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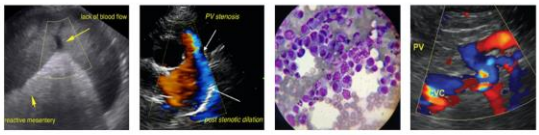

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Hunter Gabriel

SPECIES

Canine

BREED

Lab Mix

SEX

MN

AGE

2013

WEIGHT

76

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH (Allen)

REFERRING VET

Dr. Gregory

INVOICE

16156

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Vomiting, inappetence, diarrhea, weight loss.

Medication: Metronidazole, Probiotic

Spec cPL 154 (previous 931), otherwise normal CBC/Chemistry Panels, Na/K ratio 33

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 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 6.7 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited subjective mild generalized enlargement with maintained symmetrical capsule contour and finely textured homogeneous parenchyma. Normal splenic vascularity was present with no masses or nodules noted.

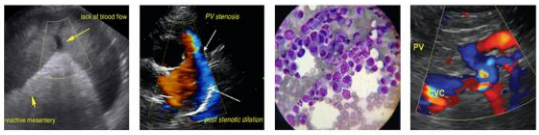
Liver/ Gallbladder

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 containing anechoic content with mild nonorganized echogenic gallbladder debris. No evidence of inflammatory gallbladder criteria was noted. 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.



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Normal visible colon wall layers were present with subjective formed fecal matter at the time of the ultrasound.

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

- Mild splenomegaly - nonspecific yet subjectively benign, likely incidental hyperplasia, hematopoiesis, possible incidental splenitis, splenomegaly secondary to sedation if clinically applicable
- Structurally normal gastrointestinal tract / colon
- Sonographically normal pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology including no overt gastroenterocolic mural pathology, or evidence of active pancreatitis was noted.

At times, the gastroenterocolic presentation may not always correlate with history of current or chronic gastrointestinal signs and weight loss. Potential considerations may include; dietary intolerance / food allergy, dysbiosis / antibiotic responsive diarrhea, malassimilation / maldigestive disorder, inflammatory bowel disease, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, occult Addison's Disease, occult parasitism, and infiltrative neoplasia (less likely).

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs as well as a resting cortisol level to assess for occult disease as a contributing factor to the weight loss are recommended.

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 with consideration for possible long term effects on normal gastrointestinal flora, and as needed gastrointestinal support with an assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

If persistent splenomegaly, screening splenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered primarily to ensure only benign changes are present and rule out early pathology as a contributing factor if persistent weight loss.

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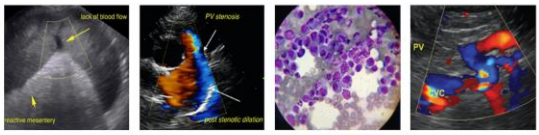

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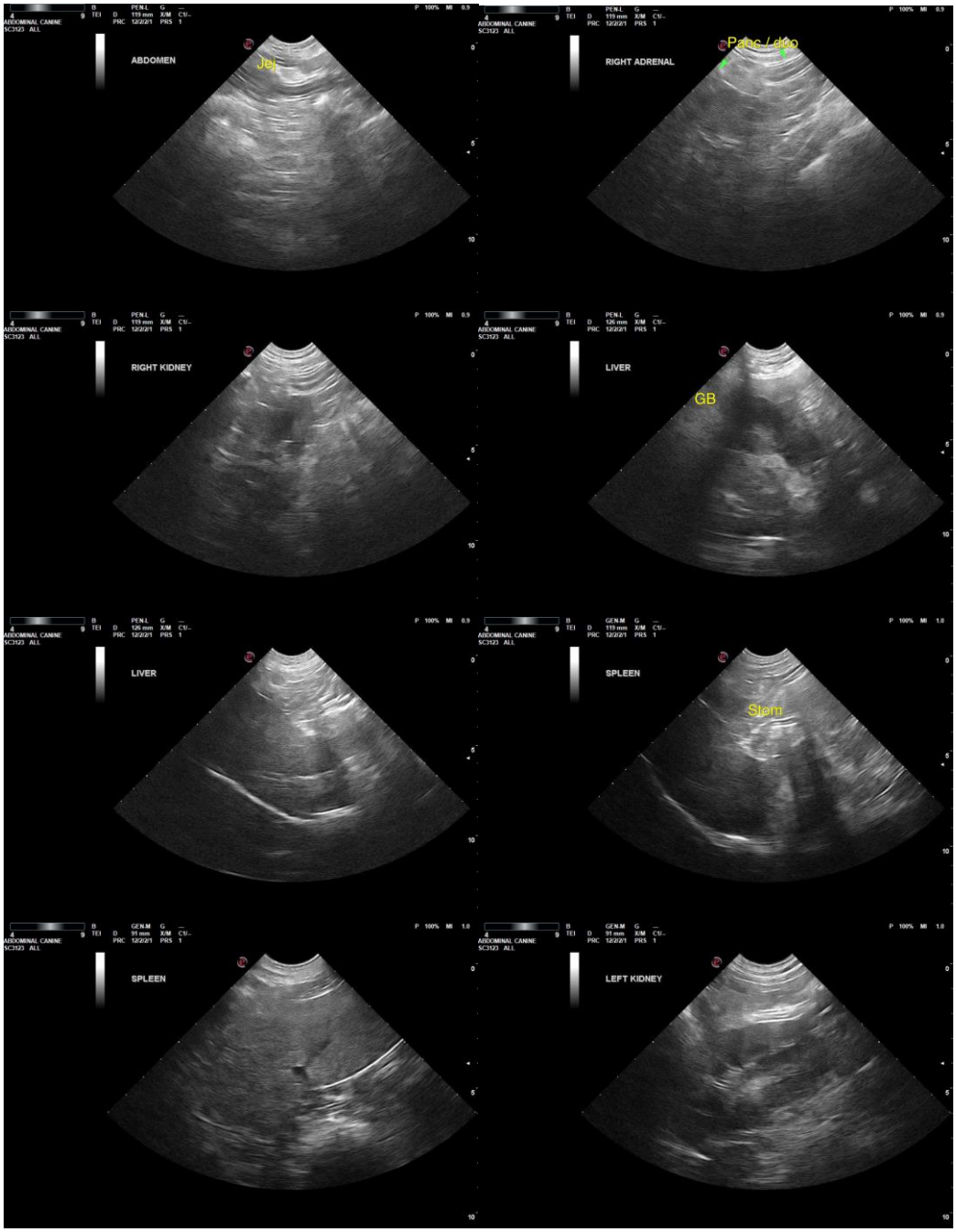

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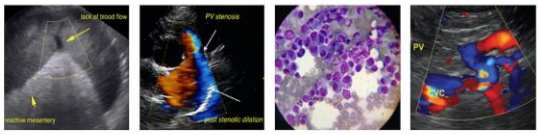

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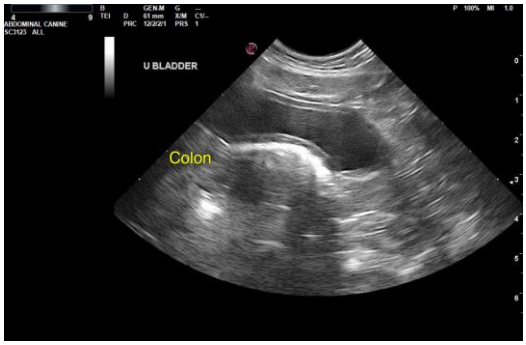

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com