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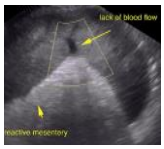
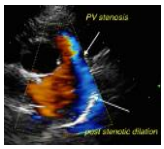
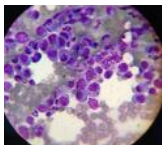
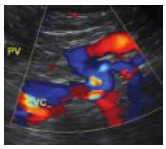

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1-800-838-4268 info@sonopath.com

PATIENT

Zeki Daggett-Duffy

SPECIES

Canine

BREED

Shih-Tzu

SEX

Neutered male

AGE

11 years 6 months

WEIGHT

17 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Elmhurst Animal Emergency Hospital

REFERRING VET

Dr. Barnes

INVOICE

10400ag

DATE

04/15/2022

PRESENTING CLINICAL SIGNS

History: Zeki had HX of watery Diarrhea for 2 weeks not responding to Tx METRONIDAZOLE/PROBIOTIC, loss weight, decreased appetite, no eating for the past 2-3 days. PU +/- Pollakiuria, no vomiting. 2 cm soft spherical mass on cranial aspect of R antebrachium. 0.5 cm raised erythematous mass on lateral aspect of the L shoulder, back pain tx w/gabapentin by rDVM.

Abnormal PE/Chem/CBC/UA Results: 4/1/2022 Soft stool in colon pain on palp of caudal lumbar spine OS: Green mucoid DC. Fecal test: Negative. UA: Protein 1+ SPG: 1.036 SuerChem: ALK P: 390 (H) 5-131 PSL Lipa: 189 (H) 24-140 CBC: WBC: 21.4 (H) 4.0-15.5 Platelets: 524 (H) 170-400 T4: 1.0 (N) 0.8-3.5 HWT: Negative

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. The apical urinary bladder wall measured 0.43 cm in width.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

No overt pathology in the area of the residual prostate.

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 0.52 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole and 0.62 cm width at the cranial 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 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 non-distended in size with primarily anechoic luminal content and mild luminal sludge. The cystic and common bile ducts were normal.

Gastrointestinal

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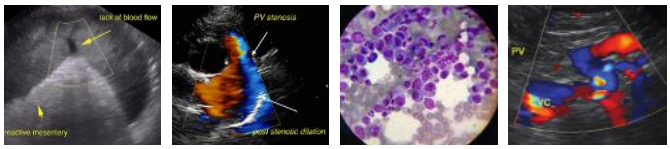

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonspecific duodenojejunal mucosal speckling was observed. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.

Pancreas

The right limb and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder.
- Mild chronic renal changes.
- Vacuolar hepatopathy pattern-subjectively benign.
- Minor gallbladder debris (non-mucocele).
- Subjective mild to chronic active pancreatitis.
- Gastroenterocolitis pattern-potential inflammatory bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In patients with chronic nonresponsive GI signs, pancreatitis, dysbiosis, IBD, dietary indiscretion, occult parasitism or occult neoplasia could be present with primary indication for inflammatory enterocolopathy and pancreatitis in this case. Hospitalization with 24 -48 hour IVF and GI support could be considered and may prove beneficial. In light of nonresponse to previous antibiotic and probiotic therapy, once patient is eating, a hydrolyzed diet with potential long term dietary therapy, continued high colony count probiotic such as Proviable, broad spectrum deworming ie Panacur 50 mg/kg PO SID x 5 consecutive days with potential repeat protocol in three weeks even with negative fecal testing, alternative antibiotic trial such as Tylosin with as needed GI support may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Recheck sonogram suggested if progressive/persistent GI signs are present.

