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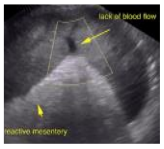

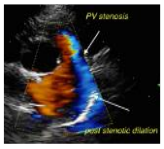

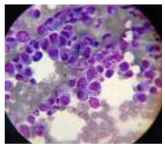
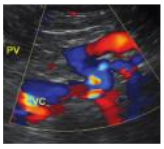

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1-800-838-4268 info@sonopath.com

PATIENT

Jasmine Nielsen

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

8 years

WEIGHT

28.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Cranson VH

REFERRING VET

Dr. Nielsen

INVOICE

15327

DATE

11/2/22

PRESENTING CLINICAL SIGNS

Intermittent diarrhea with periods of reduced appetite. Vomited with some blood last week. No abdominal pain detected.

Abnormal PE/Chem/CBC/UA Results: Mild spec cpl elevation 285.

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 7.0 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 0.49 cm width at the caudal pole and 0.49 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 0.55 cm width at the caudal pole and 0.82 cm width at the cranial 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. Normal vascularity was noted with no masses or nodules. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen exhibited mild generalized enlargement.

Liver/ Gallbladder

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 yet mild regional prominent wall layering. The lumen of the stomach was empty with mild luminal gas. No signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.67 cm.

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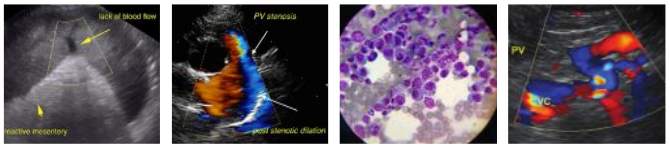

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The small intestine presented intact segmentally prominent wall layering exhibiting segmental propensity for mildly prominent muscularis and submucosa layers. No evidence of loss of intestinal wall layering or intestinal masses. No evidence of mechanical/metabolic ileus. The duodenum wall measured 0.55 cm width. The jejunum wall measured 0.39 cm width.

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 were evident.

Free Abdomen

Focal to intermittent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 2.1 cm x 0.68 cm. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory gastroenteropathy, sonographically unremarkable colon - potential for inflammatory bowel
- Sonographically unremarkable pancreas
- Intermittent minor subjective benign / reactive mesenteric lymph nodes - minor lymphoid hyperplasia, or potential minor secondary lymphadenitis owing to inflammatory bowel
- Mild splenomegaly - subjectively benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes with maintained intact wall layering which, although nonspecific, are suggestive of inflammatory criteria such as IBD. Other potential considerations may include dietary intolerance / food allergy, dysbiosis, occult parasitism, and low-grade to chronic pancreatitis, given the mild cPL elevation, which may present as sonographically normal, and less likely infiltrative neoplasia. Assessment of cobalamin and folate levels +/- a resting cortisol level to rule out occult Addison's Disease, are warranted.

Empirically, a limited antigen or hydrolyzed diet trial with likely long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg PO SID for at least 5 consecutive days), high colony count probiotic (Proviable), cobalamin supplementation if clinically indicated, and as needed gastroprotectants with assessment of clinical response would be reasonable. Endoscopic intestinal biopsies are likely required for a definitive diagnosis.

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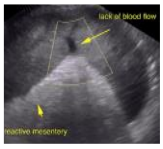

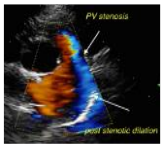

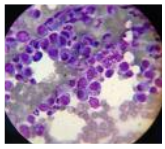
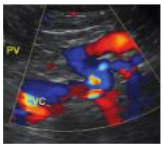

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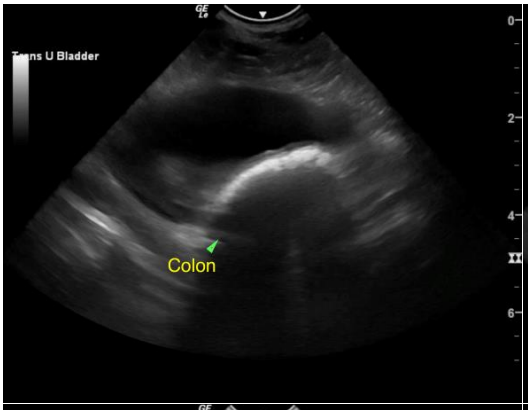

