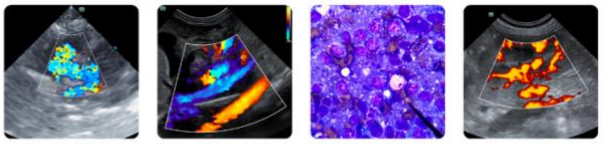

PATIENT

Scarlet Koptchak

SPECIES

Canine

BREED

Shar Pei

SEX

Spayed Female

AGE

11 Years

WEIGHT

47.2 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Alex McFeely DVM

HOSPITAL NAME

Centre Animal Hospital

REFERRING VET

Alex McFeely DVM

INVOICE

15831

DATE

05/05/26

PRESENTING CLINICAL SIGNS

Scarlett was treated at the local ER clinic for HGE in early April one month ago. She responded well initially to supportive care, including Cerenia (maropitant), metronidazole and bland diet. However, she needed Entyce (capomorelin) appetite stimulant to start eating well again. She is currently doing well and has not hematochezia.

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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 5.6 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized with subjective mild caudal pole enlargement. The left adrenal gland subjectively measured 1.2 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized with possible borderline enlargement. The right adrenal gland subjectively measured 0.83 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.

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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Mild hyperechoic duodenal mucosal speckling was visualized.

Normal visible colon wall layers were present with current formed to semi formed fecal matter.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

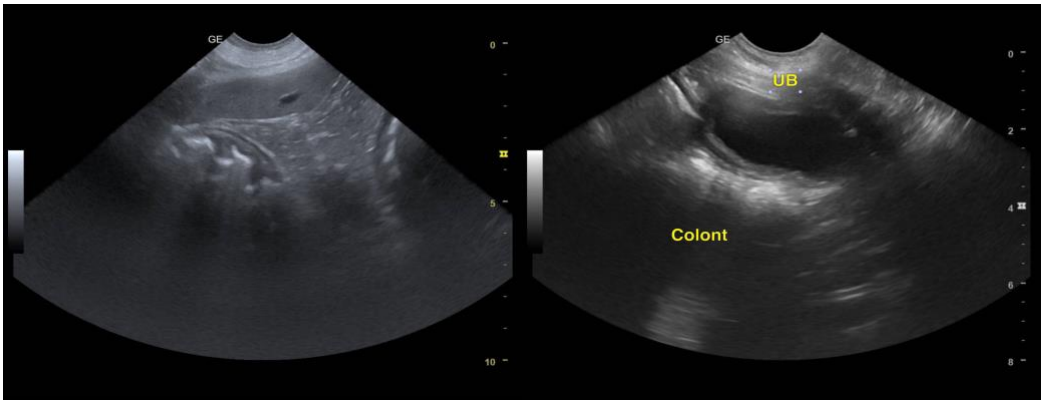
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract/colon with nonspecific subtle duodenal mucosal speckling and current formed/semi formed fecal matter in colon.
- Normal area of the pancreas.
- Bilateral borderline/mild adrenomegaly- subjective benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance/indiscretion, infectious disease, dysbiosis, enterotoxin, inflammatory bowel, mild pancreatitis which may present sonographically normal, occult parasitism, less likely occult Addison's disease with potential resolving nonspecific gastroenterocolitis are all potentials.

Continued gastrointestinal support is indicated given current clinical presentation, A GI panel to include PLI, TLI, cobalamin, folate and fresh fecal analysis if not done is recommended. 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), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Sonographic reassessment of the gastrointestinal tract if recurrent gastrointestinal signs is recommended.



