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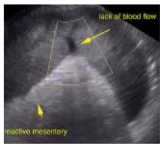
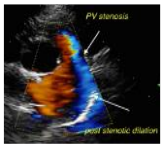
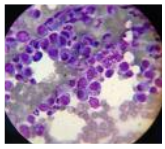
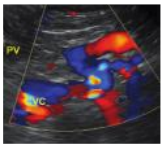

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1-800-838-4268 info@sonopath.com

PATIENT

Booray Polyak

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

15 years

WEIGHT

12.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bailey

INVOICE

15688

DATE

12/21/22

PRESENTING CLINICAL SIGNS

On-going decreased appetite, diarrhea and vomiting. P was seen at the E-clinic for pancreatitis a few weeks ago. P is on Clopidogrel, Benazapril, amlodipine and telmisartan for high BP and proteinuria.

Abnormal PE/Chem/CBC/UA Results: PE: PD 4/4, severe halitosis. BW (9/22/22): BUN 47, Creat 1.2, SDMA normal, ALP 418, Amylase 2,430, Lipase >1,800.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was free of pathology.

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. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 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 1.7 cm length x 0.49 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 1.5 cm length x 0.42 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/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor nondependent echogenic to particulate luminal gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

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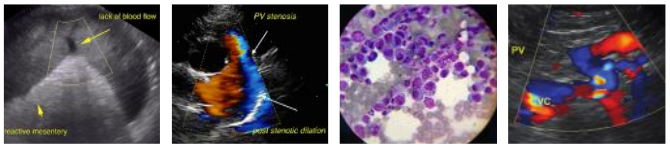

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme without signs of obstruction or foreign material. The stomach was otherwise normal. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.40 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for segmentally prominent duodenojejunal mucosa. No evidence of loss of small intestinal wall layering, mechanical obstruction, or small intestinal tumors. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.45 cm width.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Subjective semi-formed to soft fecal matter, consistent with patient history, was present in the colon lumen with lumen dilation.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes
- Vacuolar hepatopathy pattern - benign
- Minor gallbladder debris (non-mucocele)
- Heterogeneous pancreas - age-related variant, pancreatitis remodeling owing to previous inflammatory episode, low-grade to chronic pancreatitis possible
- Inflammatory enterocolonopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral, specifically gastrointestinal or pancreatic, pathology.

The sonographic appearance of the pancreas is not consistent with significant or active pancreatitis without evidence of pancreatic neoplasia. Dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, suspected inflammatory bowel, low-grade to chronic pancreatitis, and infiltrative neoplasia (less likely), are all potentials.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as fresh fecal analysis to rule out parasitic ova/giardia is suggested. Empirically, hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotic, empirical deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days, +/- cobalamin supplementation pending assessment of cobalamin levels, and assessment of gastrointestinal response would be reasonable. Recheck UPC level is suggested if not done.

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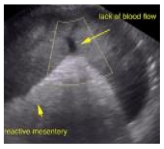

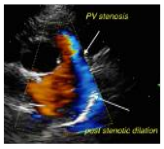

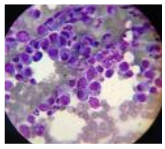
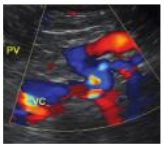

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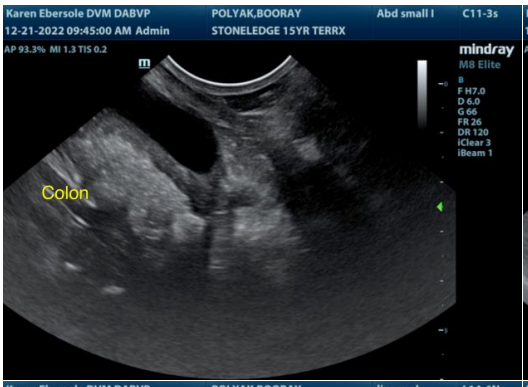

