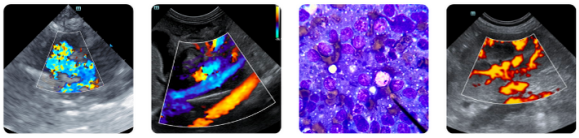

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PATIENT

Josie Whithnell

SPECIES

Canine

BREED

Border Collie

SEX

Female Spayed

AGE

9y

WEIGHT

46 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Hiett

INVOICE

13359

DATE

4/1/26

PRESENTING CLINICAL SIGNS

History: Dog has intermittent diarrhea and vomiting. Is known to eat gravel and have dietary indiscretion. Concern is iron deficiency/anemia due to chronic blood loss.

ABNORMAL Lab work Values: Decreased: MCV 53, MCH 19.2 HCT 39% from 41% 3 weeks ago, Albumin 2.0, Increased: RDW 22.6, PMNs 12.8, MPV 13.3 Reticulocytes had been increased 166k/ul now 97.6

Current Medications: The dog had been on an iron supplement (Red Cell) for the past 3 weeks.

Radiographic Findings: Thoracic radiographs did not demonstrate any abnormal findings 3 weeks ago. No sign of metastatic disease or pulmonary/cardiac pathology. The dog had an intestinal tract full of small mineral densities (rocks?) 3 weeks ago, but since O has been restricting activity most recent rads of intestines demonstrate normal ingesta in stomach and colon.

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 changes were noted.

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 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 5.4 cm in length. The right kidney measured 5.2 cm in length.

Adrenal Glands

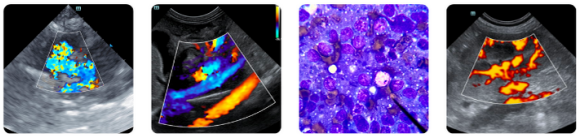
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width 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

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



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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 generalized thickened mucosa with discernible submucosa and muscularis layer. The stomach was overall non-distended in size containing a minor amount of retained pyloric fluid without overt evidence of obstruction to pyloric outflow. Stomach wall including prominent to thickened gastric mucosa measured ~1.1 cm width.

The small intestine presented intact wall layering with propensity for borderline to mildly prominent duodenojejunal mucosa and discrete to mildly hyperechoic, segmental jejunal mucosal speckling. Duodenum wall measured 0.55 cm and jejunum wall measured 0.54 cm.

The colon walls presented intact yet mild to moderate segmental thickened wall layering. The lumen contained empty segments with concurrent non-distended segments exhibiting soft to non-formed fecal matter. Segmental descending colon wall measured 0.7 cm width.

Pancreas

The area of the pancreas present sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened gastric mucosa with minor retained pyloric fluid
- Intact mildly thickened small intestine exhibiting discrete segmental jejunal mucosal speckling
- Segmentally thickened colon exhibiting semi-formed to soft fecal matter
- Normal bilateral adrenal glands
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of gastroenterocolic foreign material, mechanical gastrointestinal obstructive pattern, overt loss of gastroenterocolic wall layering or definitive masses. Generalized nonspecific inflammatory or potentially infectious gastroenterocolic etiology is favored with gastroenterocolic neoplastic criteria thought less likely. Non-sonographically evident micro ulceration of the gastrointestinal tract cannot be excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered less likely, screening cortisol level to rule out occult Addison's disease is suggested. Upper and lower gastrointestinal tract endoscopy with potential for biopsies would be ideal for further assessment. 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 gastro protectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

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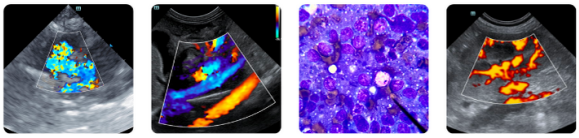