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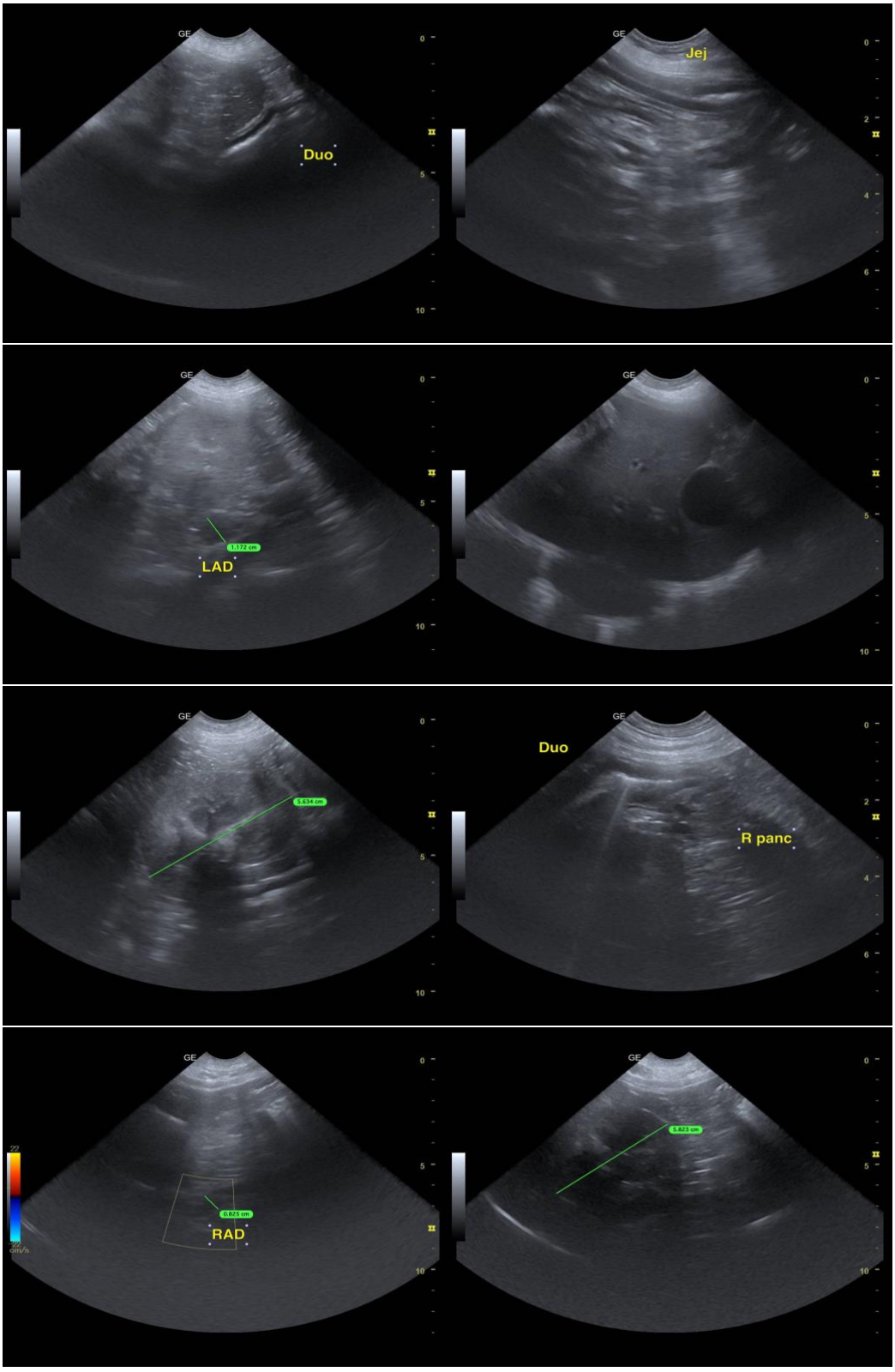

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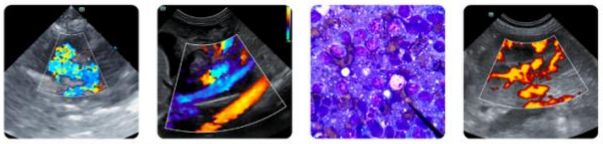

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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