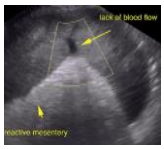

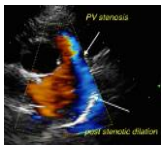

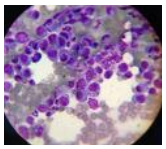
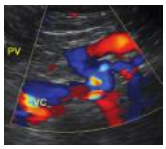

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1-800-838-4268 info@sonopath.com

PATIENT

Dewey Kubori

SPECIES

Canine

BREED

Newfoundland

SEX

Neutered male

AGE

9 years

WEIGHT

34.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mayfield

HOSPITAL NAME

Alpine Veterinary Hospital

REFERRING VET

Dr Adam Stone DVM

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PRESENTING CLINICAL SIGNS

History: Current Medications: Apoquel Vaccination Status: Current on distemper and rabies series Housing/Environment: leash walked - will eat things on his walks Any allergies or sensitivities: Sensitive stomach and some itchy skin Regular diet: prescription diet Hydrolyzed Travel History: NONE-stays within Bend area only Previous Medical History: Allergies Any Coughing? NONE Any Sneezing? NONE Any Vomiting? YES - vomits after eating Any Diarrhea? YES- Liquid and slightly black and tarry Any Polyuria/Polydipsia? NO Primary complaint and history for this visit: - Began having some V/ D today - V up dinner and has had a few episodes with no food after - D, wet and dark - Has been know to eat food items he should not, but does not chew toys - Recently annual exam got a clean bill of health (normal bloodwork) and had a dental cleaning. Patient has had intermittent soft/loose stools for the past 6 months that appears to respond to probiotics. ---------- Patient had a large, liquid bowel movement of hematechezia after exam Recommended hospitalization due to ongoing hematechezia (accepted) Offered AUS in am (accepted) **Plan:** Placed IV catheter Plasmalyte 150 ml/hr Maropitant 35 mg IV q24 Metronidazole 400 mg IV q12 Proviable paste 5 ml PO q8, 1 cap PO q24

Abnormal PE/Chem/CBC/UA Results: Physical exam: Unremarkable; mild dental tartar, tacky mm's, soft abdomen. DIAGNOSTICS: Nova - WNL, BUN/CREAT WNL, electrolytes WNL 2-view abdominal radiographs: The stomach appears empty containing only small amounts of gas. The SI tract appears mostly uniform with no significant evidence of segmental dilation. There are some mildly fluid distended loops of bowel with some abnormal striated gas patterns in the R cranial quadrant of the VD views, but no significant distension in the region is appreciated. The colon contains gas. No free fluid or free gas appreciated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 mildly 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 6.4 cm in length. The right kidney measured 7.4 cm in length.

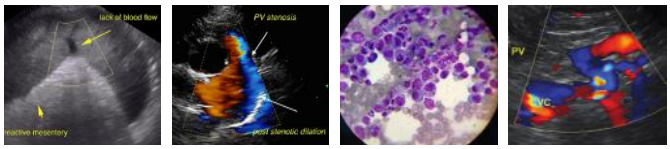
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole and 2.6 cm in length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.89 cm width at the caudal pole and 3.1 cm in length.

Spleen

The spleen exhibited subtle generalized parenchymal heterogeneity. A well-defined, symmetrical, echogenic nodule was present in the cranial spleen measuring 0.65 cm in diameter. The capsule was



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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 neoplastic changes were not noted. An echogenic nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipomas.

Liver

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 was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent to hyperechoic submucosa as well as mildly prominent mucosa layers was observed. No evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. Minor segmental areas of nonobstructive jejunal ileus were noted.

Normal visible colon wall layers were present containing segmental non formed to liquid feces.

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 was evident.

Free Abdomen

Focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.4 cm x 0.57 cm.

No peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign splenic nodule-consistent with benign myelolipoma.
- Subjective mild inflammatory enterocolopathy-possible inflammatory bowel.
- Mild age-related kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine and colon exhibited subtle mural changes which may suggest underlying inflammatory enteropathy or enterocolopathy in patients with chronic gastrointestinal signs, low grade to chronic pancreatitis, dysbiosis/antibiotic responsive diarrhea (which may be a consideration in this case given previous positive response to probiotics), dietary intolerance/food hypersensitivity, inflammatory bowel disease or less likely intestinal neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment. Empirically, a limited antigen or

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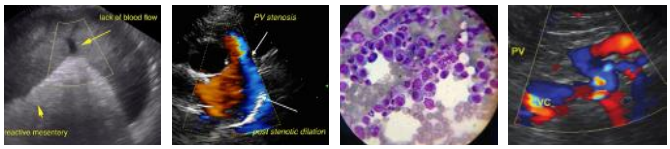