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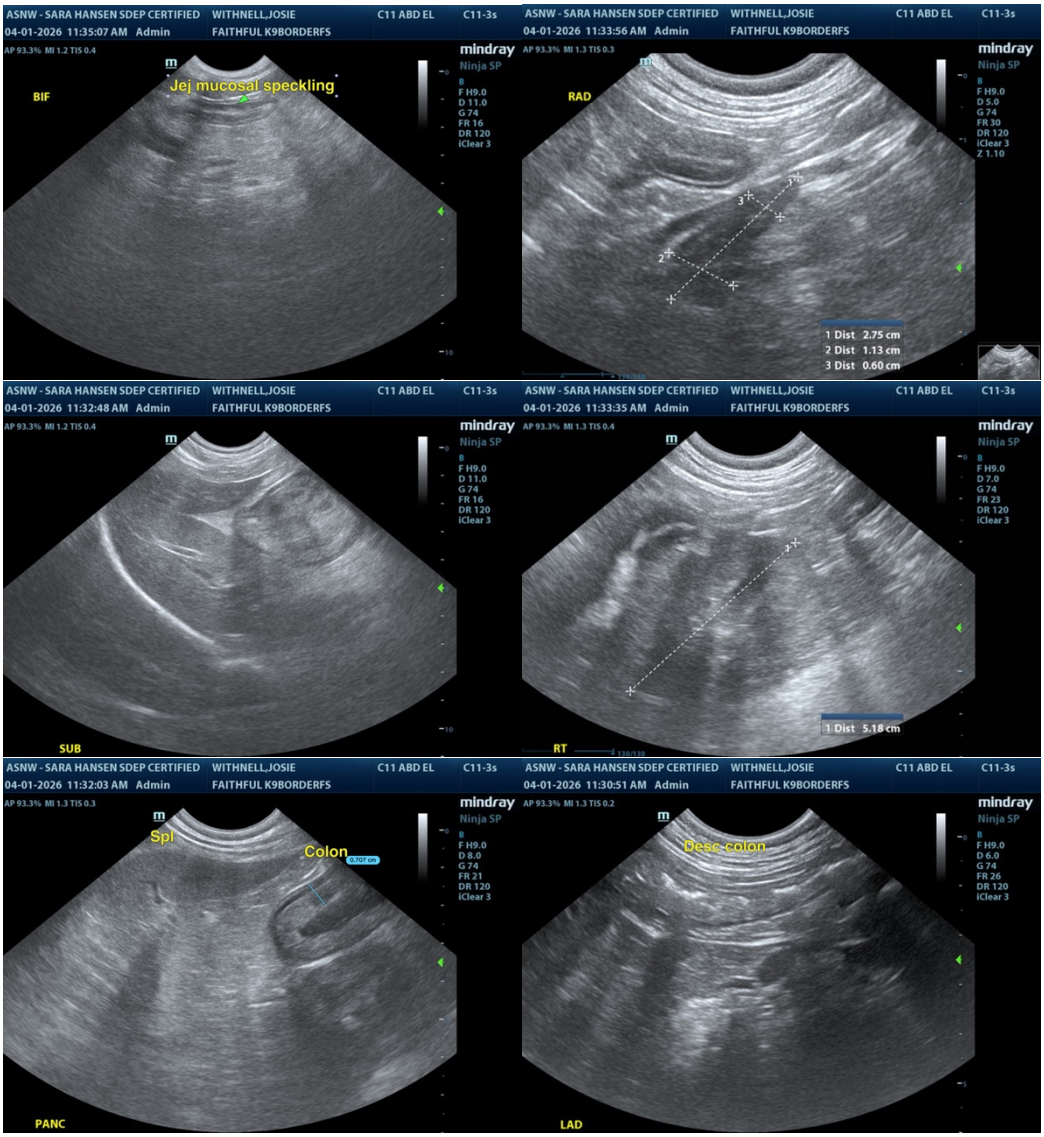

