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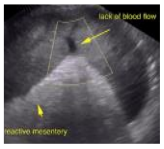

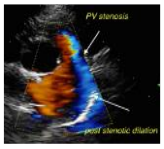

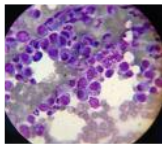
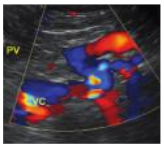

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1-800-838-4268 info@sonopath.com

PATIENT

Maisel Brown

SPECIES

Canine

BREED

Australian Shep Mix

SEX

S/F

AGE

3 years 10 mo

WEIGHT

9.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Graham Sager-Gellerman, DVM

HOSPITAL NAME

Back Bay Veterinary Clinic

REFERRING VET

Vivian Wang, DVM

INVOICE

16306

DATE

2/24/23

PRESENTING CLINICAL SIGNS

Intermittent vomiting (suspected bilious vomiting), inappetance and diarrhea since November 2022. - Resolves with supportive care Last time ate: ~16 hours prior to scan had a handful of dry kibble. Nothing >12 hours before the handful of kibble. Current meds: Cerenia 1mg/kg PO SID Entyce 3mg/kg PO SID Omeprazole 1mg/kg PO BID Trying to see if she would eat RC HP

Abnormal PE/Chem/CBC/UA Results: 2/22/23 Baseline cortisol = 6.9 (2-6) 11/14/22 CBC/Chem/ spec CPL = NSF BUN 35 (9-31), Reticulocytes 176 (10-110) 11/14/22 AXR = NSF 11/5/22 Fecal = negative, but non pathogenic yeast present

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 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 3.2 cm in length. The right kidney measured 3.3 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 0.26 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at the caudal pole and 0.34 cm width at the cranial 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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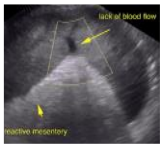

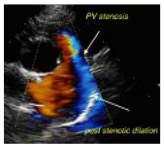

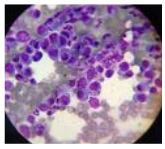
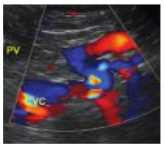

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Gastrointestinal

The stomach presented intact normal wall layering containing a mild to moderate amount of regional progressively shadowing primarily hyperechoic gastric ingesta. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. The ventral gastric body wall width measured 0.3 cm. The ventral pylorus wall width 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 mechanical / metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.29 cm width.

Normal visible colon wall layers were present with apparent formed fecal matter 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate, regionally shadowing gastric ingesta
- Sonographically unremarkable small bowel / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported documented NPO, the presence of gastric ingesta, most consistent with retained food, may suggest some degree of functional or metabolic gastric stasis or nonobstructive delayed gastric emptying without evidence of upper gastrointestinal mechanical obstruction. Technically, the possibility of a small amount of intermixed foreign material within the ingesta, given the shadowing, cannot be definitively excluded.

Continued monitoring for gastric emptying would be ideal. Dietary intolerance / food hypersensitivity, underlying nonstructural inflammatory gastroenteropathy, i.e., IBD, and occult parasitism, are all potentials.

If possible, a hydrolyzed diet trial with likely long-term dietary therapy, high colony count probiotic such as Proviable during episodes of diarrhea, empirical deworming (Panacur 50 mg/kg PO SID x 5 consecutive days), as-needed gastroprotectants and empirical therapy for mild gastritis / esophagitis with as-needed GI support and assessment of clinical response are recommended. Assessment of serum cobalamin and folate levels is suggested if persistent gastrointestinal signs or evidence of weight loss are noted. Gastro-endoscopic intestinal biopsies may be considered if persistent gastrointestinal signs are present.

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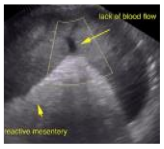
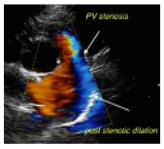
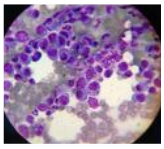
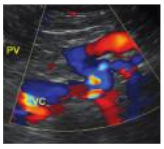

