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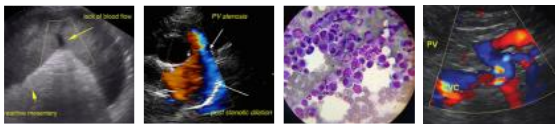


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Abe Pearson

SPECIES

Canine

BREED

Rat Terrier

SEX

MN

AGE

13 years

WEIGHT

19.22 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Cottage Grove VC

REFERRING VET

Dr. Damewood

INVOICE

13755

DATE

4/28/22

PRESENTING CLINICAL SIGNS

Has been having GI issues for approx 3 weeks. Vomiting, anorexia and diarrhea. Current Medications Cerenia, Buprenorphine, Metronidazole, Probiotics
Abnormal PE/Chem/CBC/UA Results: Abnormal cPL, minor elevation in liver enzymes.

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 0.93 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

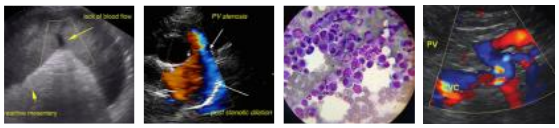
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.47 cm width in the caudal pole. The right adrenal gland measured 1.8 cm length x 0.48 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

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 mild, echogenic,



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nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably hyperechoic ingesta exhibiting areas of minor progressive acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted. The gastric ingesta is most consistent with food.

The small intestine exhibited intact yet subjective prominent wall layering and primarily maintained 1:3 muscularis/mucosa ratio with intermittent jejunal nonspecific mucosal speckling. No evidence of mechanical / metabolic small intestinal ileus, loss of intestinal wall layering, or masses was noted. The duodenum wall width measured 0.34 cm. The jejunal wall width measured 0.34 cm.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Semi-formed feces was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.27 cm.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No evidence of significant lymphadenopathy was present. Subtle peri intestinal reactive mesentery was noted. No effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastric ingesta - suspect post prandial presentation
- Mildly prominent yet intact small bowel wall layering
- Probable mild concurrent colitis
- Heterogeneous pancreas - Mild chronic to chronic active pancreatitis suspected
- Low-grade hepatopathy - subjectively benign
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the small intestine exhibited subtle mural changes, which although nonspecific and potential normal patient variant, may suggest underlying inflammatory enteropathy, i.e., IBD, or other. In patients with chronic to recurrent gastrointestinal signs, persistent mild to chronic pancreatitis, dysbiosis, dietary intolerance / food hypersensitivity, occult parasitism, IBD, or less likely in this case, intestinal neoplasia, are all possible. A full GI panel to include PLI/TLI/Cobalamin/Folate, as well as fresh fecal analysis to rule out parasitic ova / Giardia may be considered.

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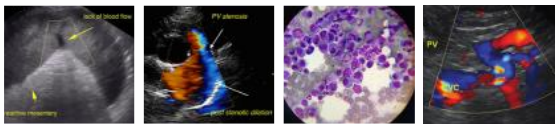

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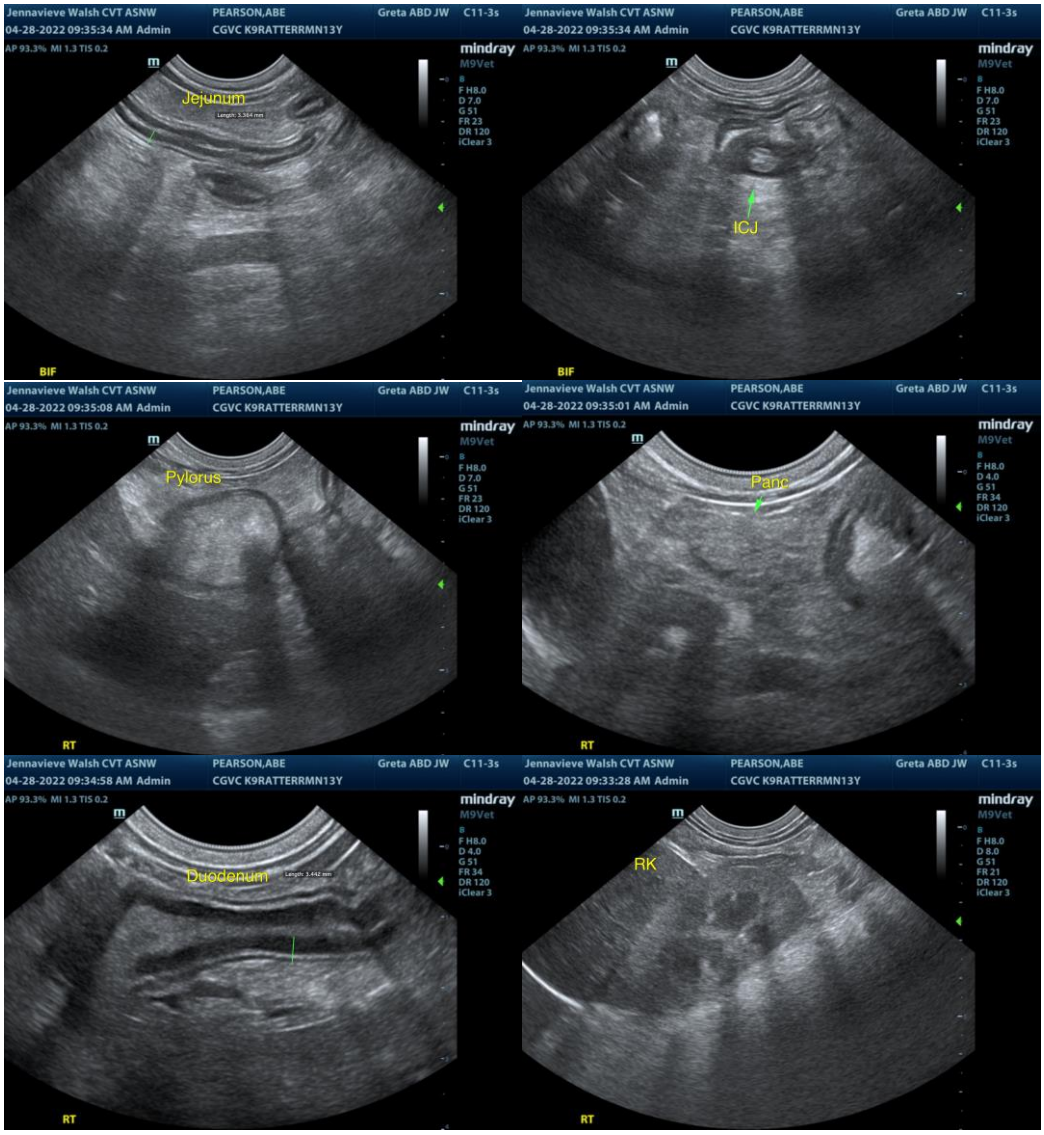
A combination of underlying inflammatory intestinal disease and chronic pancreatitis is suspected in this patient. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Recheck sonogram may be considered pending clinical response to therapy to assess for progressive inflammatory intestinal and pancreatic changes.



