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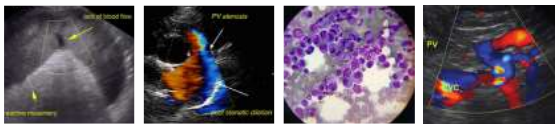


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Gracie Began

SPECIES

Canine

BREED

Sheltie

SEX

FS

AGE

10 years

WEIGHT

28.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid Veterinary Hospital

REFERRING VET

Dr. Jaclyn Reid

INVOICE

12833

DATE

12/16/21

PRESENTING CLINICAL SIGNS

NEW P TO RVH: RECURRENT DIARRHEA MAIN CONCERN (no V or decreased app) other pertinent hx: CaOx bladder stone/recurrence and 2 cystotomies (2017-19), suspect glomerulonephropathy/nephrolithiasis on rads/US (7/2020) UPC 3.0, BP controlled (176 MAP LF 7/2021) with benazepril, last dental 2020, grade 2/6 heart murmur CDVD stage 1b on echo done 7/2020, hx of stress colitis. o moved to Albany in mid-September, p now lives in a house w/ other humans and people - p had some colitis which clears with Pro-pectalin and bland diet but now is recurrent when stops meds (previously tx with Metronidazole at VCA)
Abnormal PE/Chem/CBC/UA Results: Fecal pending - 12/15, req Ab U/S prior to further bloodwork or testing 5/21/2021 at VCA - inc ALT 188 (N: 12-118), inc ALP 804 (N: 5-137), cPL 329 (N:25-140) Current Medications 1/2 tab Benazepril 5mg SID, 1/2 cap Potassium citrate w/ both meals, 1 tab pot cit PM, Fortiflora SID

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. Minor particulate, nondependent sediment was present, likely indicative of minor cellular or crystalline debris. A focal, small polyp along the apical luminal surface was present, measuring 0.4 cm. 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.

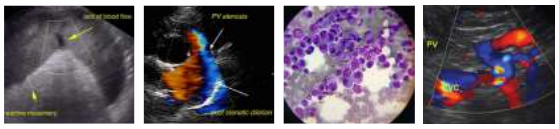
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive medullary to pelvic mineral was present in both kidneys. Focal to intermittent cortical cysts were present in the left kidneys. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length x 0.61 cm width at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.62 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with primarily maintained finely textured homogenous parenchyma. A solitary, nonhomogeneous, non-expansive nodule was noted in the mid-lateral spleen, measuring 1.5 cm in diameter.



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Liver/ Gallbladder

The liver exhibited generalized enlargement and primarily maintained symmetrical capsule contour. Regional areas of nonuniform to mixed echogenic hepatic parenchyma were present in both the left and right liver lobes with intermittent nonhomogeneously echogenic intraparenchymal nodules. An example of a liver nodule in the left liver measured 2.2 cm in diameter. An example of a liver nodule in the right liver measured 3.5 cm diameter. The gallbladder was not visualized in this study. Assessment for potential previous cholecystectomy is recommended. 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.

Normal visible colon wall layers were present with semi-formed feces in the distal colon.

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

No overt lymphadenopathy or peritoneal effusion was present.

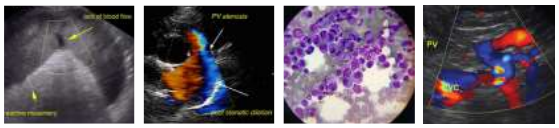
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal small apical urinary bladder polyp - likely incidental, not consistent with neoplastic criteria
- Mild chronic renal changes with nonobstructive medullary to pelvic mineral / renolithiasis
- Nonspecific, nonhomogeneous splenic nodule
- Hepatomegaly with regional, nonuniform to mixed echogenic parenchyma and intermittent nonhomogeneous parenchymal nodules
- Overtly normal gastrointestinal tract and colon, semi-formed feces present in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the solitary splenic nodule, as well as nonuniform hepatic parenchyma with intermittent nonhomogeneous hepatic nodules may indicate benign processes such as splenic hyperplasia, hematopoiesis, hepatosplenic granulomas, while the possibility of hepatic, splenic or hepatosplenic



