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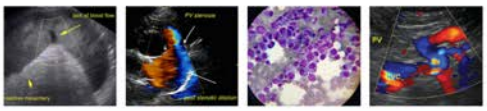

SonoPath
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PATIENT

Nala Antonio

SPECIES

Canine

BREED

Labrador X

SEX

Spayed Female

AGE

5 Years

WEIGHT

48 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor AH

REFERRING VET

Dr. Kristen Lavin

INVOICE

26331

DATE

10/15/21

PRESENTING CLINICAL SIGNS

Intermittent GI signs- vomiting and diarrhea. CBC/Chem/GI labs all WNL. Pepcid and bland diet. Radiographs: Suspect gastritis/ colitis due to nonspecific etiologies. The abdomen is otherwise unremarkable. Sedated with gabapentin, butorphanol and midazolam.

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 was 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 right kidney measured 5.6 cm. The left kidney measured 6.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 0.53 cm at the cranial pole and 0.42 cm 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 stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.35 cm. Jejunum wall measured 0.39 cm.

Normal visible colon wall layers were present with apparent 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.

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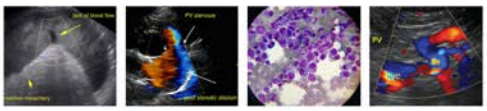

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Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric and medial iliac nodes present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example of medial iliac lymph node measured 0.56 cm. Example of mesenteric lymph node measured 0.52 cm in width.

Focal scant free fluid noted between the lateral left kidney, caudomedial spleen, and adjacent to the regional jejunum.

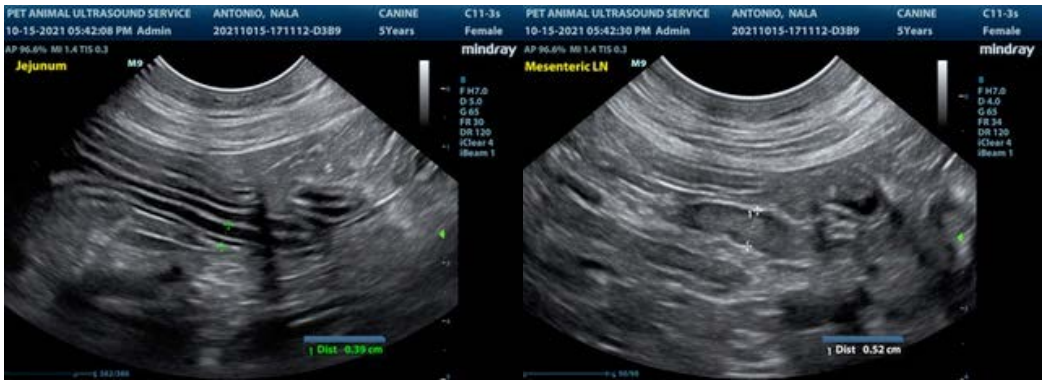
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremrakble gastrointestinal tract and colon
- Intermittent, subjectively reactive/benign mesenteric and medial iliac lymph nodes
- Focal scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology. Dietary indiscretion/food intolerance, occult parasitism, structurally insignificant inflammatory/infectious gastroenterocolitis possible. Fresh fecal analysis to rule out parasitic ova/giardia, GI panel to include PLI, TLI, cobalamin and folate, +/- resting cortisol to rule out occult Addison's disease is suggested.

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 assessment of clinical response may prove beneficial. Endoscopic intestinal biopsies may be indicated if persistent GI signs continue despite empirical support and pending additional diagnostics.



