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Clinical Sonography & Telecytology
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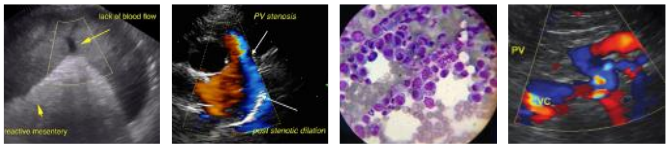

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Hunter McDermott

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

7 years

WEIGHT

136 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tam Mengine, DVM, DABVP

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Tam Mengine, DVM, DABVP

INVOICE

13957

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Diagnosed with IBD via biopsy in 2/2020, has been well-controlled on HA diet budesonide and cobalamin supplement. CBC, Chem and GI panel in 3/22 was normal except ALT 168 (recheck values pending). Patient has been progressively inappetent though not losing weight.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology was noted in the area of the residual prostate.

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 7.1 cm in length. The right kidney measured 8.0 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 1.1 cm width at the caudal pole and 1.2 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

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.

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 ventral gastric body wall width measured 0.53 cm.

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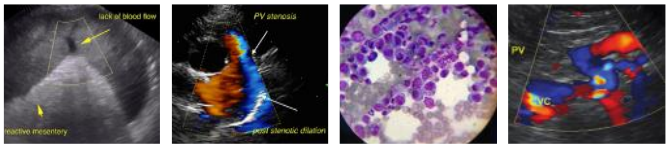

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The visualized segments of the small intestine exhibited intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent duodenojejunal mucosa layer. No evidence of loss of gastrointestinal wall layering, mechanical / metabolic ileus.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Low-grade hepatopathy

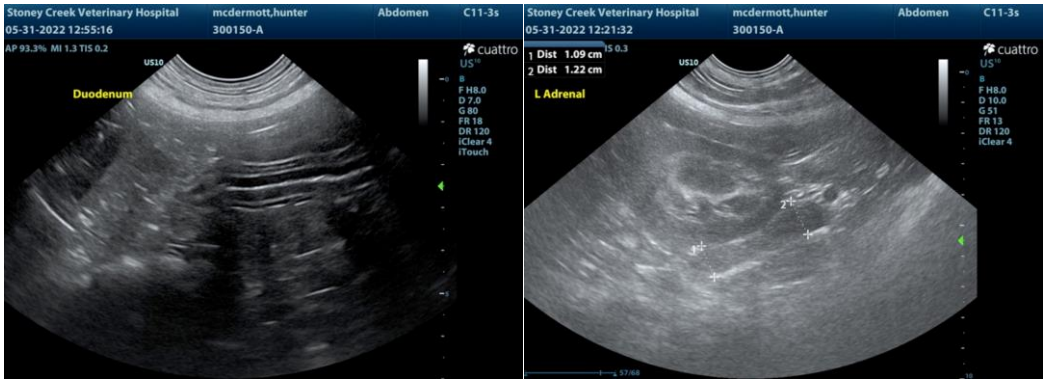
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overtly abdominal visceral specifically gastrointestinal pathology as an obvious cause of the patient's clinical signs.

The mild ALT elevation may indicate low-grade reactive or Inflammatory hepatopathy. Three view chest radiographs may be considered to rule out occult thoracic or esophageal pathology as contributing factor to the progressive inappetence.

Although thought unlikely, resting cortisol level may be considered to rule out occult Addison's Disease.

Continued gastrointestinal support would be reasonable.



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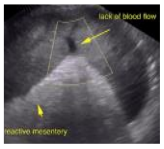
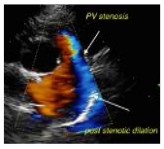
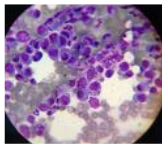
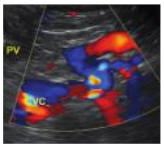

