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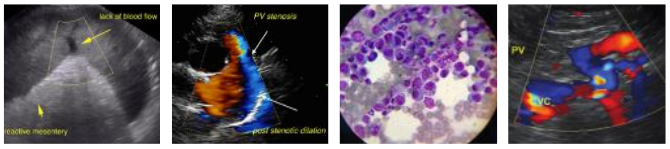

PATIENT

Barley May

SPECIES

Canine

BREED

Corgi Mix

SEX

Neutered Male

AGE

9 Years 4 Months

WEIGHT

11.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Sunriver VC

REFERRING VET

Emily Kent, DVM

INVOICE

20394

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: 1/4/23: - P presented for not eating and progressive weight loss. Last week P began to be selective about eating. P has gradually stopped eating but did eat a small amount of chicken this morning. O notes that P has also been progressively lethargic. No blood in the urine and O has not witnessed P's recent defecations. - O notes that when P was treated for suspect stomach ulcer at the end of November, he improved with medications. Black, formed stool noted on exam in November. - P vomited undigested chicken in the room during exam. - No D/S/C - P has lost 3.5 pounds in 1.5 months (8 pounds weight loss in 5 months) and has been hyporexic x 3-5 months. PPH: - P was evaluated in November for acute onset anorexia and melena. He was treated with Sucralfate, Famotidine, Amoxi/Clav, Metronidazole, Cerenia, and bland diet. - P may have been rescued from Mexico or other central American location (uncertain on this data)

Abnormal PE/Chem/CBC/UA Results: PE: - Possible lymphadenomegaly (submandibular), Grade III/VI holosystolic L parasternal murmur, moderate dental disease, lipomatous mass on ventral thoracic/sternal wall. Pale pink mucous membranes. No petechiation detected. 11/21/2022 CBC: -- Microcytic, hypochromic, regenerative anemia -- HCT: 32% (38-56) -- RBC: 5.89 M/uL (5.39-8.7) -- HGB: 9.5 g/dL (13-20) -- MCV: 54 fL (59-76) -- MCHC: 29.7 g/dL (32-39) -- RETIC: 265 K/uL (10-110) -- Leukocytosis, WBC: 24,100/uL (4900-17,600) -- PMN: 19,955/uL (2940-12,670) -- PLT: 613,000/uL (wnl) CHEM: -- Ca: 8 mg/dL (8.4-11.8 g/dL) -- TP: 4.6 g/dL (5.5-7.5) -- ALB: 2.2 g/dL (2.7-3.9) -- GLOB: 2.4 g/dL (2.4-4.0) -- CHOL: 92 mg/dL (131-345) --ALT: 10 U/L (18-121) -- AMYL: 1858 U/L (337-1469) -- CK: 396 U/L (10-200) T4: wnl at 1.9 ug/dL UA (free catch): - dark yellow, USG: 1.062, pH: 6.5 - inactive sediment UPC ratio: - 0.1 (non-proteinuric) HWT: NEG Fecal & Giardia: NEG Cortisol: - 4.2 ug/dL (2-6) wnl Thoracic and abdominal radiographs: - NSF 1/4/2023: CBC: -- Microcytic, hypochromic, regenerative anemia -- RBC: 4.88 M/uL (5.39-8.7) -- HCT: 26% (38-56) -- HGB: 6.8 g/dL (13-20) -- MCV; 53 fL (56-76) -- MCHC: 26.2 g/dL (32-39) -- RETIC: 151K/uL (10-110) --Leukocytosis, WBC: 19,700/uL (4900-17,600) -- PMN: 15,366/uL (2940-12,670) -- Bands: 197/uL (0-170) -- PLT: 141,000/uL (143-448), however large platelet clumps noted on slide. -- Pathologist review pending **

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.

The residual prostate was free of pathology.

No evidence of medial iliac or sublumbar lymphadenopathy.

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 5.0 cm in length. The right kidney measured 5.2 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 0.65 cm width at the caudal pole and 0.66 cm width at the cranial pole.

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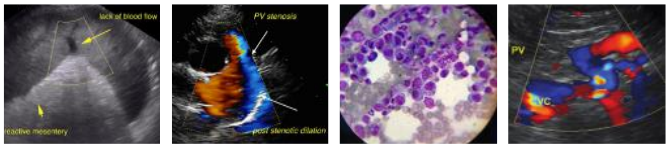

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The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm width at the caudal pole and 0.89 cm width at the cranial pole.

Spleen

The spleen was overtly normal in size with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

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 stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild to moderate retained primarily anechoic gastric fluid was noted, along with minor chyme. No evidence of mechanical pyloric outflow obstruction. This is a mild to moderate change. The gastric body wall measured 0.50 cm.