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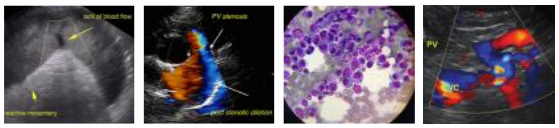

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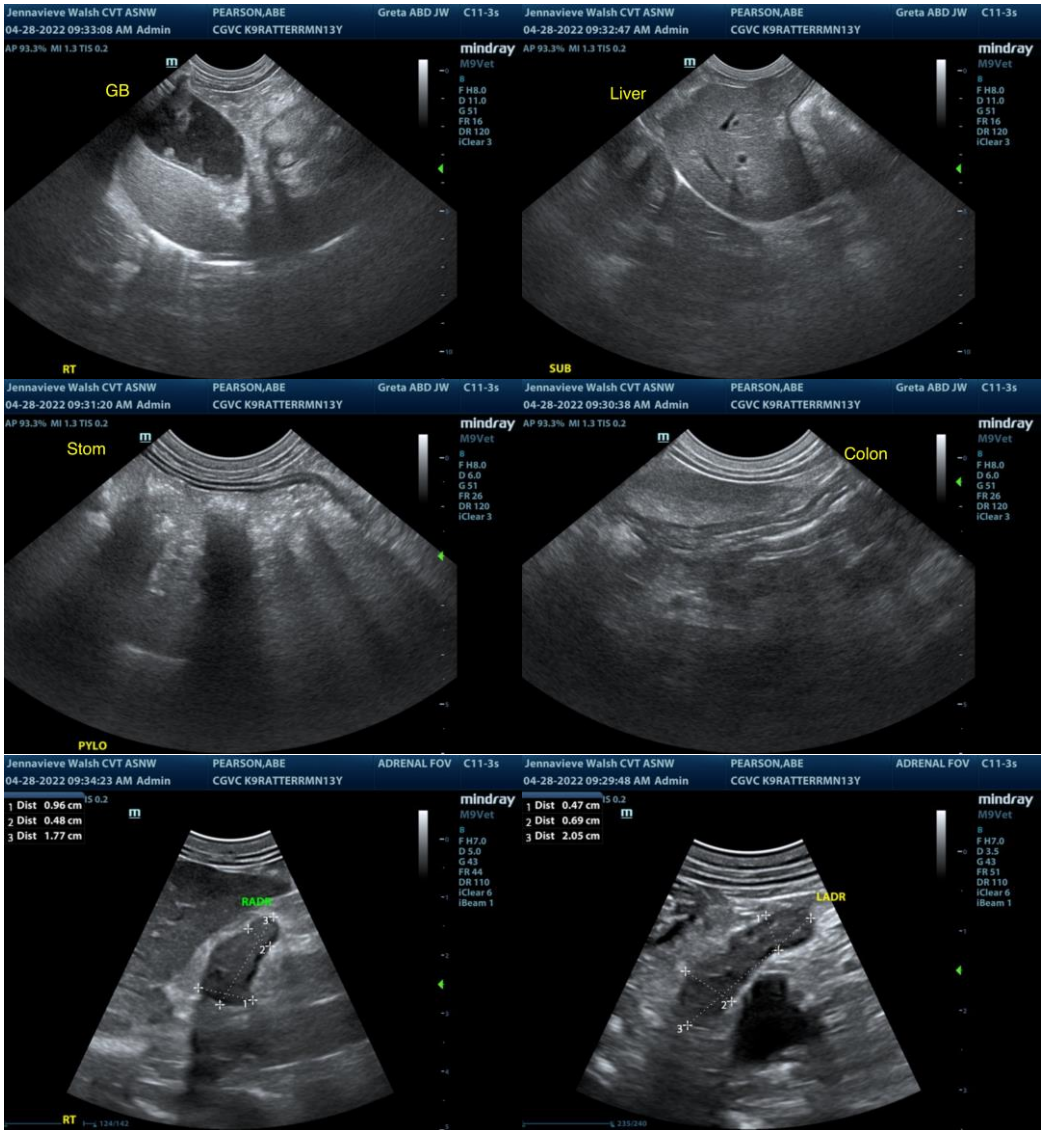

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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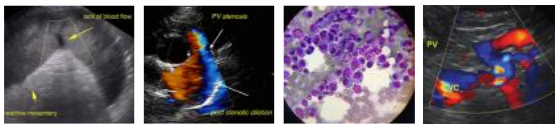

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