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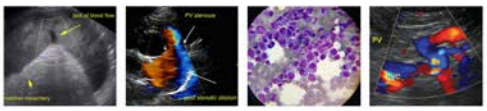

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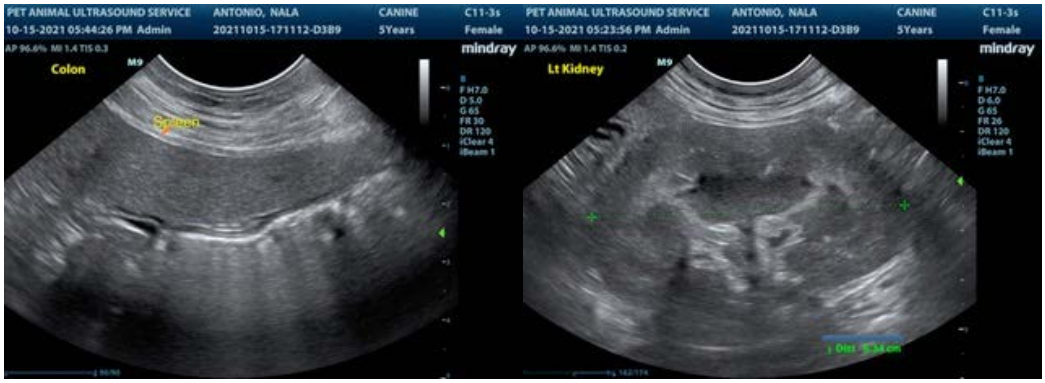

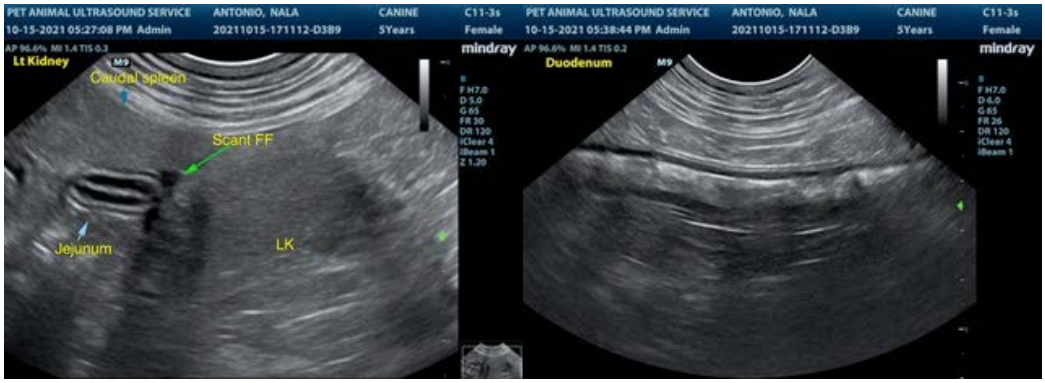

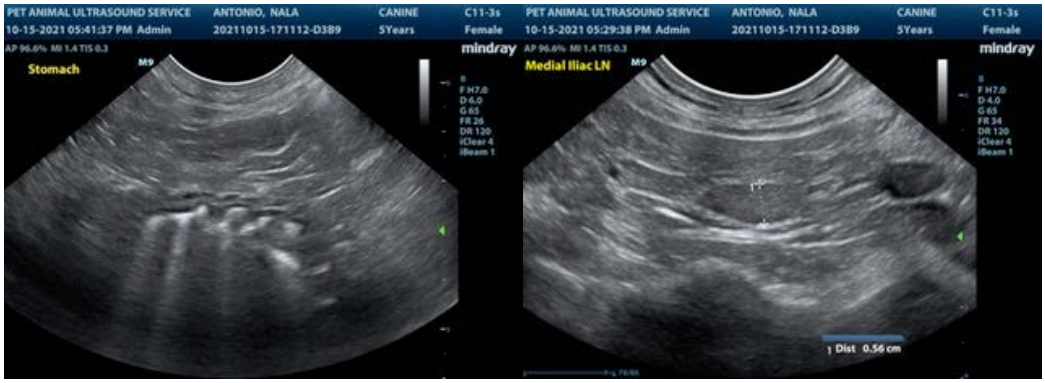

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com