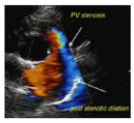
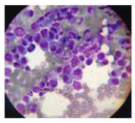
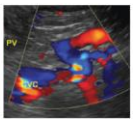




PATIENT

Sully Anderson

SPECIES

Canine

BREED

Golden

SEX

NM

AGE

2 years

WEIGHT

70 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Grace Zhang

INVOICE

13752

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Started 4/8/2022 diarrhea for 1 week duration; resolved with bland diet. When transitioned to normal food, started diarrhea again. This week vomited in middle of night, but no vomiting or diarrhea since Sunday & was eating. Did not eat today (4/25) & vomited at home after appointment. Has history of GI problems (diarrhea/vomiting) previously
Abnormal PE/Chem/CBC/UA Results: T 102.3F. HR 100 bpm. Resp 30 bpm. mucus membranes pink & moist. CRT <2 sec. Attitude: bright alert responsive. Abdominal palpation: soft, nonpainful, no palpable masses. Cardio/resp: no murmur, crackles or wheezes. LN: WNL. No other diagnostics done.

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.8 cm in diameter.

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 7.3 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

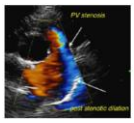
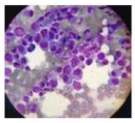
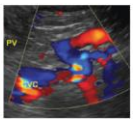
The bilateral adrenal glands were normal in position, contour and echogenicity with potential for mild bilateral subnormal adrenal size. The left adrenal gland measured 3.6 cm length x 0.39 cm width at the caudal pole. The right adrenal gland measured 3.2 cm length x 0.28 cm width at the caudal pole.

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.

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Gastrointestinal

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 gastric body wall width measured 0.33 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper duodenal corrugation to potential spasming was present. No evidence of small intestinal mechanical / metabolic ileus was noted. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The jejunum wall width measured 0.25 cm. The duodenum wall width measured 0.33 cm.

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

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

Intermittent, mesenteric, asymmetrically marginated lymph nodes were present. These lymph nodes were homogenous and mildly hypoechoic. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 4.8 cm x 1.3 cm. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract, suspect mild upper duodenitis
- Intermittent nonspecific yet subjectively benign / reactive mesenteric lymph nodes - lymphoid hyperplasia or reactive lymphadenitis owing to underlying intestinal disease likely, no overt evidence of neoplastic lymphatic criteria
- Potential mild subnormal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant gastroenterocolic pathology was noted. In patients with recurrent gastrointestinal signs, potential considerations may include dietary intolerance / food hypersensitivity, dysbiosis, structurally Insignificant IBD, occult parasitism, or, considered unlikely in this case, infiltrative gastrointestinal neoplasia. Dietary intolerance / food hypersensitivity may be considered a primary differential diagnosis, given the positive response to previous bland diet.

Long term bland novel protein or hydrolyzed diet may potentially be indicated. If current episode of diarrhea, further assessment may include fresh fecal analysis to rule out parasitic ova / Giardia and a GI panel to include PLI/TLI/Cobalamin/Folate. Resting cortisol is suggested to rule out occult Addison's Disease, given the recurrent gastrointestinal signs and sonographic appearance of the bilateral adrenal glands. ACTH Stimulation test is recommended if resting cortisol (<2.0). Empirically, and In addition to dietary therapy, deworming i.e., Panacur 50 mg/ kg PO BID for 5 consecutive days

