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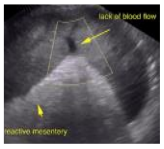

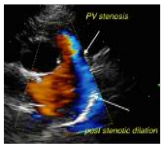

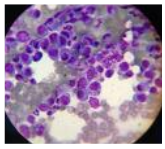
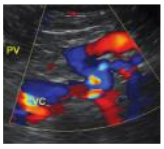

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sadie Steinhilber

SPECIES

Canine

BREED

Canine

SEX

FS

AGE

5 years

WEIGHT

31.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island Veterinary Emergency Hospital

REFERRING VET

Dr. Guenther

INVOICE

16167

DATE

2/15/23

PRESENTING CLINICAL SIGNS

5d anorexia. One vomit a few days ago. Soft stool initially but then normal. Drinking normally. Mildly lethargic. No response to cerenia and sulcrate rx'd by rDVM.

Abnormal PE/Chem/CBC/UA Results: CBC wnl Chem mild panhypoproteinemia UA wnl XRs show stool in colon, initially possible colonic foreign body in descending colon otherwise no obstructive pattern or foreign object. Repeat XRs (48h later) pending radiology interpretation but no apparent concerns seen.

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. 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 7.4 cm in length. The right kidney measured 6.7 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 2.9 cm length x 0.53 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 2.7 cm length x 0.67 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 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.

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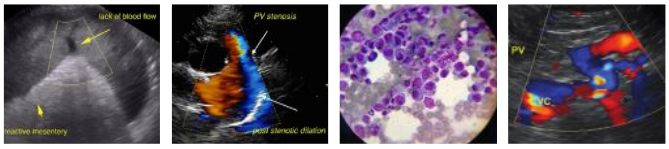

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas without evidence of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.50 cm.

The small intestine presented generalized intact wall layering with a propensity for generalized mildly prominent to hypoechoic intestinal mucosa. A segmental, generally mild intestinal ileus pattern was present, not consistent with obstructive criteria. Potential for inefficient peristalsis is noted. The duodenum wall measured 0.59 cm width. The jejunum wall measured 0.45 cm width.

Normal visible colon wall layers were present with subjective formed to semi-formed fecal matter in the descending 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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy exhibiting generalized prominent to hypoechoic mucosa and segmental nonobstructive ileus - nonspecific, dietary intolerance / food allergy, IBD with possible emerging PLE, infectious disease, occult parasitism, infiltrative neoplasia, less likely occult Addison's Disease given normal adrenal presentation, or other
- Sonographically unremarkable stomach / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal foreign material, mechanical obstructive pattern, obstructive mural pathology, or sonographic evidence of significant active pancreatitis as a primary clinical factor. Potential for low-grade concurrent pancreatitis could be present yet appear sonographically normal.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A resting cortisol level to rule out occult Addison's Disease is suggested. As-needed gastrointestinal support and empirical IBD protocol which may include hydrolyzed diet with long-term dietary therapy, empirical cobalamin supplementation pending assessment of cobalamin levels, high colony count probiotic if evidence of diarrhea, blanket deworming, and assessment of clinical response, is suggested. Assuming albumin levels remain >2.0, endoscopic or surgical intestinal biopsies are recommended for definitive histopathological diagnosis and likely guidance and treatment given the young age of the patient.

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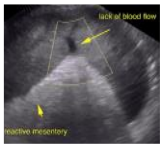
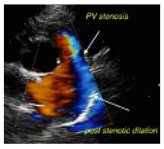
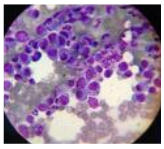
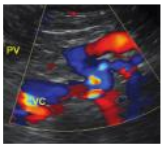

