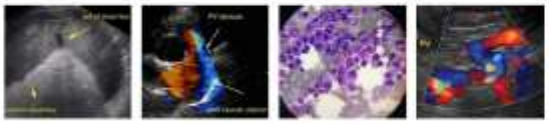


PATIENT

Brynna Rishel

SPECIES

Canine

BREED

Lab Ret

SEX

FS

AGE

11 years

WEIGHT

52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr. Greg H

INVOICE

13432

DATE

2/25/22

PRESENTING CLINICAL SIGNS

Reason for Visit: Exam Diarrhea. Patient has had liquid diarrhea for the last 2 d. Owner suspects inadvertent dietary indiscretion. Good app on a bland diet. Energy level was decreased yesterday, but seems better today. Some recent right ear pruritus. Some infrequent sneezing. No C/V. Hx food allergy well controlled on limited ingredient diet. No other hx/meds reported, except HWP. Objective Vitals: 2:03pm 2/4/22 Wt: 55 lb. oz. T: 100.9 F. HR: 110 RR: 28 CRT: PK/1 By: GH General Appearance: Bright, alert, responsive; pink MM; CRT <2 sec; body condition score=5/9; ~3-5% dehydrated Eyes: No corneal lesions bilaterally; pupils normal in size and symmetrical; no conjunctivitis; no ocular discharge Ears: AU no exudate observed and no erythema present at external canals AU; otoscope exam revealed very mild tan ceruminous discharge and moderate deep canal erythema with TMs intact and no FBs AU, though hair tuft in deep canal AS Integument: Skin and coat appear healthy; no apparent dermatitis or external parasites Oral Cavity: Teeth are free from excessive tartar; no gingivitis Lymphatics: Lymph nodes all normal size Cardiovascular: Regular rhythm; no murmur detected; strong femoral pulses Musculoskeletal: No lameness and strong gait Gastrointestinal: Tense abdomen with mild pain reaction on palpation Urogenital: External genitalia appears normal; bladder normal on palpation Respiratory: Lungs auscult clear; no tachypnea or dyspnea; no tracheal sensitivity Neurologic: Cranial nerves and spinal reflexes within normal limits Assessment CBC/chem to Antech for senior wellness. cPL: Normal. LRS 500 cc SQ. Ear clean AU. Claro AU. 1) Hx food allergy/IBD with current diarrhea - r/o: enteritis/colitis, parasite, open. 2) Otitis externa AU. Owner requests to check for hemangiosarcoma

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

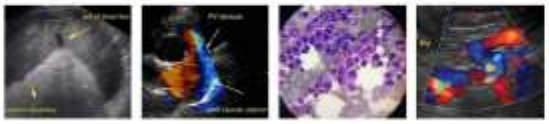
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence 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 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 was present. The left kidney measured 5.9 cm in length. The right kidney measured 4.9 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 0.46 cm width at the caudal pole and 0.44 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 0.44 cm width at the caudal pole and 0.47 cm width at the cranial pole.



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Spleen

The spleen exhibited potential for mild generalized enlargement likely owing to sedation with 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing, moderate, retained ingesta/ chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The stomach walls were sonographically unremarkable. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.32 cm.

The small intestine exhibited intact wall layering with subjective propensity for segmentally prominent mucosa, as well as intermittent mucosal speckling to indistinct mildly hyperechoic striations. No evidence of loss of intestinal wall layering, mechanical / metabolic Ileus, or intestinal masses was noted. The duodenum wall width measured 0.43 cm. The jejunum wall width measured 0.33 cm.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty with mild semi-formed to non-formed feces. The descending colon wall width measured 0.28 cm.

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.

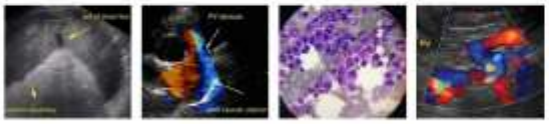
Free Abdomen

No evidence of significant lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Retained gastric ingesta / chyme
- Intermittent small intestinal mucosal speckling to subtle hyperechoic striations
- Mild colitis



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Secondary Findings

- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

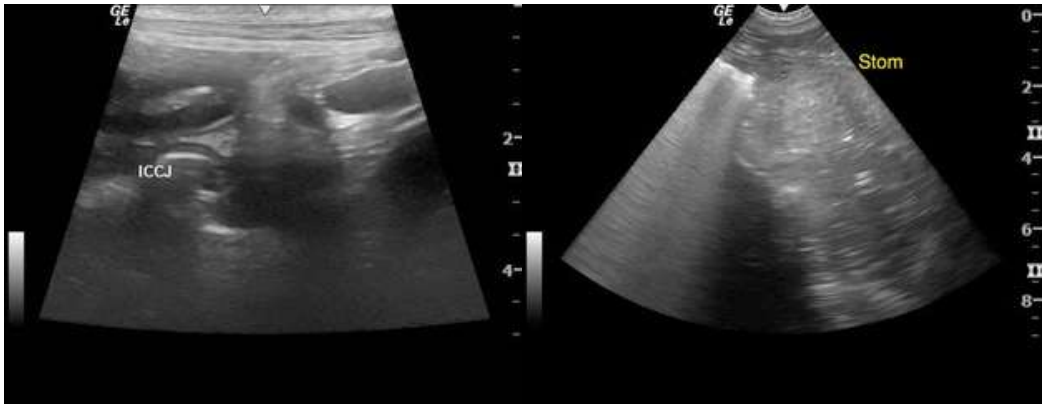
The intermittent small Intestinal propensity for prominent mucosa with focal to intermittent mucosal speckling to indistinct hyperechoic mucosal striation is nonspecific yet potentially suggestive of segmental inflammatory enteropathy or potential IBD in conjunction with mild colitis pattern.