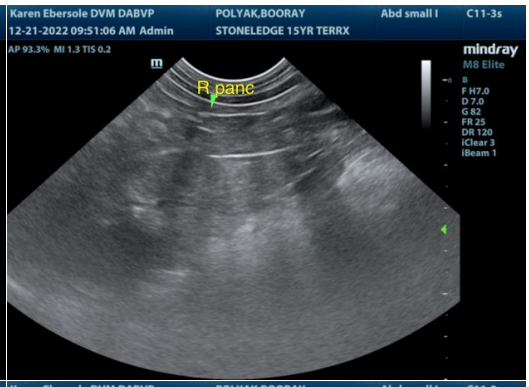

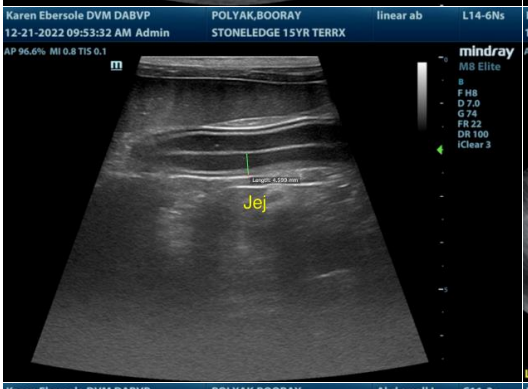

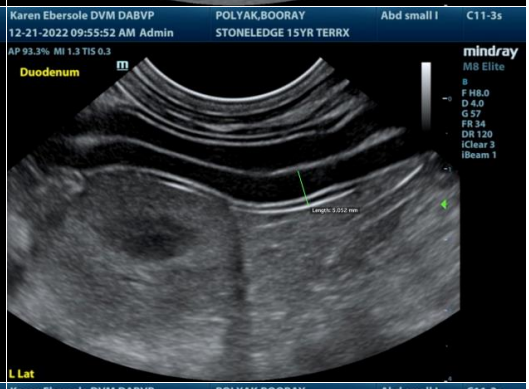

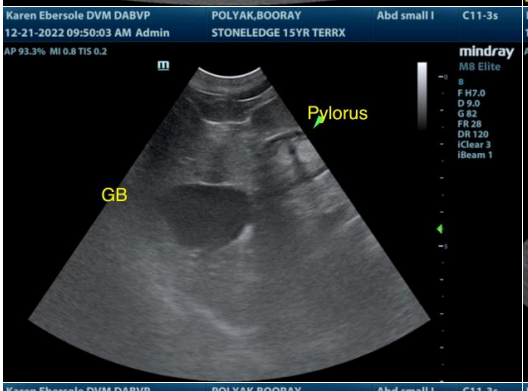

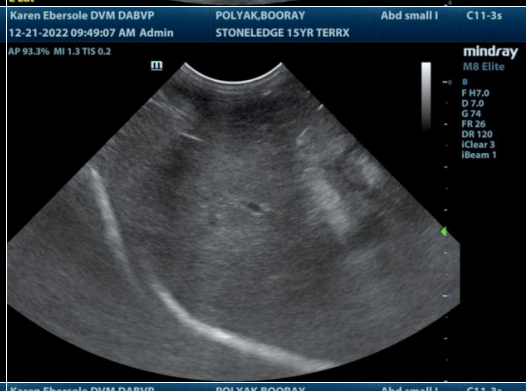
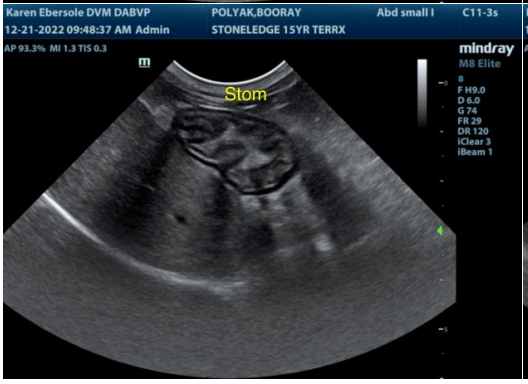