The intestinal walls exhibited generalized, intact, variably prominent wall layering owing to propensity for mild to variably prominent intestinal mucosa. Segmental to primarily generalized mild intestinal ileus pattern was noted without overt evidence of obstructive criteria or mural pathology, to the level of the colon. The duodenum wall measured 0.46 cm. The jejunum wall measured 0.35 cm.

Normal visible colon wall layers were present. The colon contained formed to shadowing fecal matter and luminal gas at the time of the ultrasound.

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

Multiple, variably sized, irregular mid abdominal mesenteric lymph nodes were present. These lymph nodes were nonhomogeneously hypoechoic. A normal width: length ratio was maintained (<0.5). Perilymphatic to mild periintestinal hyperechoic mesentery was present. An example of lymph node size was 5.1 cm x 1.6 cm. Intermittent small pockets of scant peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Generalized gastroenteropathy, exhibiting gastric and segmental small intestinal hypomotility- generalized potentially chronic inflammatory gastroenteropathy/IBD, infectious gastroenteritis, infiltrative neoplasia, dietary intolerance/food hypersensitivity/dysbiosis are all potentials

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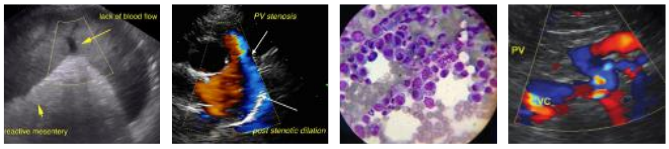

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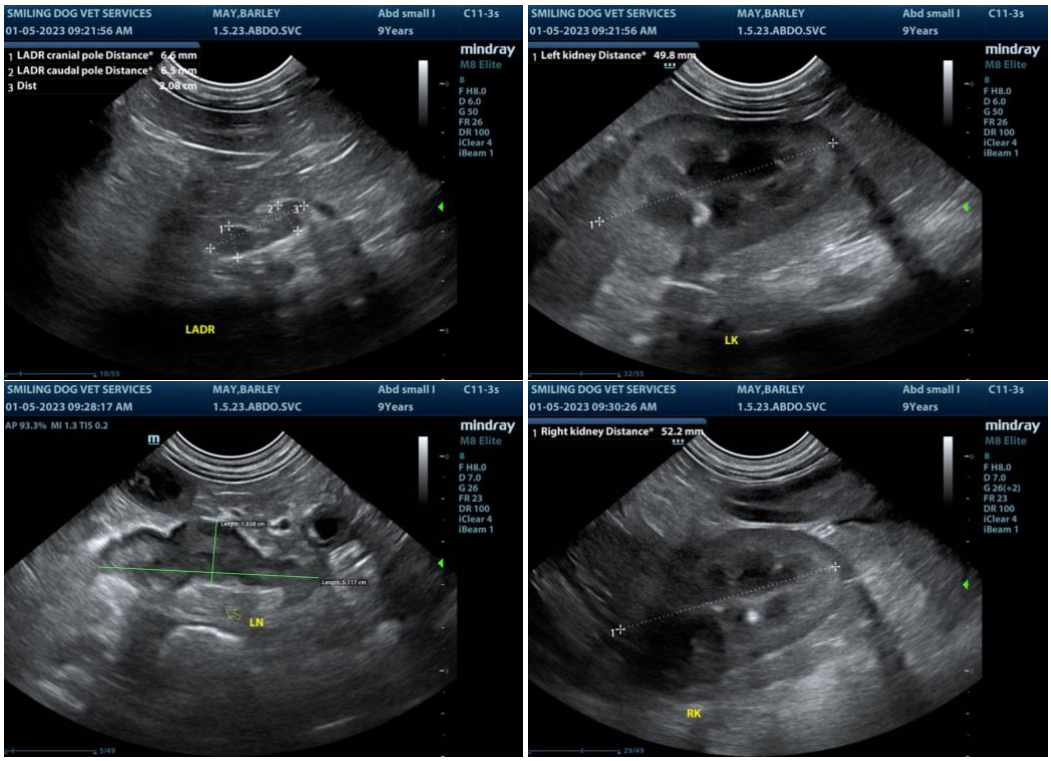
- Associated mesenteric lymphadenopathy- hyperplasia, reactive lymphadenitis secondary to inflammatory bowel, possible early neoplastic lymphadenopathy are all potentials
- Micronodular spleen- nonspecific, benign nodular or lymphoid hyperplasia, hematopoiesis, possible early round cell neoplasia, i.e., lymphoma are all potentials
- Perilymphatic/periintestinal mild hyperechoic mesentery and intermittent scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of CBC abnormalities with pending pathology review is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status, and using a 25-guage needle, splenic and lymph node FNA cytology would likely be ideal, if possible.

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 with as needed gastrointestinal support and assessment of clinical response may prove beneficial. Intestinal biopsies are likely indicated if GI signs continue despite empirical therapy and pending additional diagnostics.