In patients with chronic signs, mild to low-grade pancreatitis, dysbiosis, dietary hypersensitivity / food intolerance, IBD, or less likely infiltrative gastrointestinal neoplasia may be possible.

Fresh fecal analysis to assess for parasitic ova / Giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate is warranted.

Although considered unlikely, adrenal screening with resting cortisol to rule out occult Addison's Disease may be considered.

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 and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.



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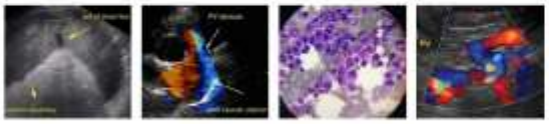

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pawsonography@gmail.com 530-786-8340

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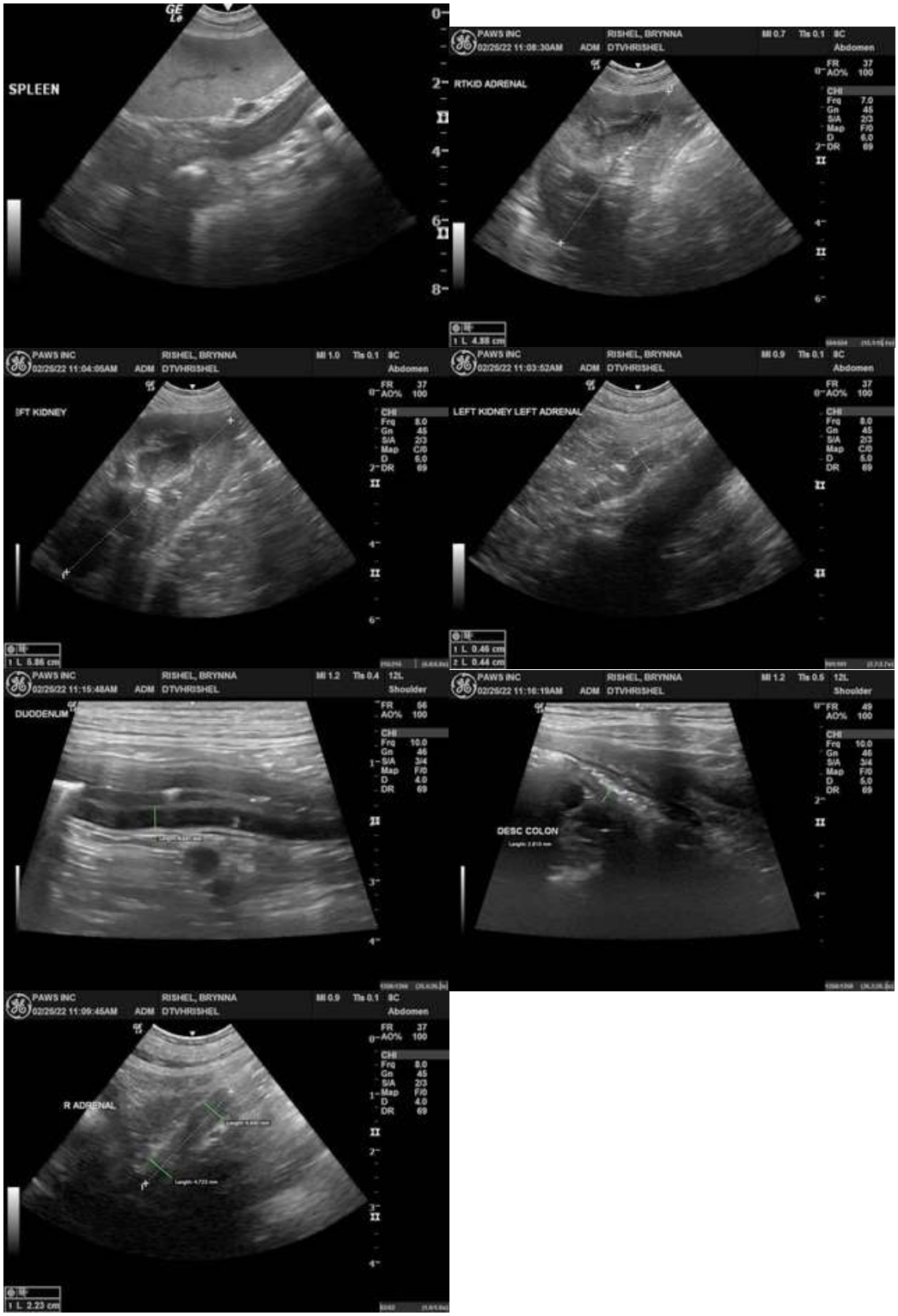

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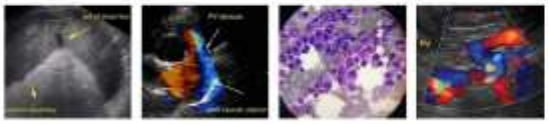

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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