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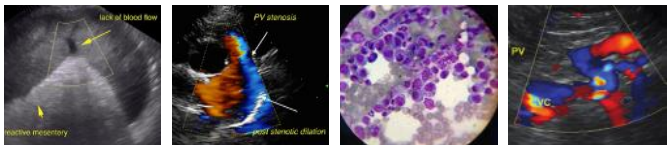

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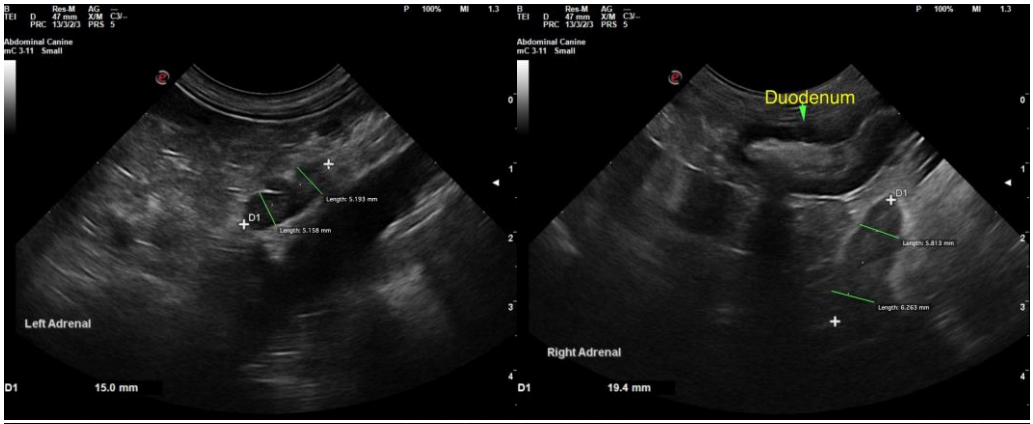