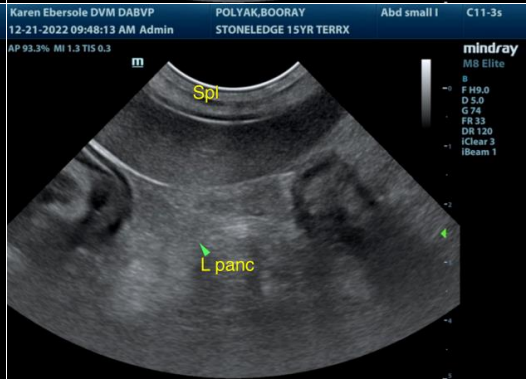

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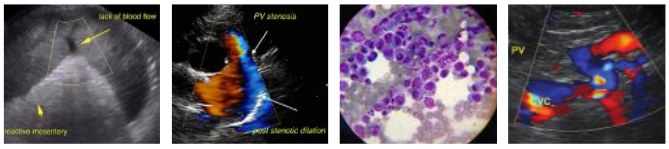

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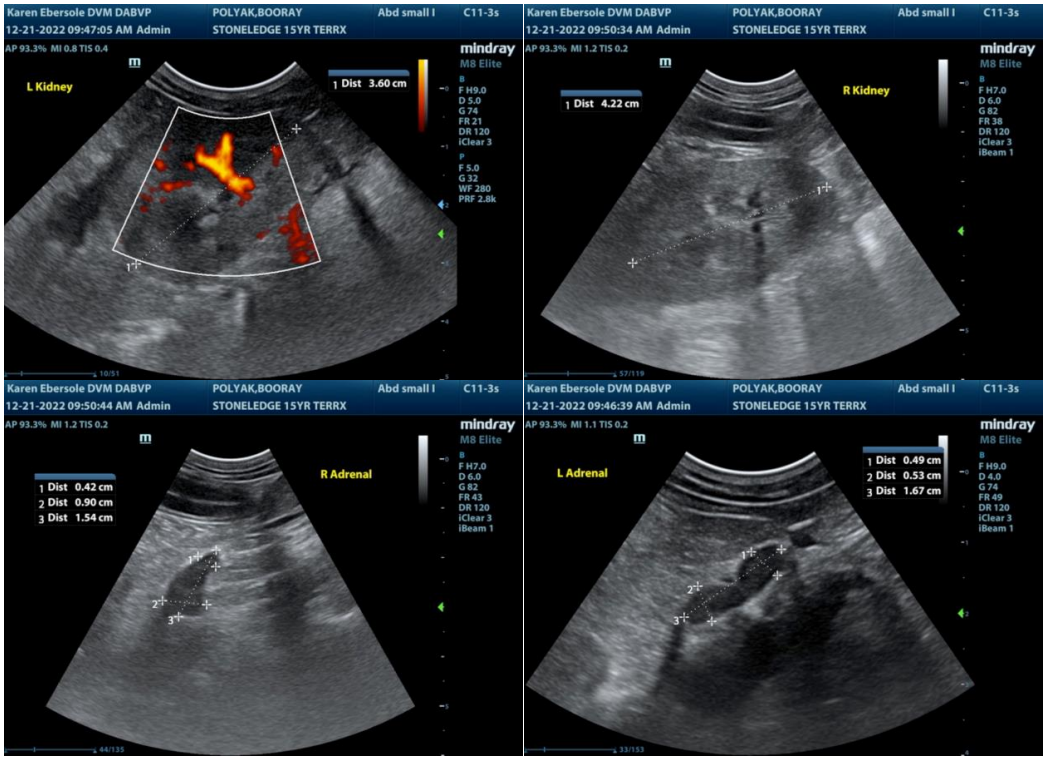

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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