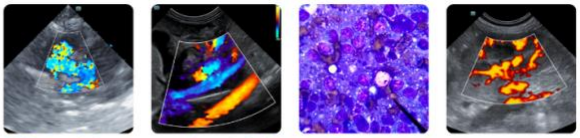


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Harley Watt

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

7.3 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends Animal Clinic

REFERRING VET

Dr. Hiett

INVOICE

14007

DATE

03/02/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Dog has ongoing gastroenteritis. Intermittent vomiting and consistent low-grade diarrhea and weight loss for ~ 1 month
- ABNORMAL Labwork Values: ALT 227, BUN 45
- Current Medications: Finished maropitant, amoxicillin, metronidazole

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 change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia and focal medullary mineral was present bilaterally. The left kidney measured 4.1 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were asymmetrically enlarged with heterogenous indistinctly nodular nonmineralized parenchyma. The left adrenal gland measured 2.2 cm x 1.3 cm width in the caudal pole. The right adrenal gland measured 2.0 cm x 0.65 cm width in the caudal pole.

Spleen

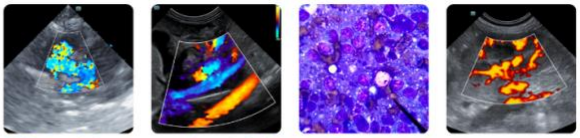
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate gravity dependent mildly congealed yet nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained wall layer ratio and mildly prominent duodenal mucosal layer. Discrete hyperechoic duodenojejunal mucosal speckling. The duodenum wall measured 0.48 cm wall width. The jejunum wall measured 0.35 cm wall width.

The colon walls presented intact yet mild thickened wall layering. Soft fecal matter was present in the colon lumen.

Pancreas

The parenchyma of the right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes exhibiting medullary mineral and pyelectasia.
- Bilateral mildly enlarged heterogenous indistinctly nodular adrenal glands- hyperplasia, adenomatous changes, unilateral/bilateral adrenal tumors not definitively excluded.
- Benign hepatopathy with mild parenchymal remodeling.
- Nonorganized gallbladder debris- not consistent with mature mucocele.
- Chronic pancreatitis pattern with possible fibrosis.
- Nonspecific gastroenterocolonopathy exhibiting mild nonshadowing gastric ingesta and soft fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance/hypersensitivity, infectious disease, dysbiosis, inflammatory bowel in conjunction with chronic pancreatitis, potential occult parasitism, occult gastroenterocolic neoplasia thought less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 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), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

Adrenal screening or workup recommended if clinical signs consistent with Cushing's syndrome are non-reported or arise. In conjunction with monitoring of systemic BP for evidence of hypertension, which may potentially indicate left or right pheochromocytoma is recommended. Concurrent hepatosupportive medications may prove beneficial.

Sonographic monitoring of the adrenal glands for evidence of progression is recommended. Full urinary workup, including urinalysis, urine culture and sensitivity +/- UPC level if non-inflammatory proteinuria is recommended.

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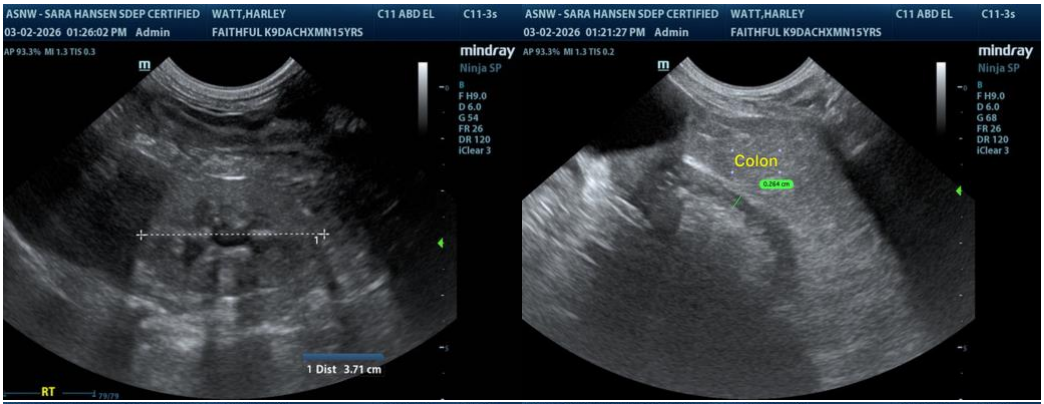

