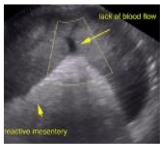

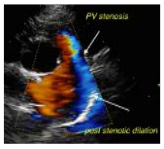

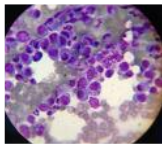
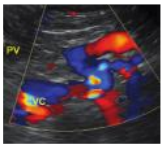

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1-800-838-4268 info@sonopath.com

PATIENT

Peetie Bender

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

5 years

WEIGHT

45 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Lane

INVOICE

16368

DATE

3/14/23

PRESENTING CLINICAL SIGNS

Intermittent diarrhea and vomiting (some with fresh blood) for 2 months. Intermittent ADR/lethargy and skipping meals. Doing better recently on EN. Has always had a sensitive stomach since a puppy.

Abnormal PE/Chem/CBC/UA Results: Baseline Cortisol 2.3, normal spec CLP. TLI >50, Cobalamin slt low, Folate low normal. Fecal Ag testing: all Neg. Rest of CBC/Chem WNL. Alb 3.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 6.0 cm in length. The right kidney measured 6.3 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 2.9 cm length x 0.43 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 2.6 cm length x 0.68 cm width at the caudal pole.

Spleen

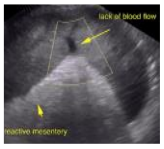
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

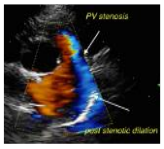
Liver/ Gallbladder

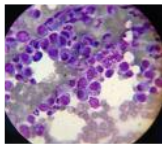
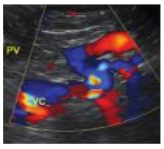
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact subtly prominent wall layering. The pylorus wall width measured 0.40 cm. The stomach contained a mild to moderate amount of anechoic to mildly echogenic fluid. Nonspecific mildly shadowing ingesta as well as luminal gas was noted. No overt evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted.





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The small intestine presented intact wall layering with generalized propensity for prominent to mildly hyperechoic submucosa layer and minor nonobstructive duodenojejunal ileus pattern.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Generalized semi-formed to non-formed fecal matter (consistent with patient history) was present in the colon lumen with lumen dilation.

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 or significant omental lymphadenopathy, omental masses, or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach with retained fluid, ingesta, and luminal gas
- Chronic inflammatory enteropathy pattern - suspect potential IBD
- Concurrent mild colitis
- Sonographically unremarkable pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal presentation is sonographically suggestive of inflammatory criteria, specifically mildly prominent to hyperechoic submucosa, which may be noted in canines with inflammatory bowel disease. Even with the recent change to EN, dietary intolerance / food allergy, suspected inflammatory enteropathy, low-grade pancreatitis which may present as sonographically normal, occult parasitism, and infiltrative neoplasia (less likely) are all potentials. The increased TLI and slightly low cobalamin are suggestive of likely chronic enteropathy.

Given documented NPO, some degree of metabolic or functional gastric stasis is suspected without overt evidence of gastric mural pathology. Potential for a mild amount of gastric foreign material is considered less likely. Sonographic monitoring for evidence of gastric emptying could be considered. Endoscopic upper and lower intestinal biopsies would be required for a definitive diagnosis.

Empirically, a hydrolyzed diet trial, high colony count probiotic (such as Proviable), cobalamin supplementation, and empirical deworming even if fecal testing is negative, with as-needed gastrointestinal support and assessment of clinical response would be reasonable.

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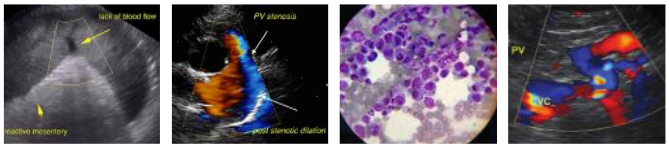

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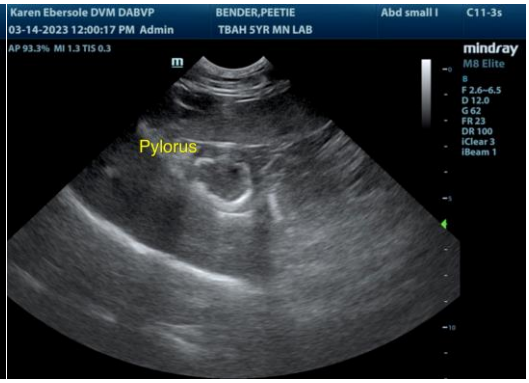

