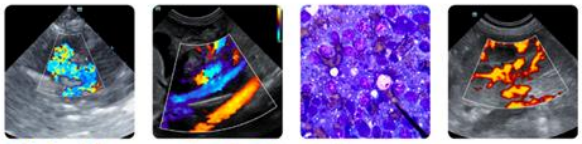

PATIENT

Gracie Hamby

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

10yr

WEIGHT

80lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Kelle Burns

INVOICE
23806

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PRESENTING CLINICAL SIGNS

- 10 yr FS German Shepherd mix presented to their primary vet for vomiting, inappetence and lethargy. Mucous membranes were pink and tacky, elevated HR and RR. Cranial abdominal pain palpated. Episode of hematemesis observed prior to hospitalization. BW and Abd rads performed (see below).
- -Transferred to REPMC following workup at primary vet. Dx: pancreatitis, dehydration, abdominal pain, suspected HGE
- Current Medications: IV fluids, unasyn, cerenia, ondansetron, gabapentin, buprenorphine, metronidazole, propectalin, sucralfate

Abnormal PE/Chem/CBC/UA Results: Rads from rDVM: slightly diminished detail in cranial abdomen no obvious free fluid no obvious mass effect or obstructive pattern noted Labs from rDVM: CBC: HCT 73% lymphocytopenia 0.79 (1.05-5.1) eosinopenia 0.03 (0.06-1.23) Chemistry elevated SDMA 30 (0-14) elevated BUN 55 (7-27) elevated Cholesterol 331(110-320) elevated CPL >2000 (0-200) elevated amylase >2500 (500-1500) elevated lipase 4218 (200-1800) elevated ALT 562 (10-125) normal ALKP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The left kidney was subnormal in size with asymmetrical margination and hyperechoic cortical infarcts. Moderate loss of corticomedullary border demarcation. No pyelectasia.

Normal size and margination were present in the right kidney A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 7.6 cm in length.

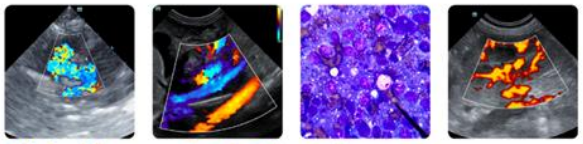
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.1 cm width in the caudal pole. The right adrenal gland was not visualized.

Spleen

The spleen exhibited mild generalized enlargement with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal 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 or



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neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was normal in size. The gallbladder wall was uniformly thickened and hyperechoic in appearance. This is suggestive of chronic gallbladder wall inflammation and possible fibrosis. Mild non-organized hyperechoic gallbladder debris was present.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

Normal visible colon wall layers were present with generalized non-formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No obvious overt lymphadenopathy was present.

Pockets of mild volume peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastroenterocolopathy
- Heterogeneous pancreas
- Chronic renal changes accentuated in the left kidney exhibiting subnormal size and cortical infarcts
- Non-specific enlarged non-homogenous left adrenal gland
- Hepatopathy with suspect chronic cholecystitis
- Mild splenomegaly with intermittent small hyperechoic nodules
- Minor volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastrointestinal tract was non-specific with considerations including dietary

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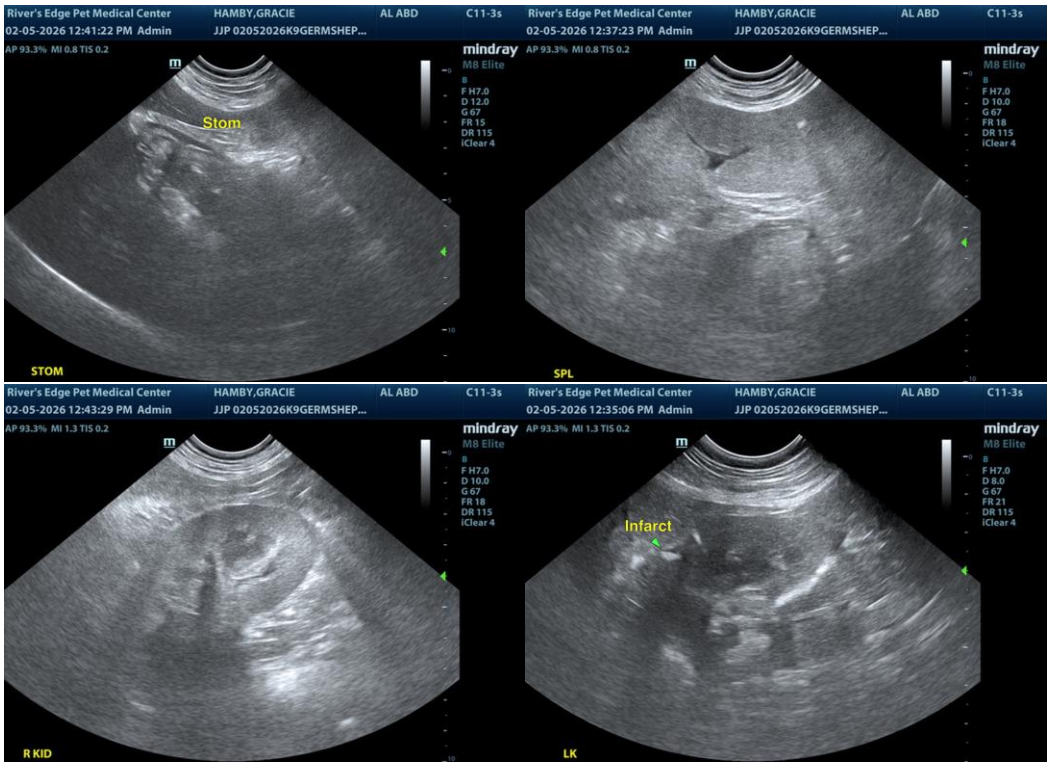
intolerance / food hypersensitivity, infectious disease, enterotoxin, inflammatory bowel disease, occult neoplasia, or other. No overt evidence of mechanical gastrointestinal obstruction, i.e. foreign body or mass. Sonographically, the appearance of the pancreas was not consistent with significant or active pancreatitis or pancreatic neoplastic criteria. Likewise, the hepatosplenic presentation is likely consistent with benign etiology, i.e. inflammation, hyperplasia, reactive hematopoiesis or potential breed-associated hypersplenism. Assuming normal clotting status and using 25ga needle, hepatosplenic FNA cytology could be considered for further clarification.

