

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lily Holpuch
SPECIES Canine
BREED German Shorthair Pointer
SEX FS
AGE 4 Years
WEIGHT 61 lbs

History of reoccurring episodes of vomiting and diarrhea that improves with treatment- probiotics, antibiotics (metronidazole), fluids, and Cerenia. BAR. Nervous. Constantly nervous. MM-pink/moist. Normal skin tent. Drinking a lot today. Current Medications Proin, Inurin, Zyrtec, Apoquel, possible probiotic too Primary Question/Differential to Be Answered in This Exam Concerned about Hypoadrenocorticism or other abnormalities to GI tract that would cause chronic vomiting and diarrhea.

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.

No evidence of pathology in the area of the aortic trifurcation.

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 left kidney measured 7.2 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The left adrenal gland exhibited mild subnormal size, normal contour and shape. The left adrenal gland measured 4.3 cm x 0.31 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 3.0 cm 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 mild echogenic, nonmineralized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pleasant Hill Animal Hospital

REFERRING VET

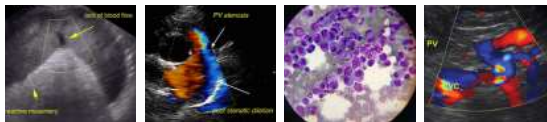
Dr. Supan

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DATE

10-22-21



PATIENT The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with segmental jejunal ingesta/chyme. The jejunum wall measured 0.30 cm width. The duodenum wall measured 0.38 cm width.
Lily Holpuch

SPECIES Normal visible colon wall layers were present with semi-formed to soft feces in lumen.

Canine *Pancreas*

BREED The right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.
German Shorthair Pointer

SEX *Free Abdomen*

FS No overt lymphadenopathy or peritoneal effusion was present.

AGE **ULTRASONOGRAPHIC FINDINGS**

4 Years **Primary**

- WEIGHT**
- Subjective mild subnormal left adrenal gland - nonspecific.
 - Sonographically unremarkable gastrointestinal tract with gastric and segmental jejunal ingesta.
 - Sonographically unremarkable colon with semi-formed to soft feces.
 - Echogenic right pancreas - potential chronic pancreatitis or fibrosis.
- 61 lbs

INTERPRETED BY **Secondary**

- R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)
- Minor gallbladder debris - incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY The subjective mild subnormal left adrenal gland is nonspecific and may be an abnormal patient variant. However, given the patient's recurrent gastrointestinal signs, resting cortisol level +/- ACTH stimulation test, if resting cortisol is less than 2.0 suggested to rule out occult Addison's disease.

Jenna Walsh, CVT Dietary intolerance/food hypersensitivity, occult parasitism, or structurally insignificant inflammatory bowel/colitis possible.

HOSPITAL NAME Antibiotic responsive diarrhea/dysbiosis is also a consideration given the improvement with antibiotic therapy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Pleasant Hill Animal Hospital

REFERRING VET In addition to previous probiotic, antibiotic, and as needed gastrointestinal support, long-term dietary therapy such as hydrolyzed or limited to antigen diet may prove beneficial.

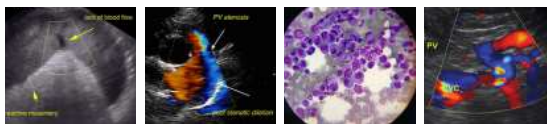
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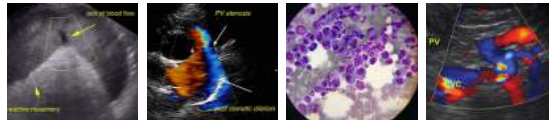
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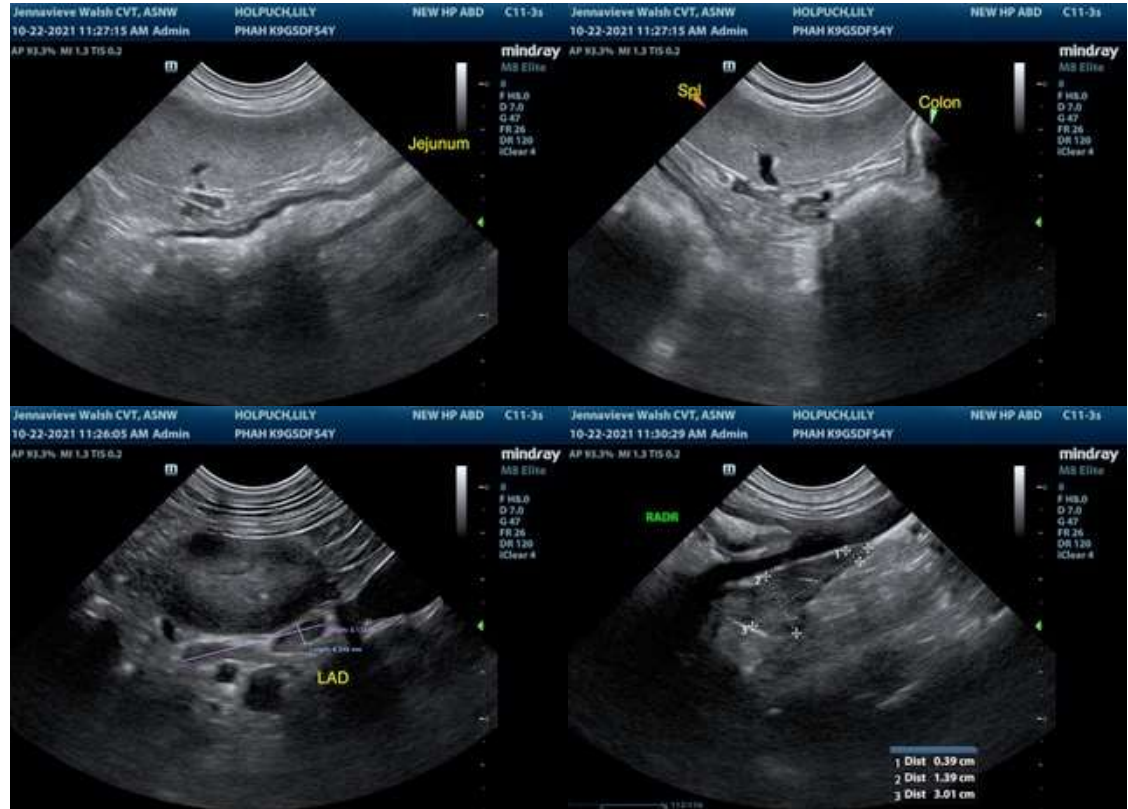
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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