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Clinical Sonography & Telecytology
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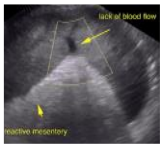
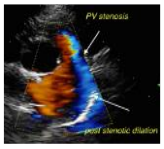
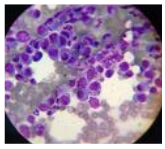
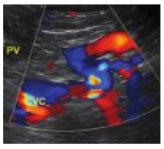




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kabela Gibbs

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12.5 years

WEIGHT

70.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook- SDEP Certifed Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Caitlyn Baxter

INVOICE

13781

DATE

5/3/22

PRESENTING CLINICAL SIGNS

Anorexia and diarrhea for the past week - went home on meds and appetite has come back some but still waxing and waning. Prescribed Rx. Clavamox 500 mg tablet: 1 tab PO q12h Rx. Doxycycline 150 mg tablet: 1.5 tab PO q12h
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: elevated ALT, markedly elevated AlkPhos, elevated bilirubin, Spot BG: 93 mg/dL cPL: abnormal See attached radiographs - Abdominal radiographs: mineral opacity objects in stomach or gall bladder

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 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 symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.1 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

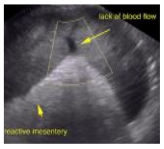
The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.95 cm width in the cranial pole and 0.82 cm width in the caudal pole. The right adrenal gland measured 0.81 cm width in the caudal pole. No overt evidence of adrenal neoplastic criteria was noted.

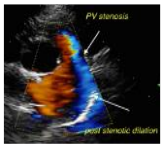
Spleen

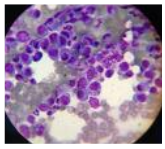
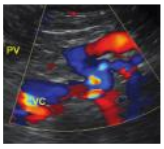
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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 exhibited mild generalized enlargement. Mild nonuniform hepatic parenchyma echotexture with parenchymal remodeling was present with areas of minor yet variably lobar swelling. No distinct masses or nodules were noted. The gallbladder was overall non-distended in size containing anechoic content. The gallbladder wall was mildly thickened in appearance consisting of a mild echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall





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edema. Possible causes may include acute inflammation, edema, and anaphylaxis. The common bile duct was normal.

Gastrointestinal

The stomach presented intact yet subjective prominent wall layering. The ventral gastric body wall width measured 0.52 cm. The pylorus wall width measured 0.58 cm. The stomach contained a mild amount of nonspecific hyperechoic to progressively shadowing ingesta primarily in the mid gastric body extending into the antrum and pylorus. No overt evidence of mechanical pyloric outflow obstruction was noted. Concurrent minor retained anechoic gastric fluid was also present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum exhibited mildly prominent wall layering. No overt evidence of mechanical / metabolic small intestinal ileus pattern was noted. The duodenum wall width measured 0.51 cm. The jejunum wall width measured 0.36 cm.

Normal visible colon wall layers were present with semi-formed to soft feces, consistent with reported diarrhea.

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

Small pocket of very scant peritoneal free fluid was noted in the caudal abdomen adjacent to the craniodorsal urinary bladder. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy exhibiting mildly nonuniform parenchyma and mild variable lobar swelling - vacuolar hepatopathy, inflammatory hepatopathy i.e., hepatitis / cholangiohepatitis, neoplasia, or other hepatopathy possible
- Mild gallbladder wall edema - nonspecific, inflammation / cholecystitis, edema, less likely anaphylaxis possible
- Suspect mild gastritis / gastroduodenitis with mild retained nonspecific gastric ingesta
- Overtly normal pancreas - low-grade to chronic pancreatitis possible
- Small pocket of scant caudal abdominal peritoneal free fluid - nonspecific

Secondary Findings

- Mild age-related kidneys / adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided hepatic FNA for screening cytology primarily to assess for evidence of inflammatory cells and/or neoplasia is warranted.