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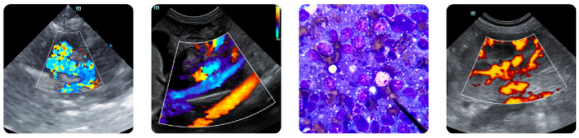

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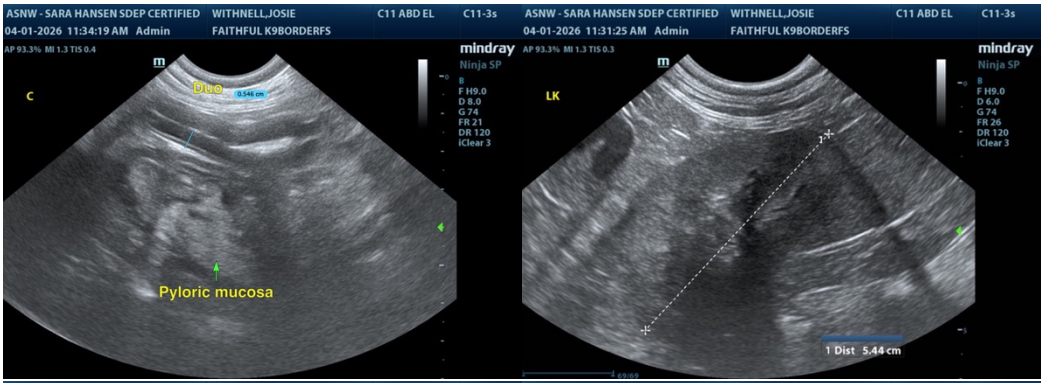

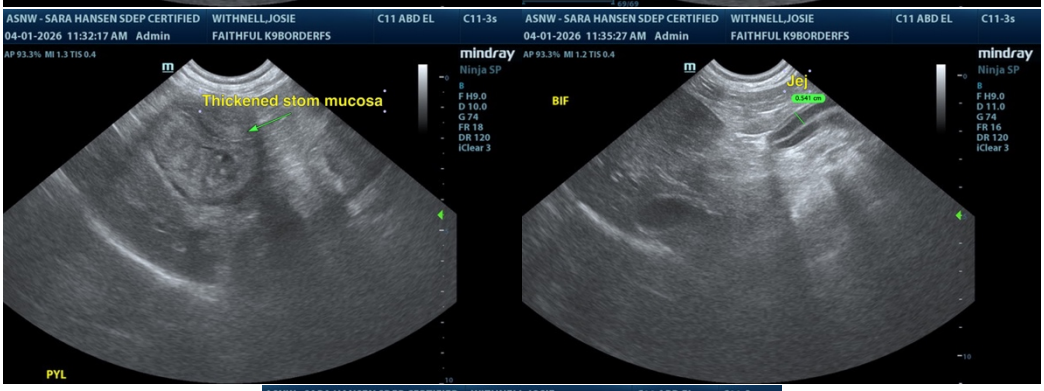

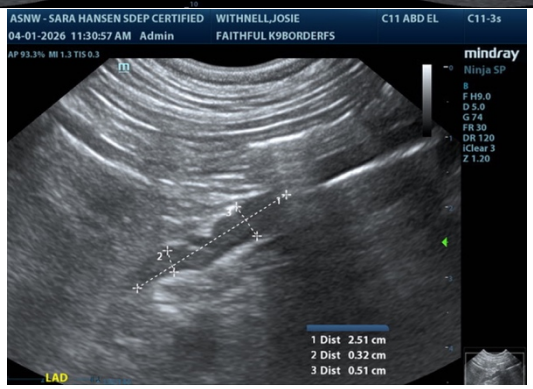

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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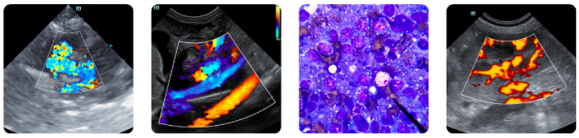

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