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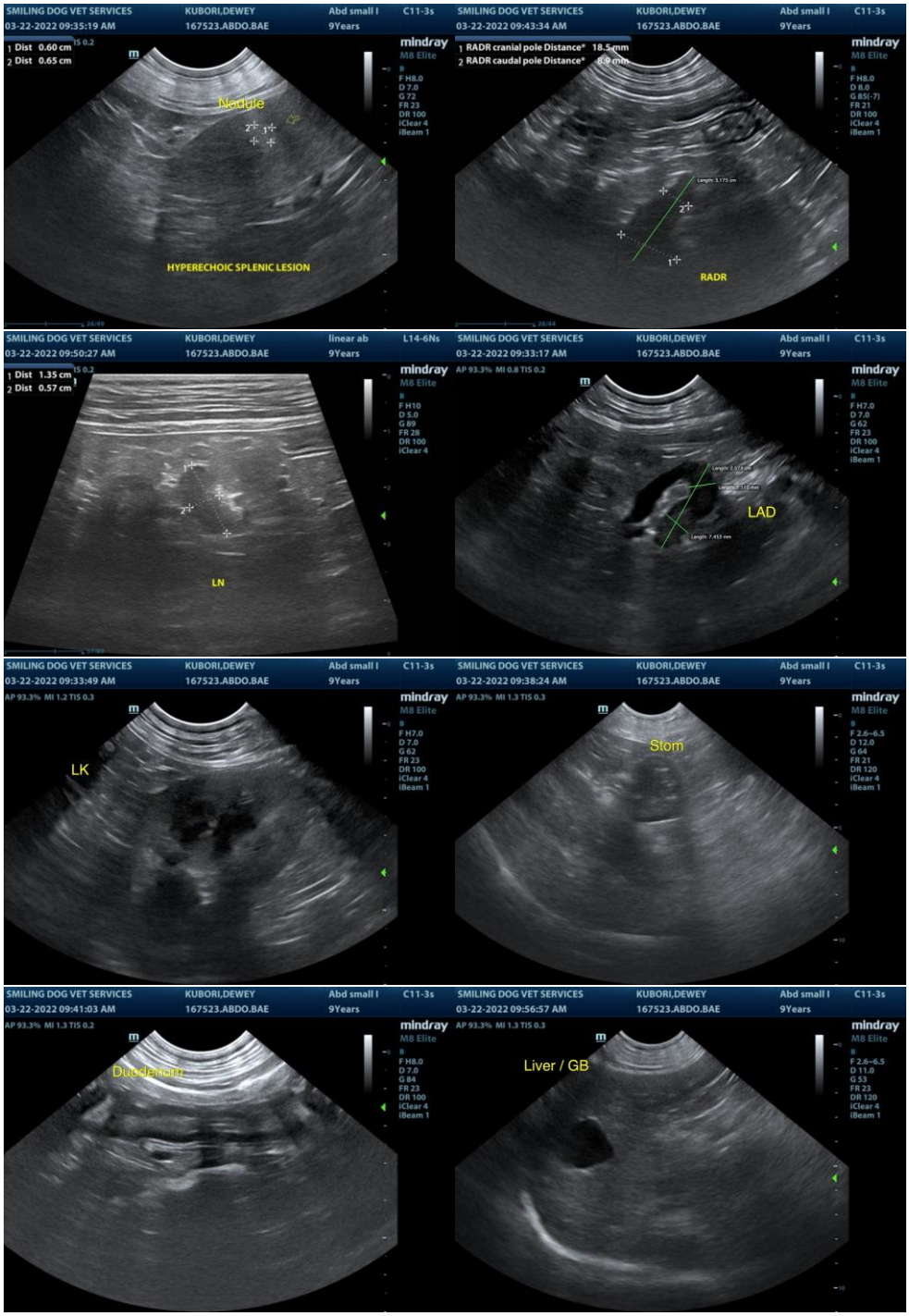
hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

Although considered unlikely, a resting cortisol to rule out occult Addison's disease may be considered.



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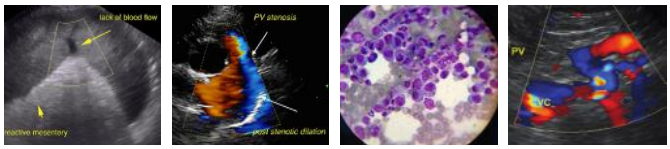

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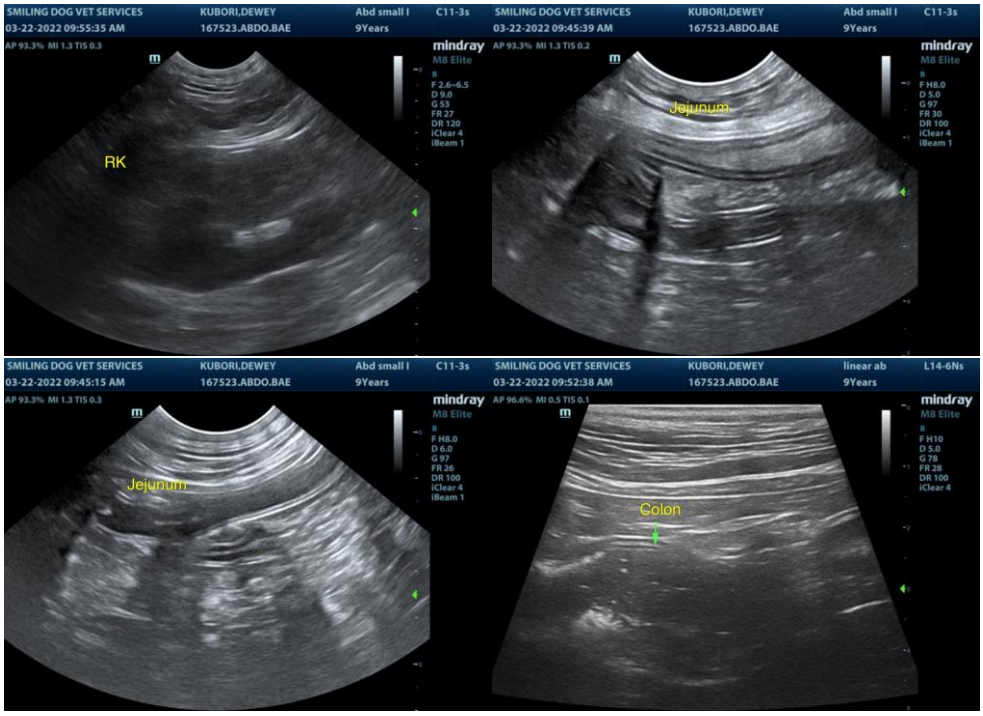

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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