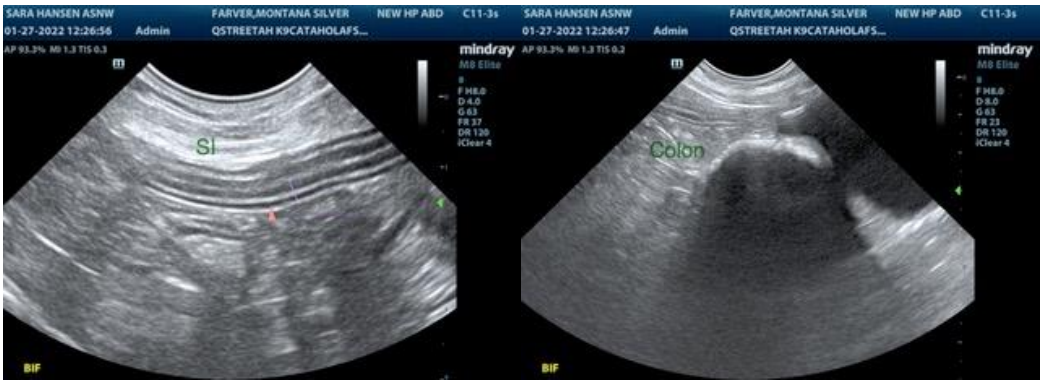

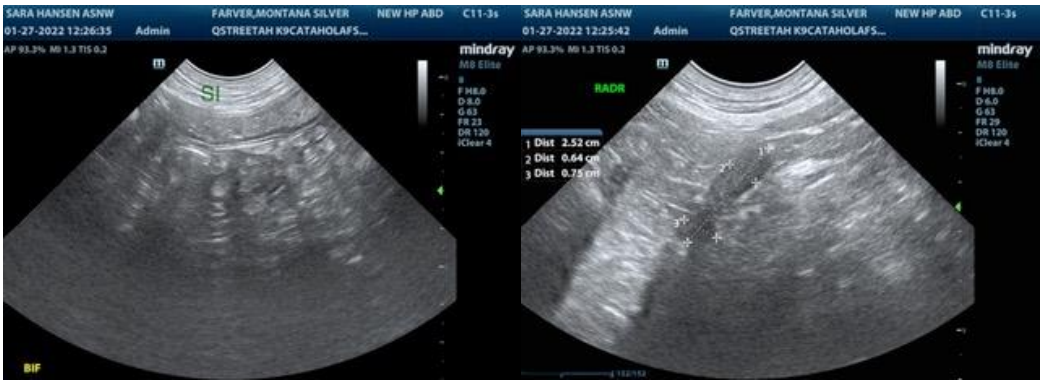

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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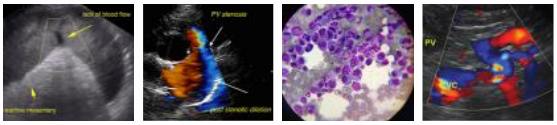

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