Hospitalization with empirical gastrointestinal support, therapy for acute hemorrhagic diarrhea syndrome and coverage for mild pancreatitis with clinical monitoring is recommended.

A urinary workup is recommended if not recently done.



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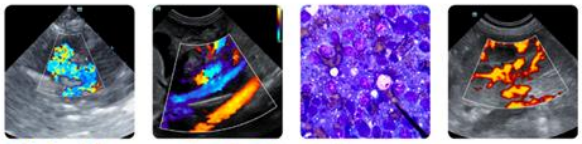

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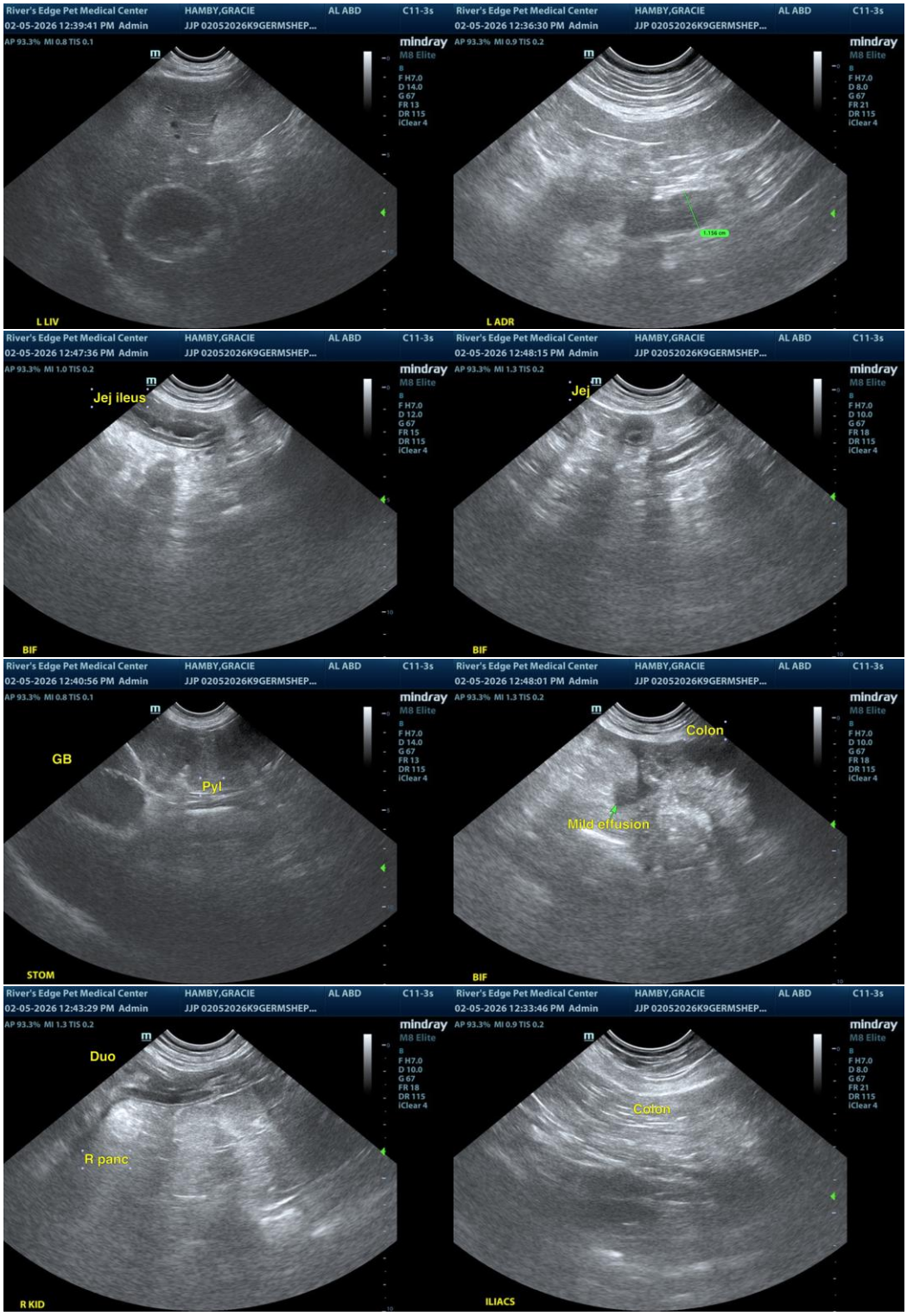
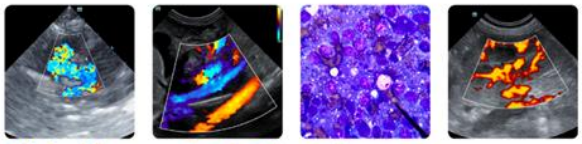


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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