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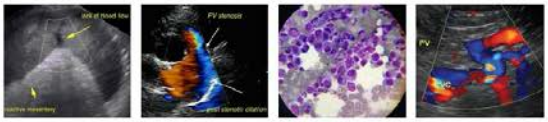


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Kea Gibbs

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

11 Years

WEIGHT

13 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mountain View Animal

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

33225

DATE

12/3/21

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: Evaluate for cause of intermittent anorexia, increased intestinal sounds and overall GI discomfort at home that may be a cause in addition to knowing has hiatal hernia. In addition, overall health status. Has high BUN but Lynda feeds a high protein diet (UA 1037, no protein, overall normal UA). Relevant Medical History and Physical Exam findings (Heart Murmur / Arrythmia): • Grade 3/6 left systolic heart murmur that radiates to the right. • Hiatal hernia diagnosed at a specialist in past and sx recommended but owner is trying to a nutritional approach. Causes intermittent gastric reflux but overall well controlled at this time. • Allergies - sees a specialist; allergies under control at the time • Hemangioma successfully removed from ventral abdomen in the past Current diet: Honest Kitchen Preference - she adds in lightly cooked rabbit (Kea does not handle complete RAW well) - she ships this from San Diego and other areas to get as she cannot find a place to get here. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: HCT 58.9 (38.3-56.5) Lymphopenia 0.868 (1.06-4.95) BUN 41 (9-31) (*high protein diet - feeds rabbit) -see above Otherwise, comprehensive blood panel all wnl including UA/UPC and fecal. Current medications (include full name, dosage and frequency): Initial Medications / Supplements: Zypan Standard Process 2x daily before meal am and pm Canine Enteric Standard Process 30g 1/8tsp 2x daily amd and pm Vitamin D3 2 drops 1x daily (had low levels at previous vet hospital and recheck in October 2019 showed normal results) Amino B Plex 1ml 2x daily Im-Yunity 400mg 1/4 cap 1x daily Animal Essentials Plant Enzyme and Probiotics 1/4 tsp
Abnormal PE/Chem/CBC/UA Results: Ecg and rads attached for cardiologist

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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 area of the aortic trifurcation was free of pathology.

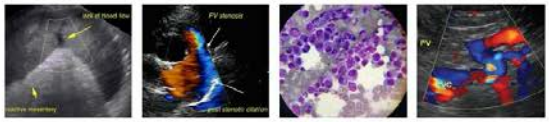
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 3.8 cm.

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 1.5 cm length x 0.51 cm at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.62 cm.

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



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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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A focal, well demarcated, non-expansive echogenic parenchymal nodule was present. The nodule measured 0.73 cm diameter. Mild non-dependent yet non-organized gallbladder debris was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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. Gastric body wall measured 0.38 cm.

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 0.40 cm. Jejunum wall measured 0.34 cm.

Normal visible colon wall layers were present with subjective semiformed 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.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatic intraparenchymal nodules – likely lipogranuloma or focal nodular hyperplasia.
- Mild gallbladder debris (non-mucocele)
- Minor chronic renal changes
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without evidence of significant visceral pathology. Potential for structurally insignificant or low-grade inflammatory gastroenteropathy given the patient's intermittent anorexia and borborygmus may be possible in conjunction with a hiatal hernia as an underlying cause of the patient's clinical signs. Continued gastrointestinal supportive care would be appropriate.

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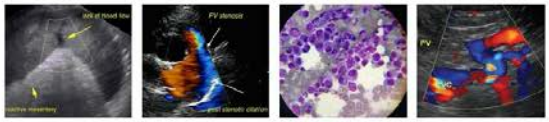