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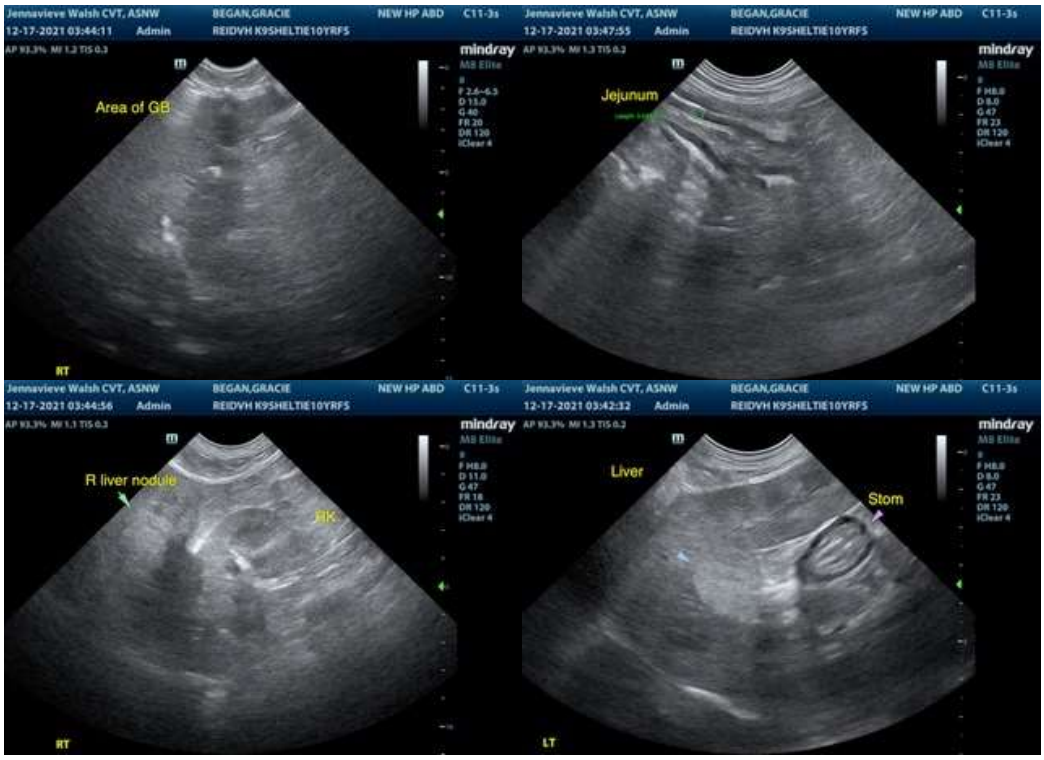
primary vs. metastatic neoplastic changes cannot be definitively excluded. Chronic inflammatory hepatopathy with potential areas of parenchymal fibrosis may be possible. Assuming normal clotting status and using a 25-gauge needle, FNA of the splenic nodule and hepatic parenchyma and/or hepatic nodule could be considered for screening cytology.

Dietary indiscretion, occult parasitism, structurally insignificant Inflammatory enterocolonopathy, or dysbiosis / antibiotic responsive diarrhea may be possible. Pending fecal test, A GI panel to include PLI/TLI/Cobalamin/Folate may be considered. 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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.