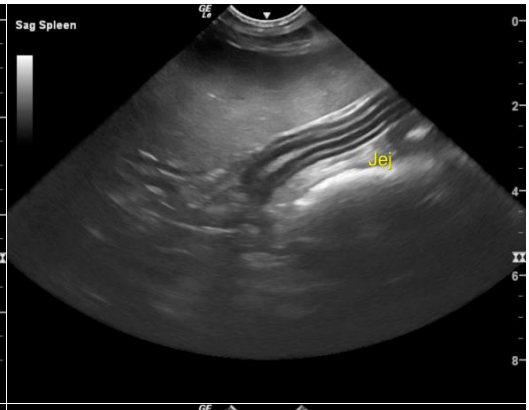

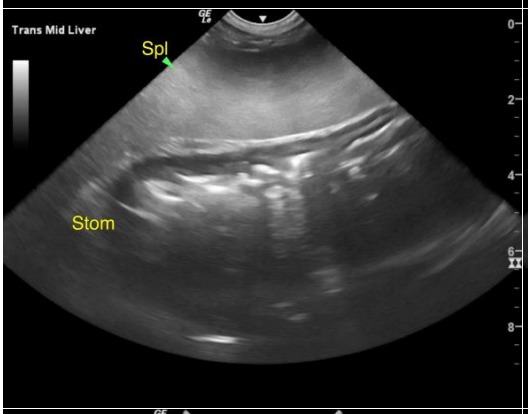

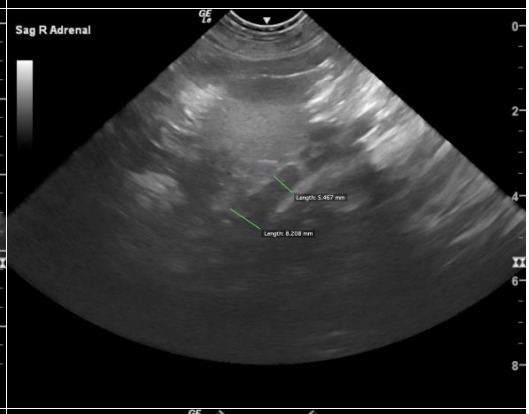

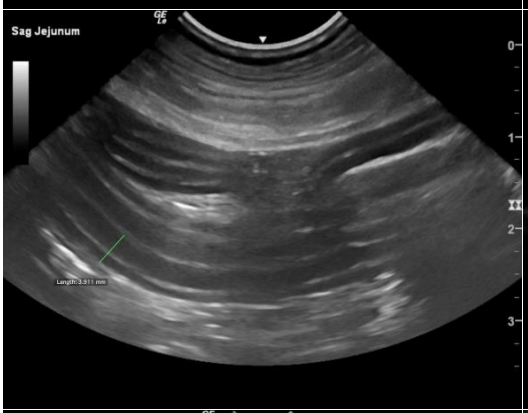

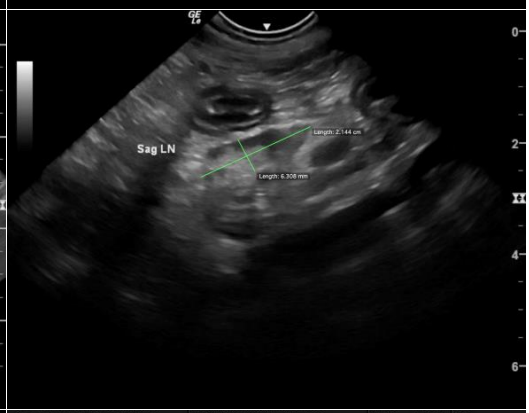

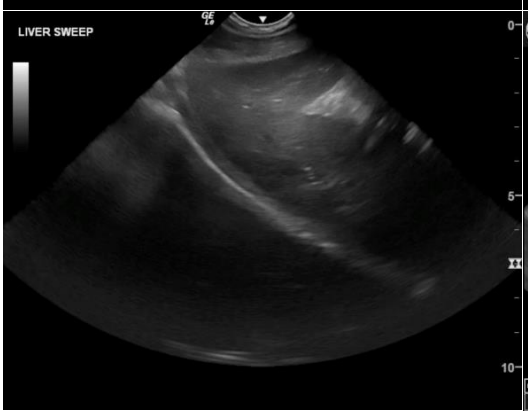

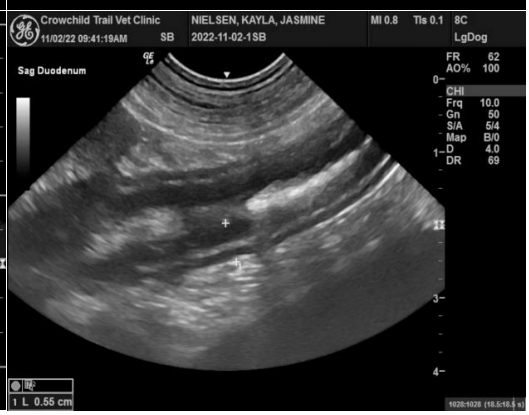

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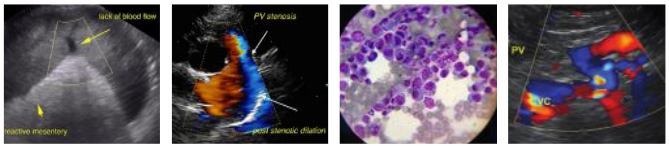

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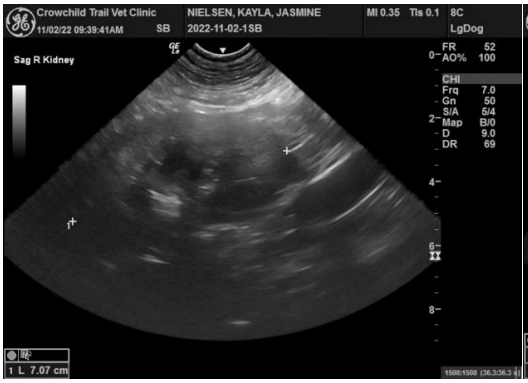

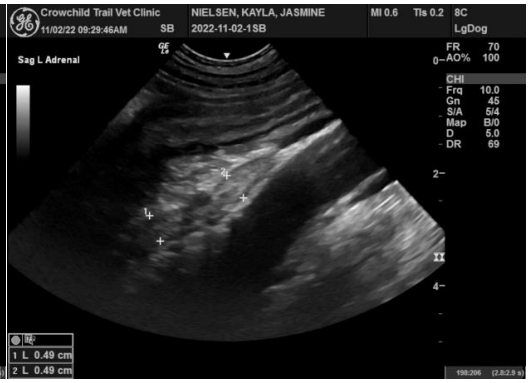

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com