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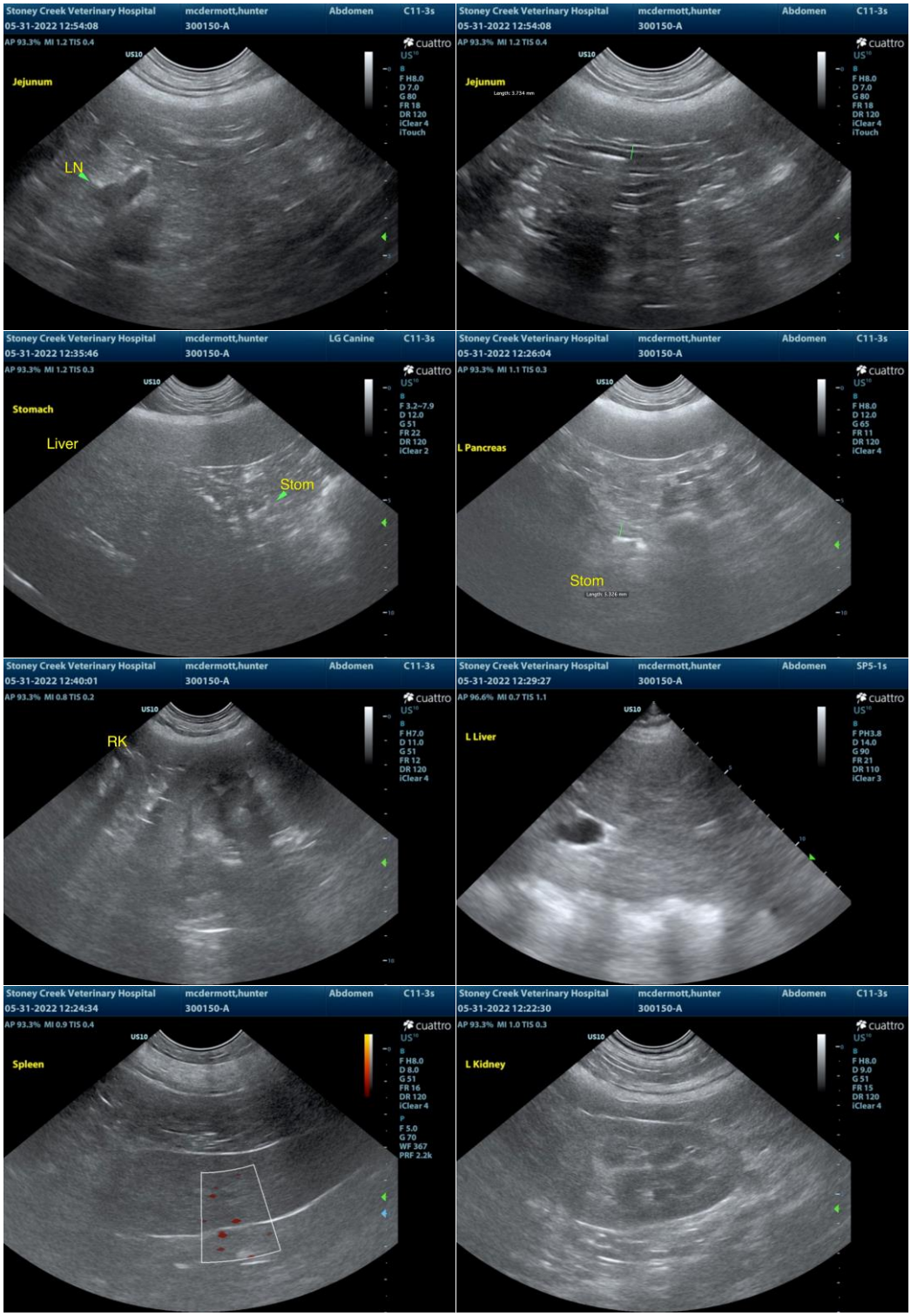

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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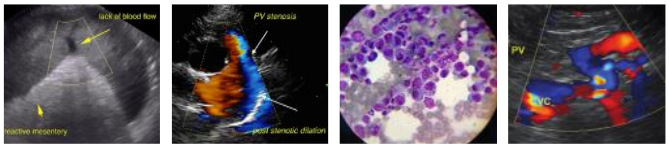

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com