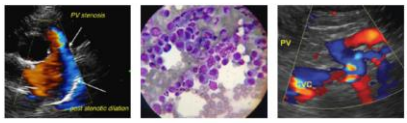


PATIENT

Phoenix Yetter

SPECIES

Canine

BREED

Lab

SEX

Intact Male

AGE

18 weeks

WEIGHT

26 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Doerscher

INVOICE

12502ag

DATE

12/21/22

PRESENTING CLINICAL SIGNS

-Chronic hx of vomiting and diarrhea since October when O purchased P. First presented 11/23 and was BCS 2/5. Parvo NEG, Fecal DX w/Giardia NEG. started I/D food, did the usual vaccines, did a course of Panacur, & Proviable, started Heartgard. On 11/29 added metronidazole as no response to D from aforementioned therapies. Rads on 11/29 were inconclusive as P wasn't fasted and stomach/bowel were full of food. Saw P on 12/15 for puppy boosters and P had only gained 3 lbs, but O reported that stools had normalized, . O was adding in Purina food to the I/D cans. P came back in 12/20 due to continued diarrhea and now straining w/defecation. Fasted rads inconclusive once again, although this time GI system did seem mostly empty. Vomiting has stopped and P is BAR and has a good appetite. Fasted 17 hours prior to scan

Abnormal PE/Chem/CBC/UA Results: Thin BCS, 2/5. Dull haircoat with dry skin flakes. Otherwise PE is unremarkable. No abdominal distention, organomegaly appreciated, no pain w/palpation. BW shows microchromia, eosinophilia, increased SDMA, decreased BUN, increased Phos, hypoproteinemia (both Alb & Glob), increased ALP (167) & CK. 4DX NEG.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 5.8 cm in length. The right kidney measured 5.7 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 0.29 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole and 2.0 cm length.

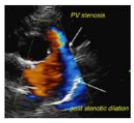
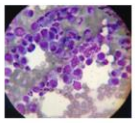
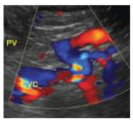
Spleen

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 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

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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.40 cm width. Mild gastric distension with primarily anechoic fluid was present.

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. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.39 cm width.

Normal visible colon wall layers were present.

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

Intermittent scant pocket of peritoneal free fluid likely consistent with incidental or physiological free fluid given patient age.

Intermittent, mildly prominent to enlarged mid abdominal 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 a lymph node measured 2.4 cm x 0.86 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal GI tract with mild retained gastric fluid-suspect mild gastroenteritis with possible mild gastric hypomotility, no evidence of obstructive pattern or mural pathology/intussusception
- Intermittent benign mesenteric lymphadenopathy-suspect immunologic immaturity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically gastroenterocolic pathology as a definitive cause of the patient's clinical signs. Dietary intolerance even with recent bland diet trial, persistent occult parasitism, maldigestive/malassimilation disorder are possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A hydrolyzed diet trial as opposed to a bland diet along with an additional course of empirical 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), and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Pending GI panel results or if persistent GI signs despite therapy and supportive care, a resting cortisol level to rule out occult Addison's disease may be considered although the bilateral adrenal glands appear to be sonographically normal.

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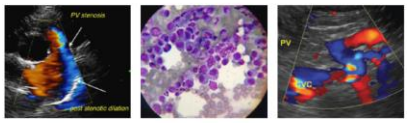