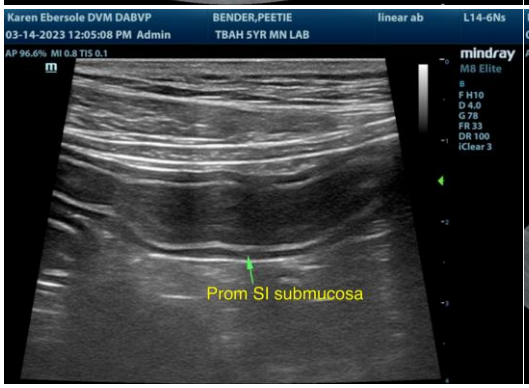

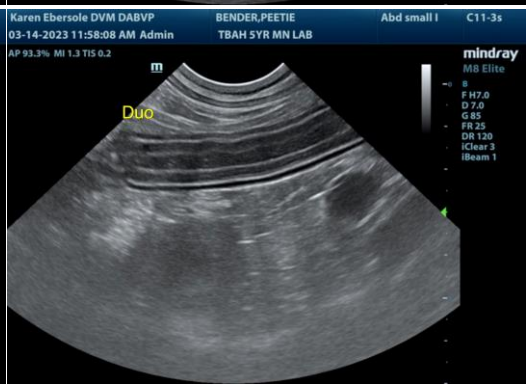

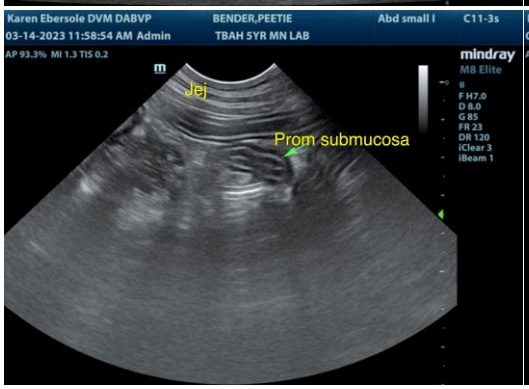

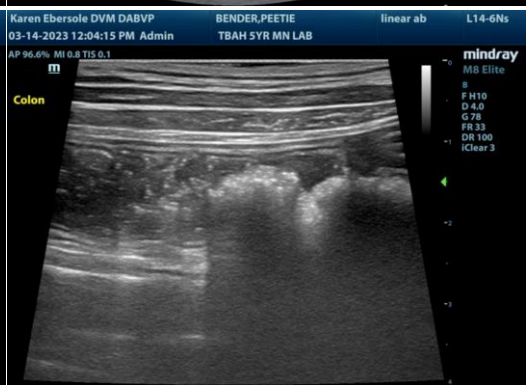

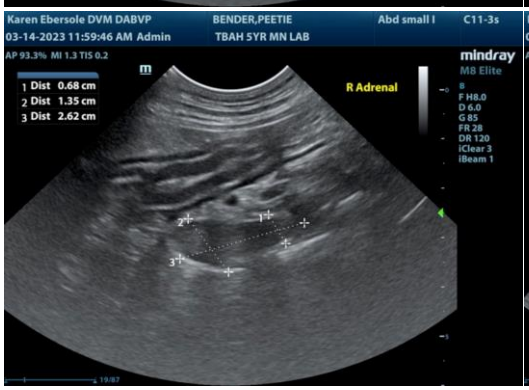

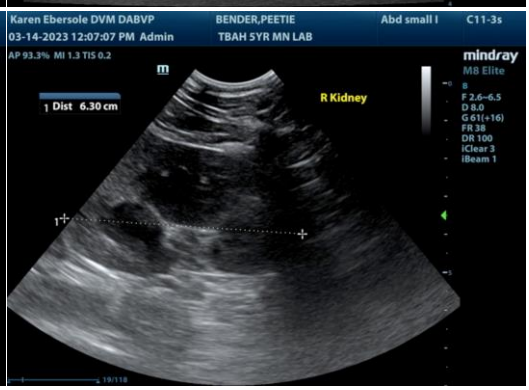

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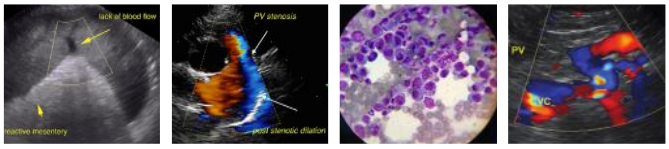

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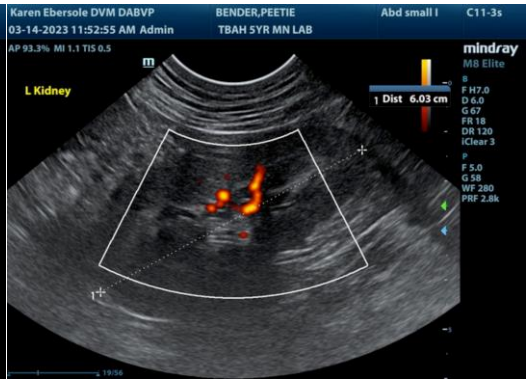

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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