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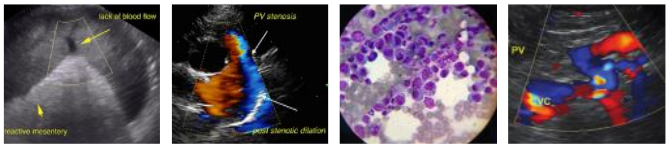

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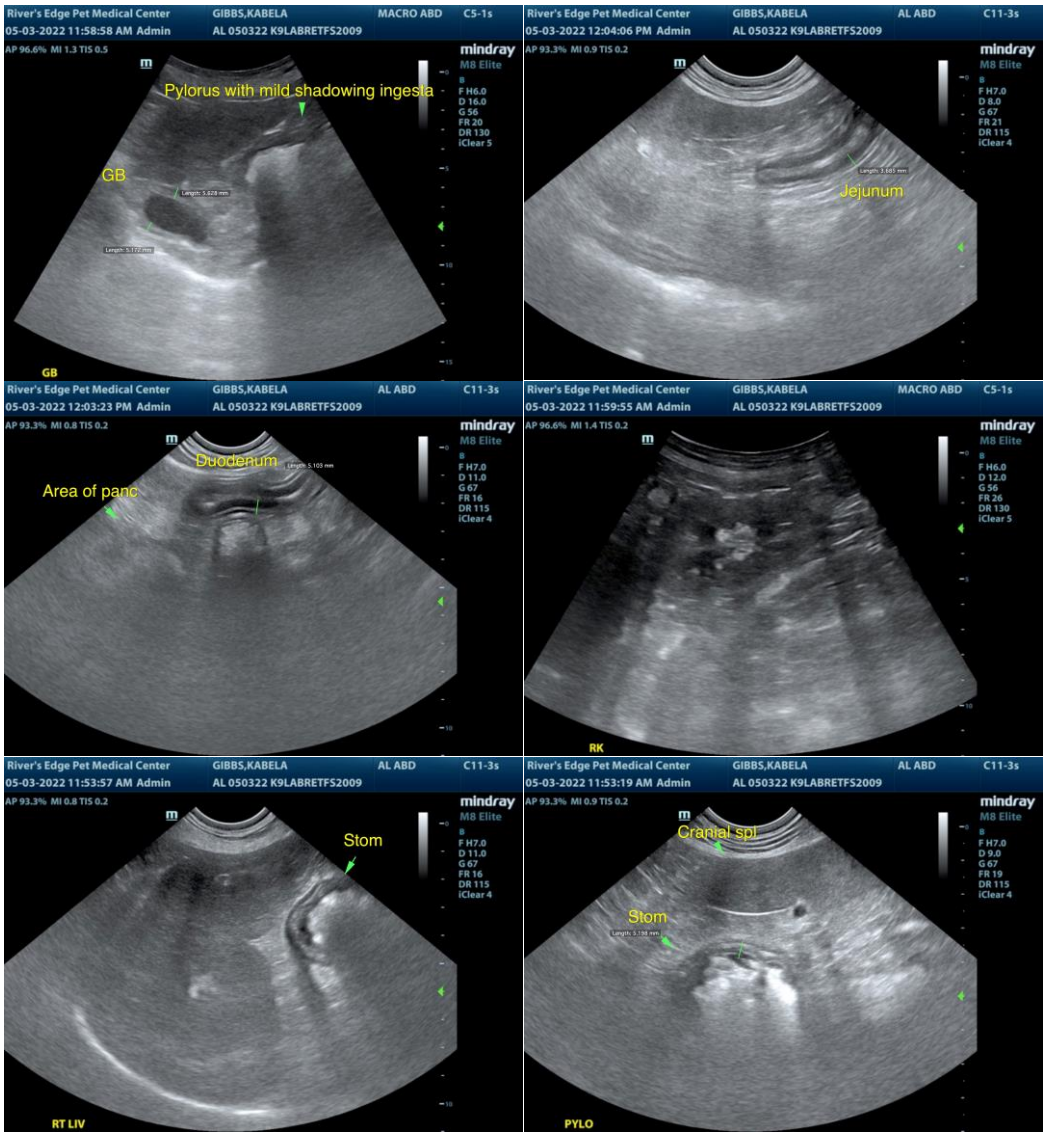
Dietary intolerance / food hypersensitivity, dysbiosis, low-grade to chronic pancreatitis, structurally insignificant Inflammatory bowel disease or less likely early infiltrative gastrointestinal neoplasia could be playing a role in the patient's gastrointestinal signs.

The possibility of a small amount of gastric foreign material cannot be definitively excluded. Continued gastrointestinal support with radiographic monitoring for evidence of retained minor radiopaque material would be appropriate. Concurrent hepatosupportive medications and empirical therapy for possible hepatitis, if clinically indicated, is recommended. Recheck sonogram is suggested if persistent / progressive gastrointestinal signs, hepatic enzyme elevations, or radiographic evidence of peritoneal free fluid.