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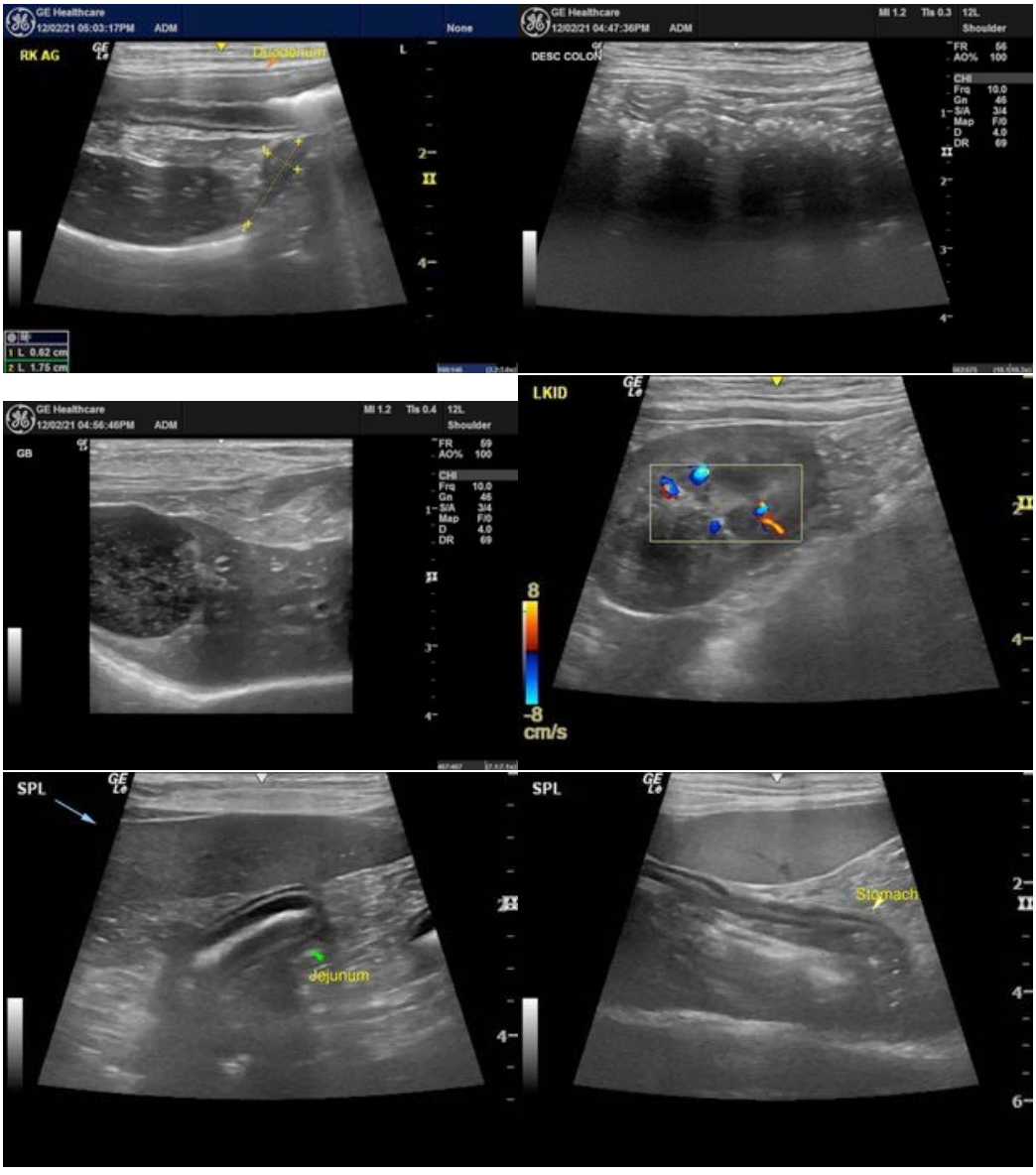

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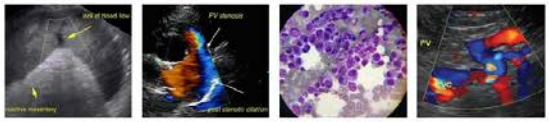

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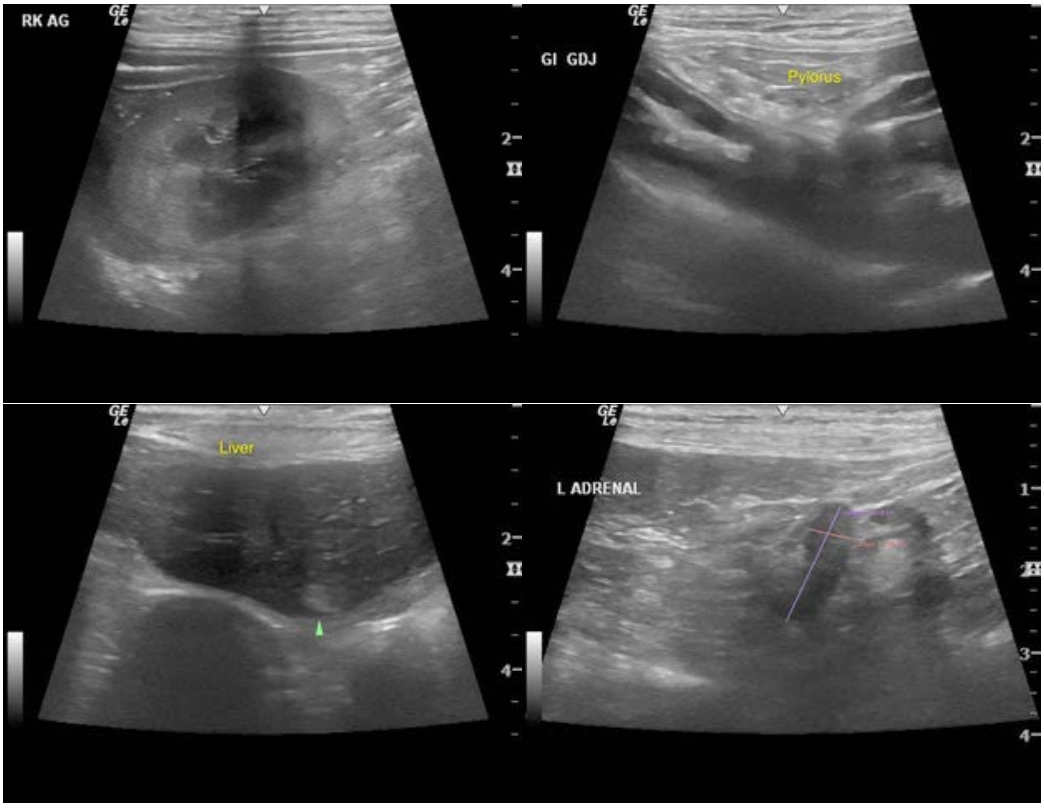

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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