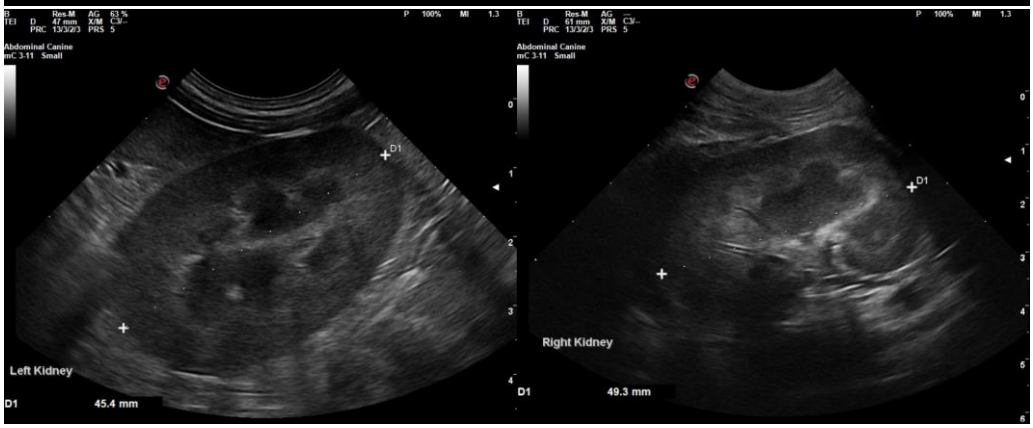

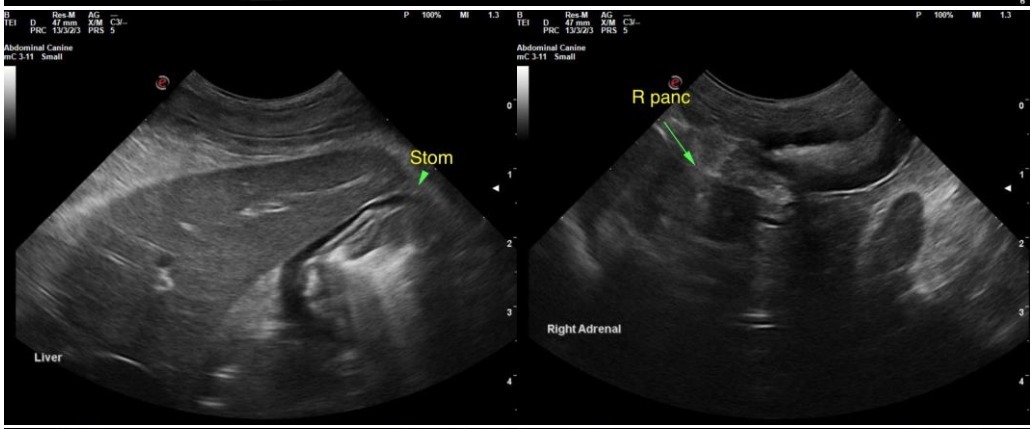

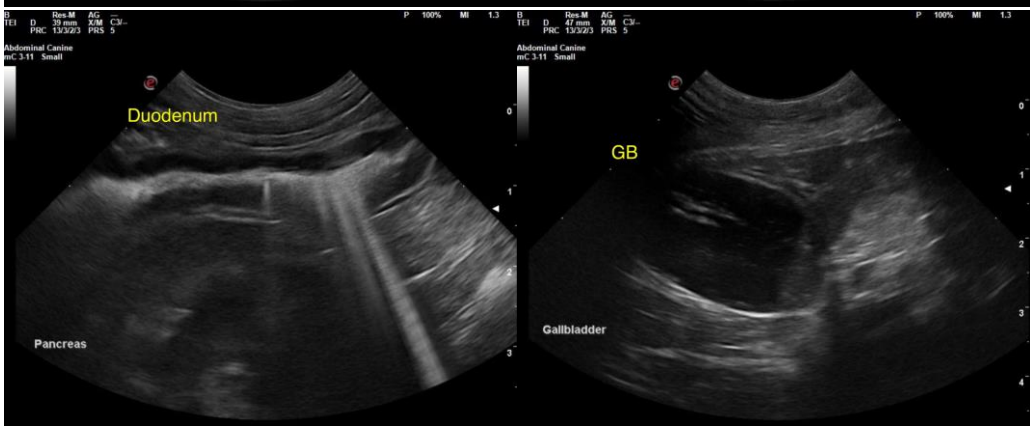

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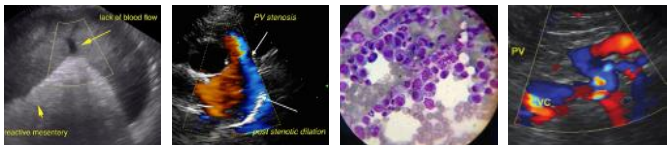

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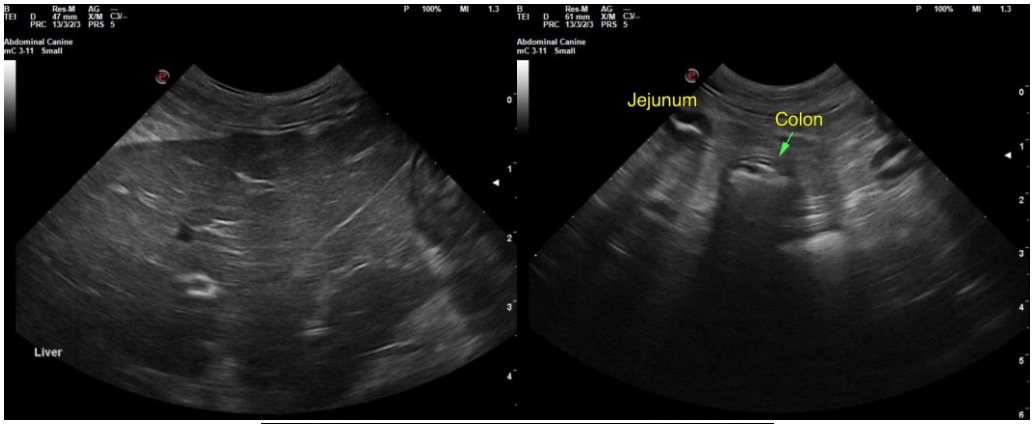

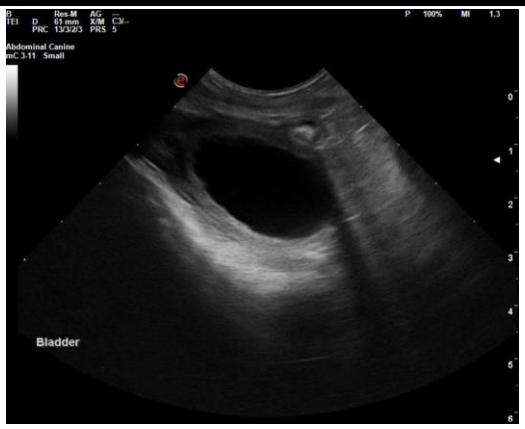

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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