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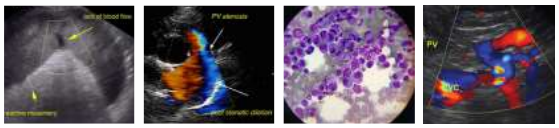

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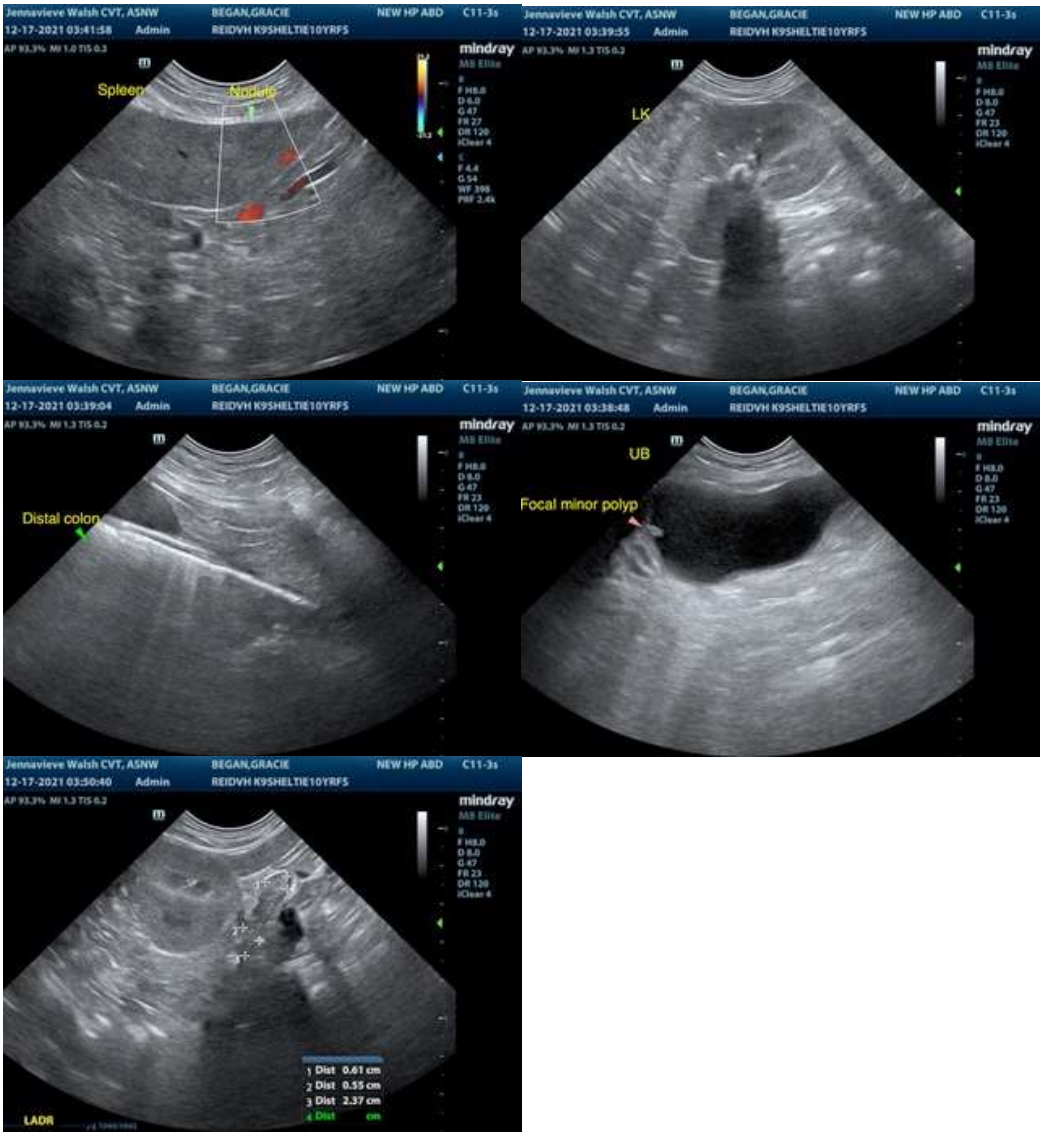

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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