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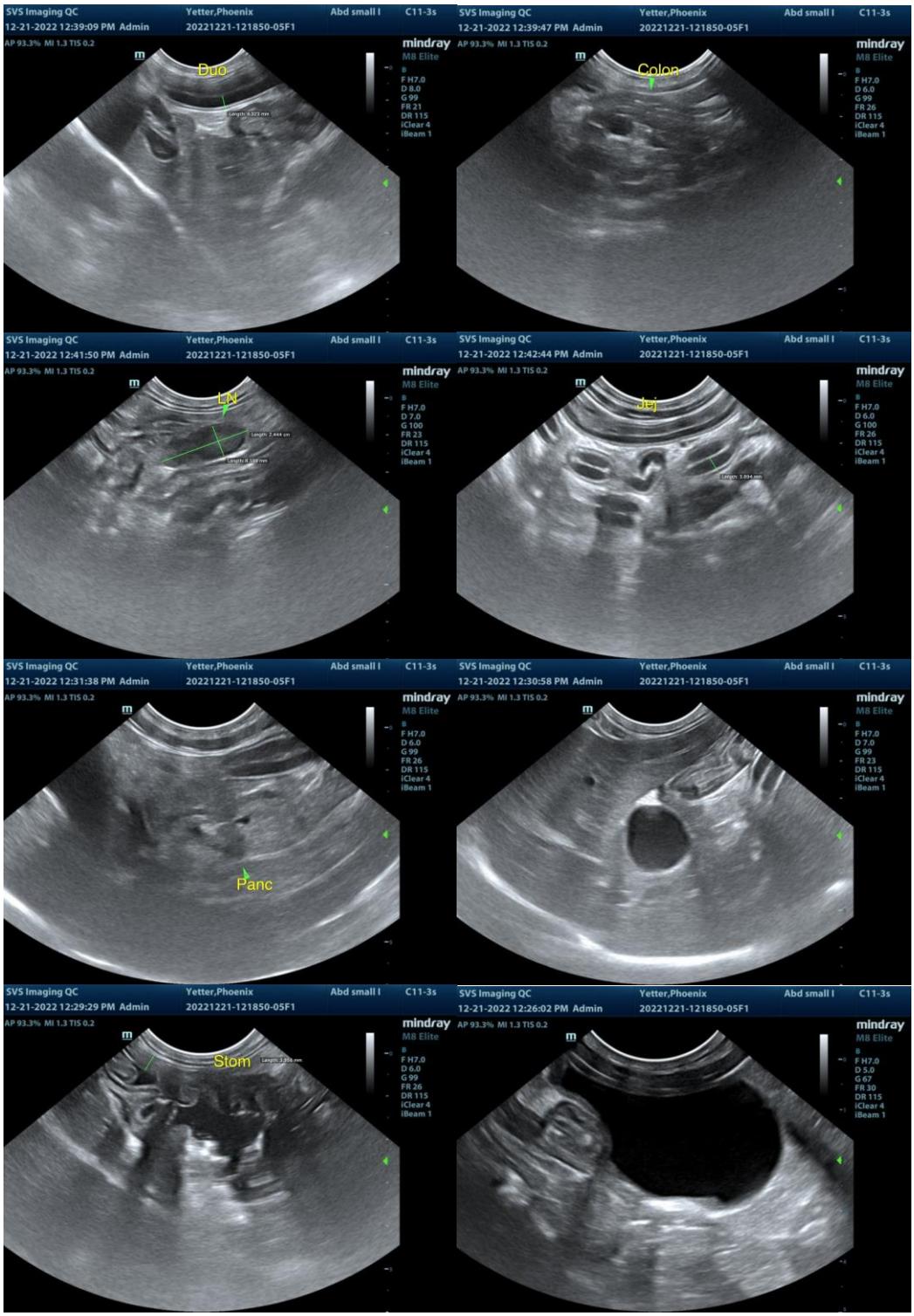

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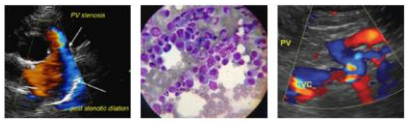

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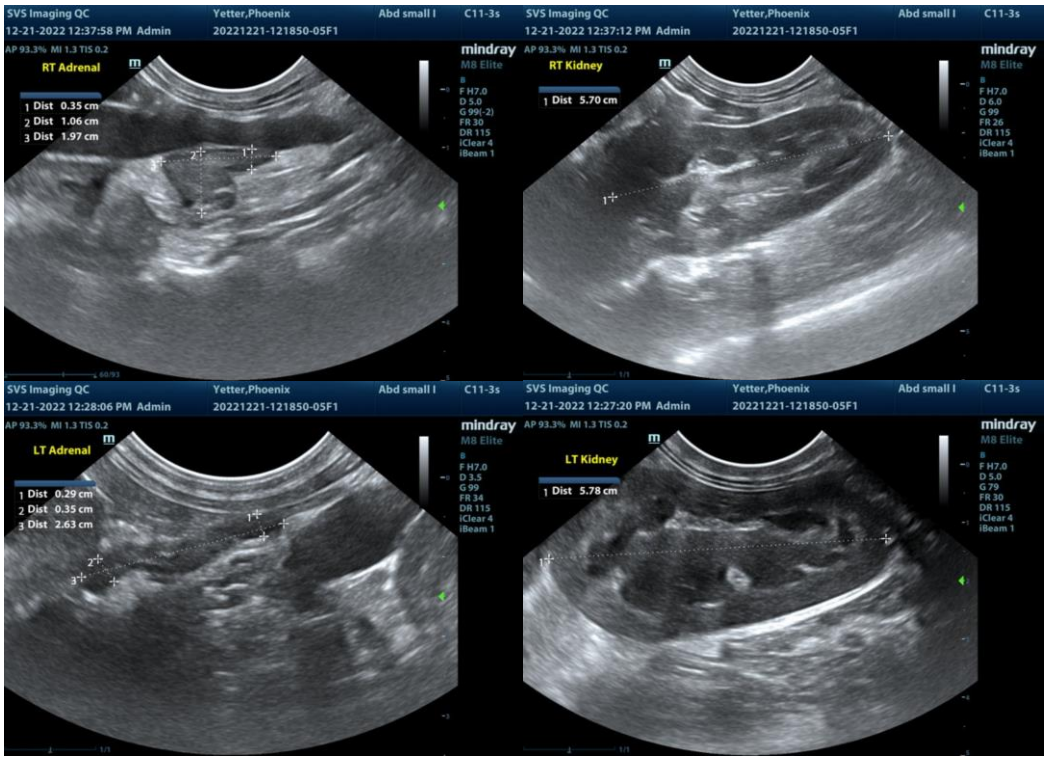

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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