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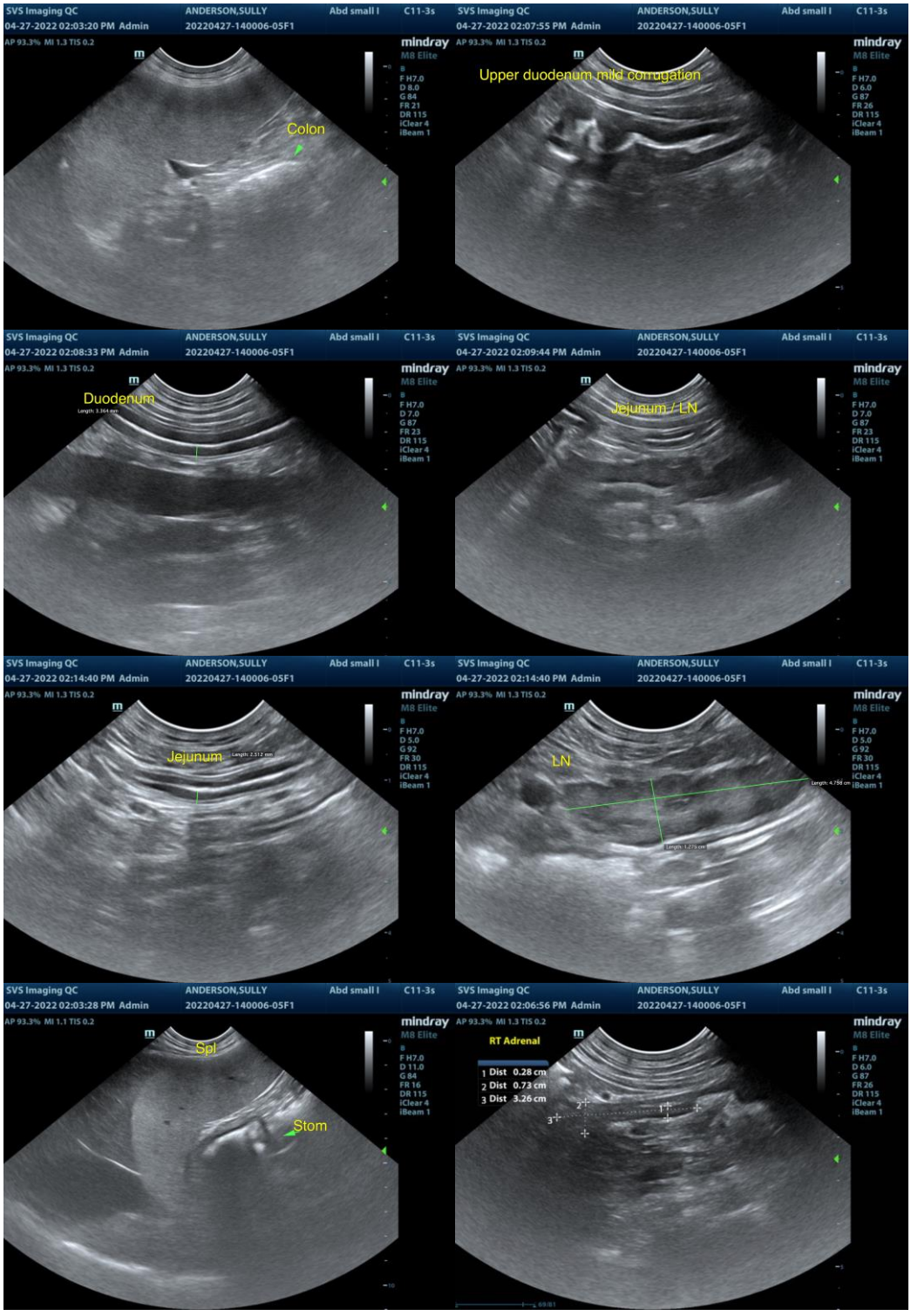
despite fecal testing and a high colony count probiotics such as Proviable with as-needed gastrointestinal support would be reasonable.



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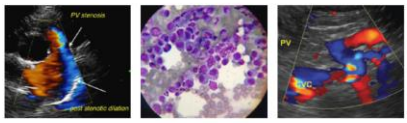

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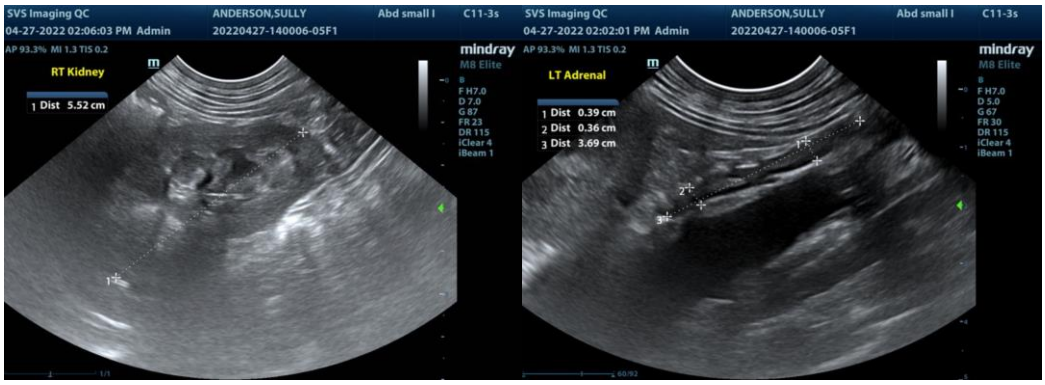

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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