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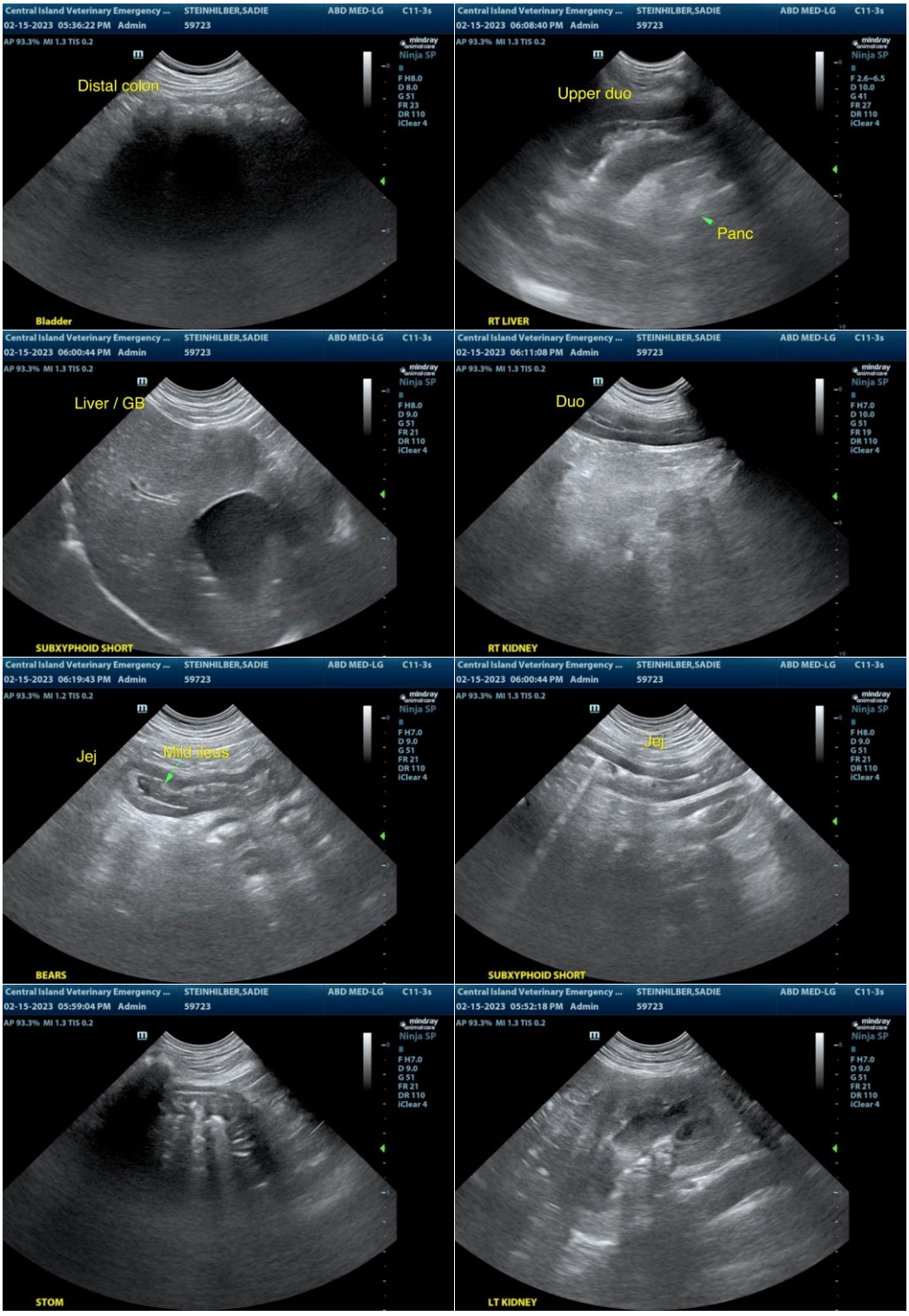

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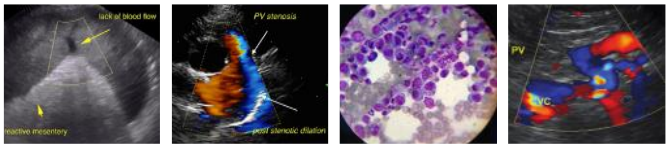

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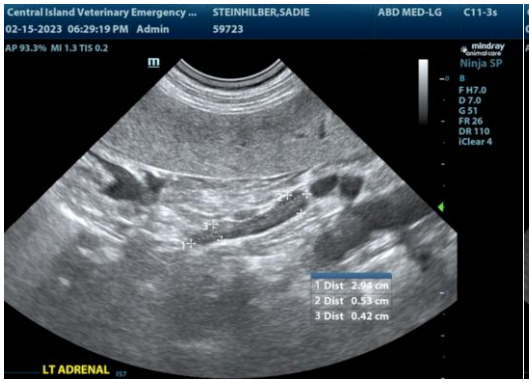

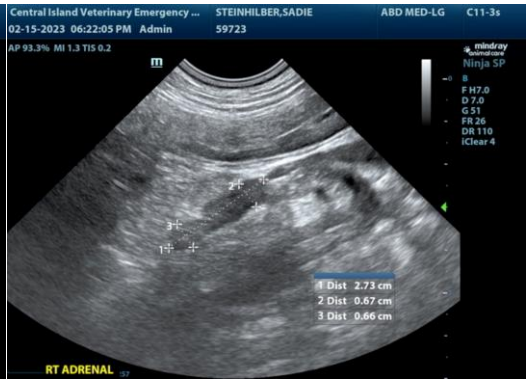

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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