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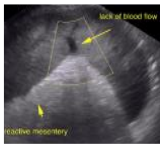
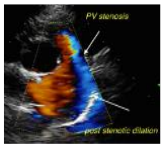
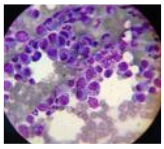
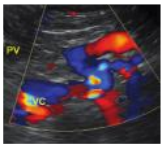

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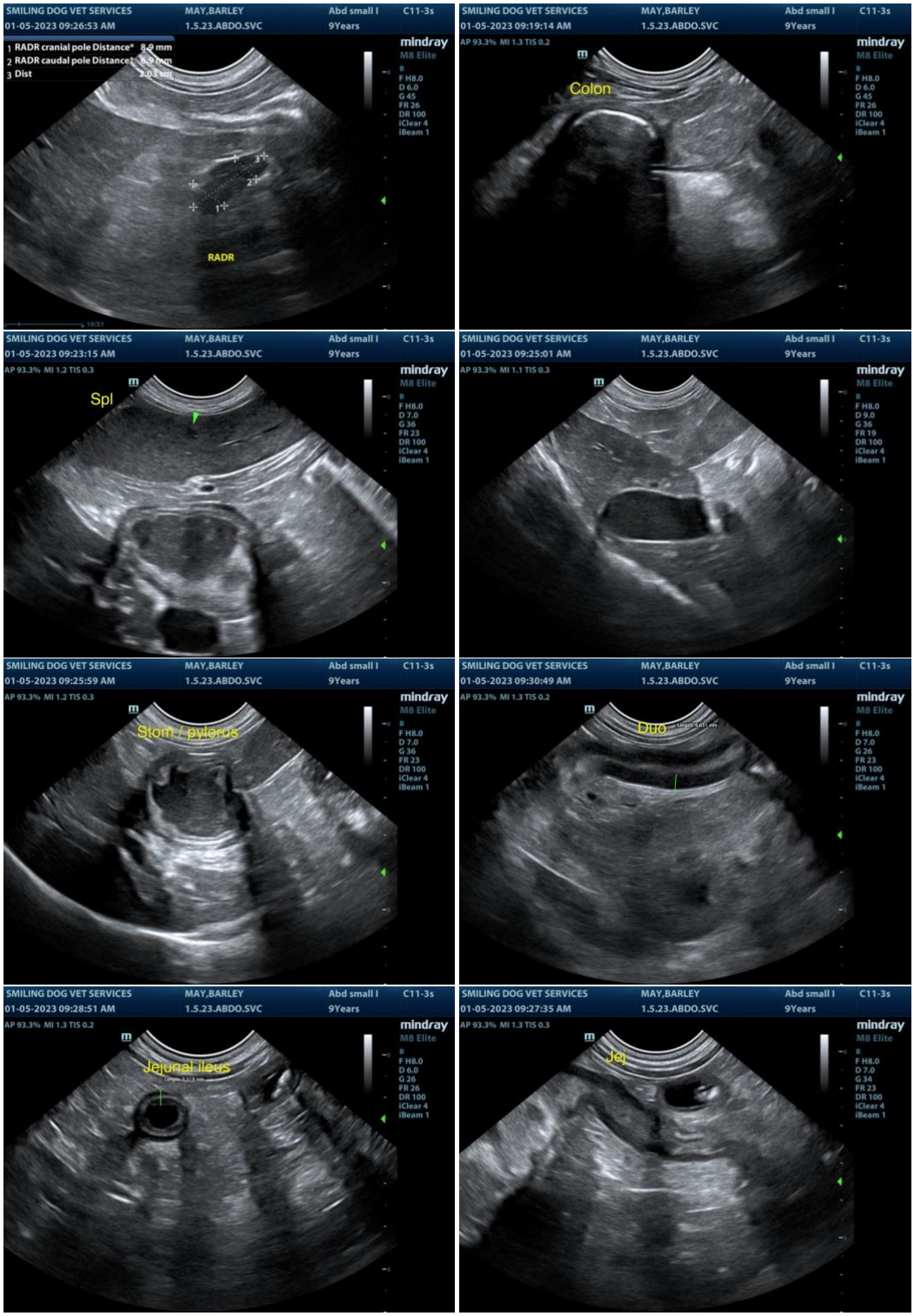
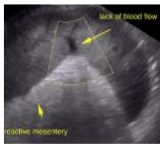
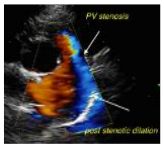
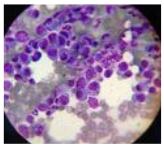
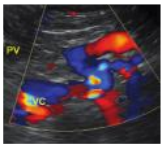


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I





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can be of any further assistance please contact me.

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