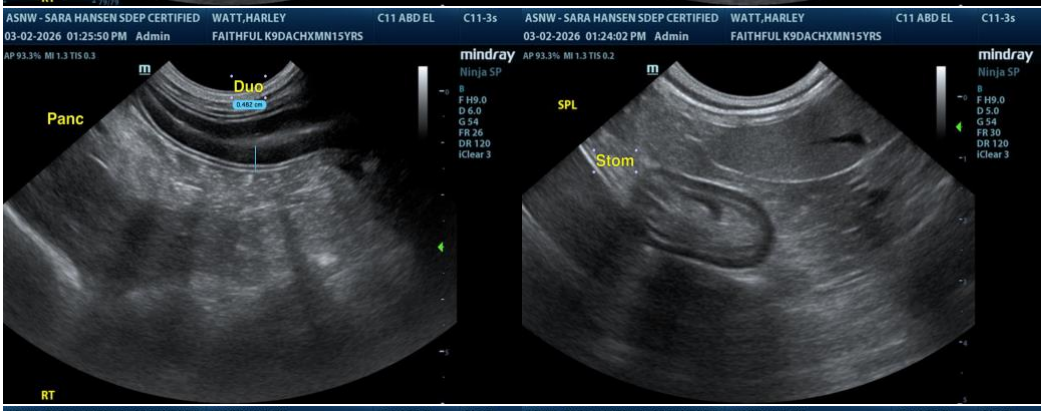

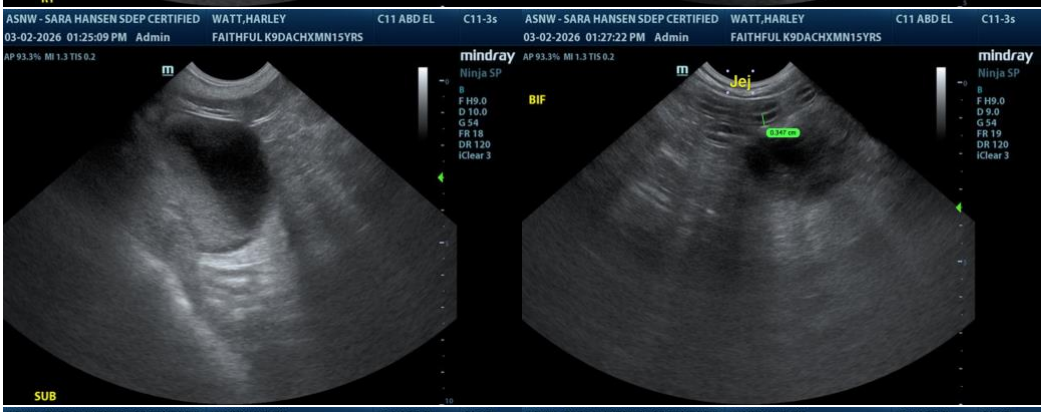

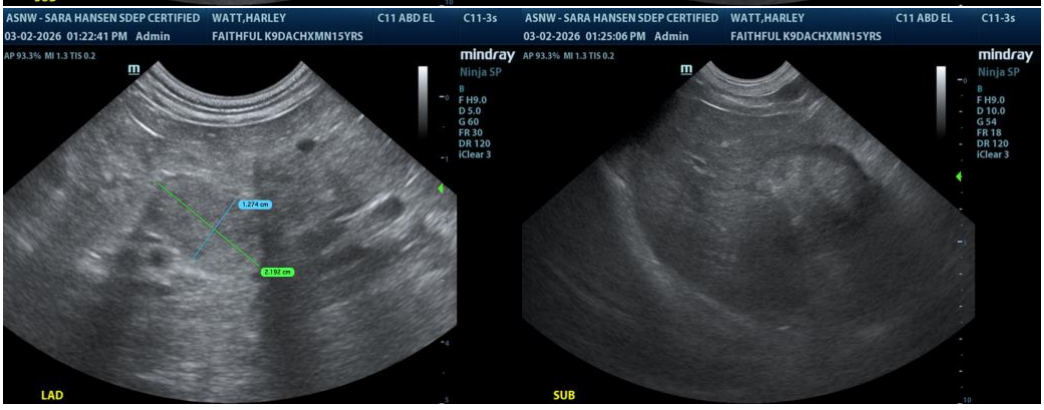

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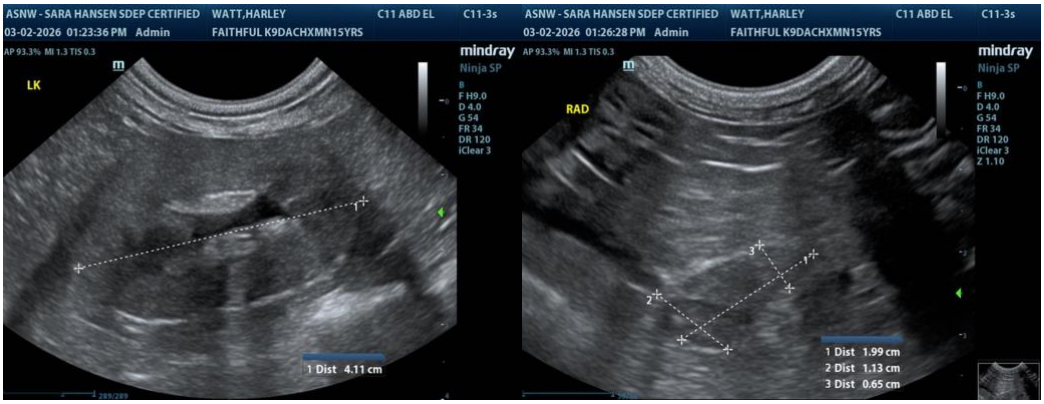

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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