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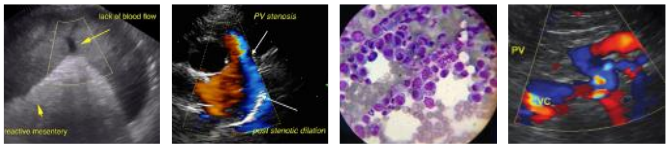

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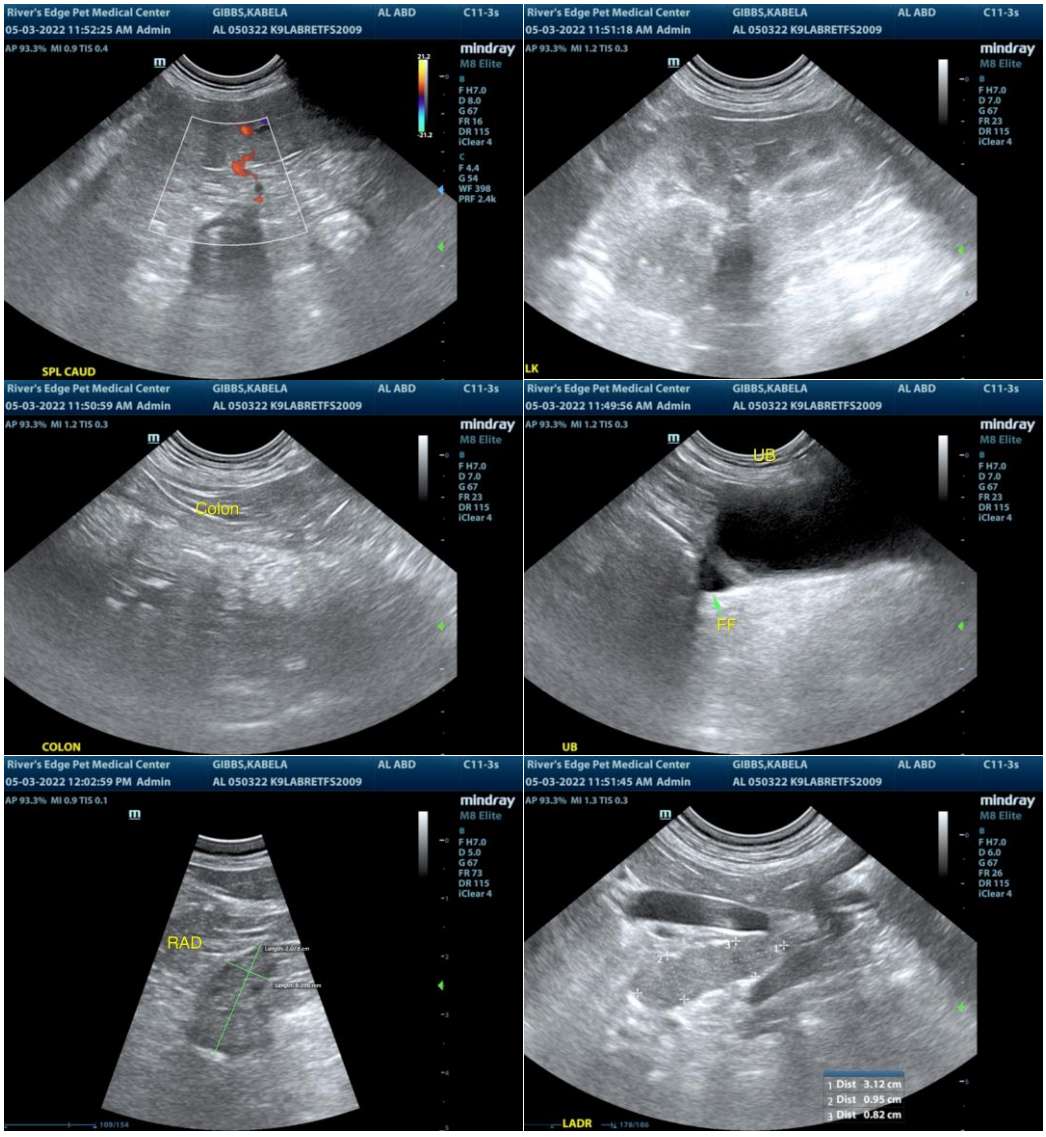

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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