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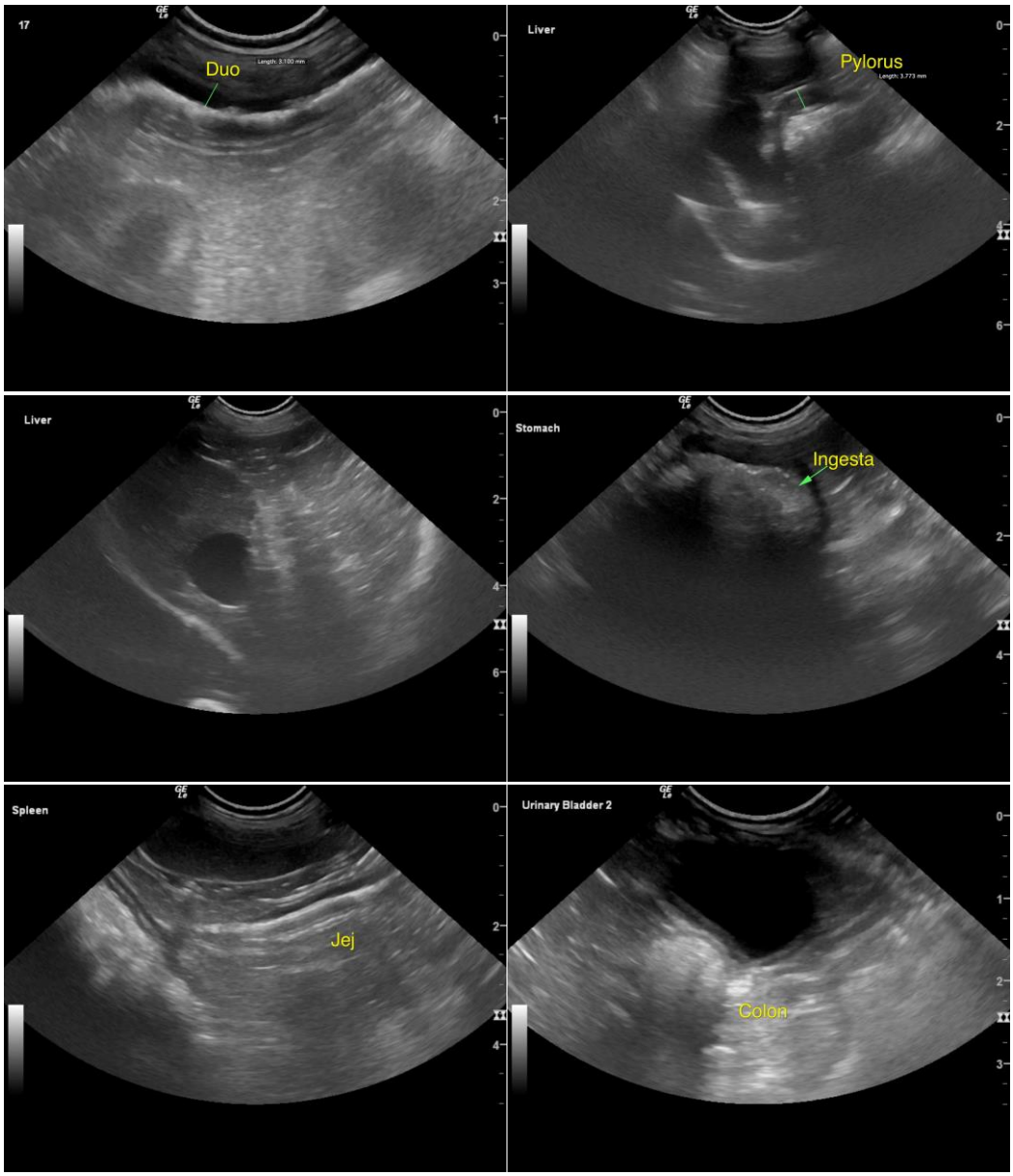

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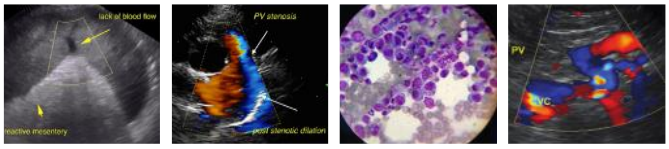

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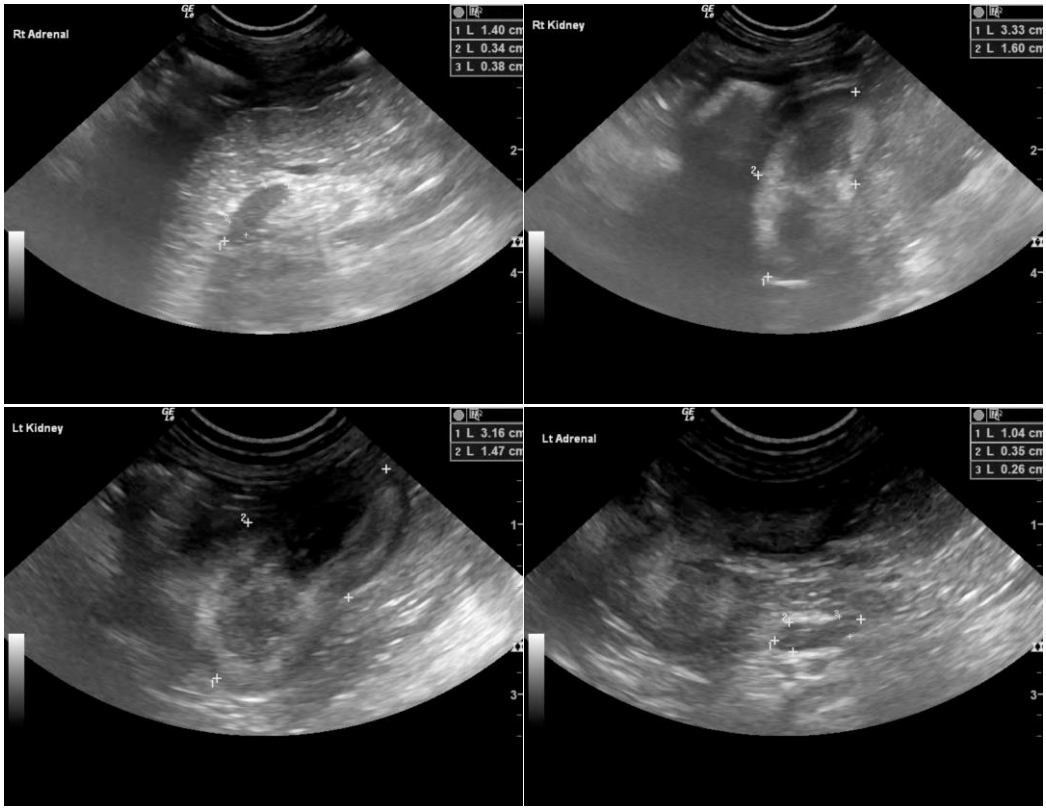

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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