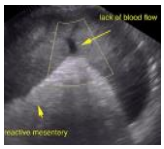

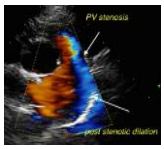

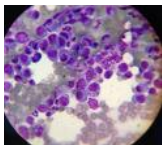
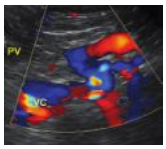

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1-800-838-4268 info@sonopath.com

PATIENT

Bogey Peak

SPECIES

Canine

BREED

Coton de Tulear

SEX

MI

AGE

3.5 years

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal Emergency & Specialty Center

REFERRING VET

Dr. Naomi Kitagaki

INVOICE

10790ag

DATE

06/11/2022

PRESENTING CLINICAL SIGNS

History: Presenting complaint (6/10/22): -- Pt has not had a bowel movement for 2 days. Abdomen seems tense and distended. Pt had about 1/3 of breakfast this am, but a smaller appetite the last few days. Pt has also been straining when demonstrating efforts to defecate, but no overt diarrhea has been noted. Therapeutic plan: SQ LRS 100ml Maropitant 5mg IV Metronidazole 50gm Po q12h x 7 days Bland diet x 2-3 days Patient came back to the hospital on 6/11/22 due to lack of improvement. Is now being hospitalized with the following: Norm-R 20ml/hr IV q 1 hour Maropitant 5mg IV q24h

Abnormal PE/Chem/CBC/UA Results: PE: Slightly thin and prominent dorsal spinous processes of the vertebrae. No significant abnomalities noted on abdominal palpation. CV and respiratory systems appear normal. NSF. CBC: -- NSF CHEM: --Creat low at 0.3 mg/dL (0.5-1.8) -- ALT: 443 U/L (10-125) -- ALP: 19 U/L (23-212) Radiographs: -- abdomen lat/vd The gastric lumen is distended with gas and fluid. The gastric lumen is displacing the left crus cranially. The small intestines are fluid filled with some gas. No obstructive gas pattern. The colon is wnl. The liver and spleen are normal in size and shape. The kidneys and urinary bladder are wnl. The visible bony structures are wnl. Radiographs -- thorax vd The cardiac silhouette is normal in size and shape. The diaphragm is intact. The pulmonary parenchyma is wnl. The rest of the visible structures are wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

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. Nonevidence of renomegaly, increased corticomedullary echogenicity or renal mineralization. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate exhibited normal size and presentation for a young intact male. No overt evidence of prostatic pathology was present.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole and 0.4 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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.

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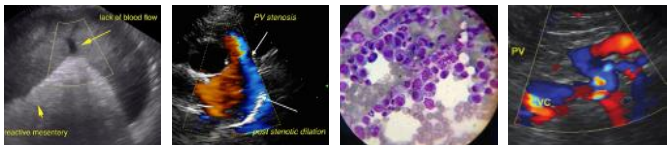

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Liver

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. Normal subjective hepatic volume was present. No masses or nodules were noted. 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 contained a mild amount of nonshadowing spherical uniform echogenic ingesta no signs of ileus, obstruction or foreign material.

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.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild nonshadowing gastric ingesta
- Hepatopathy exhibiting subjective normal vascular volume, suspect nonspecific inflammatory hepatopathy, potential microvascular dysplasia/portal hypoplasia possible
- Sonographically unremarkable small bowel and colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA could be considered for screening cytology primarily to assess for and identify inflammatory cell type if present. No obvious evidence of inter hepatic or extra hepatic shunting which is considered a less likely differential given the normal subjective hepatic volume as well as lack of additional abnormalities i.e. renomegaly or renal/UB mineral. Bile acid testing could be considered if clinically indicated. A core biopsy of the liver may be necessary for a definitive diagnosis. Hepatosupportive medications such as Denamarin +/- Ursodiol due to its antioxidant and immunomodulatory effects within the liver may prove beneficial.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. If decreased body condition is present a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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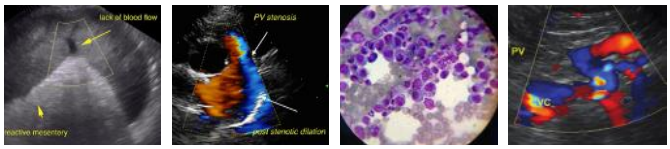

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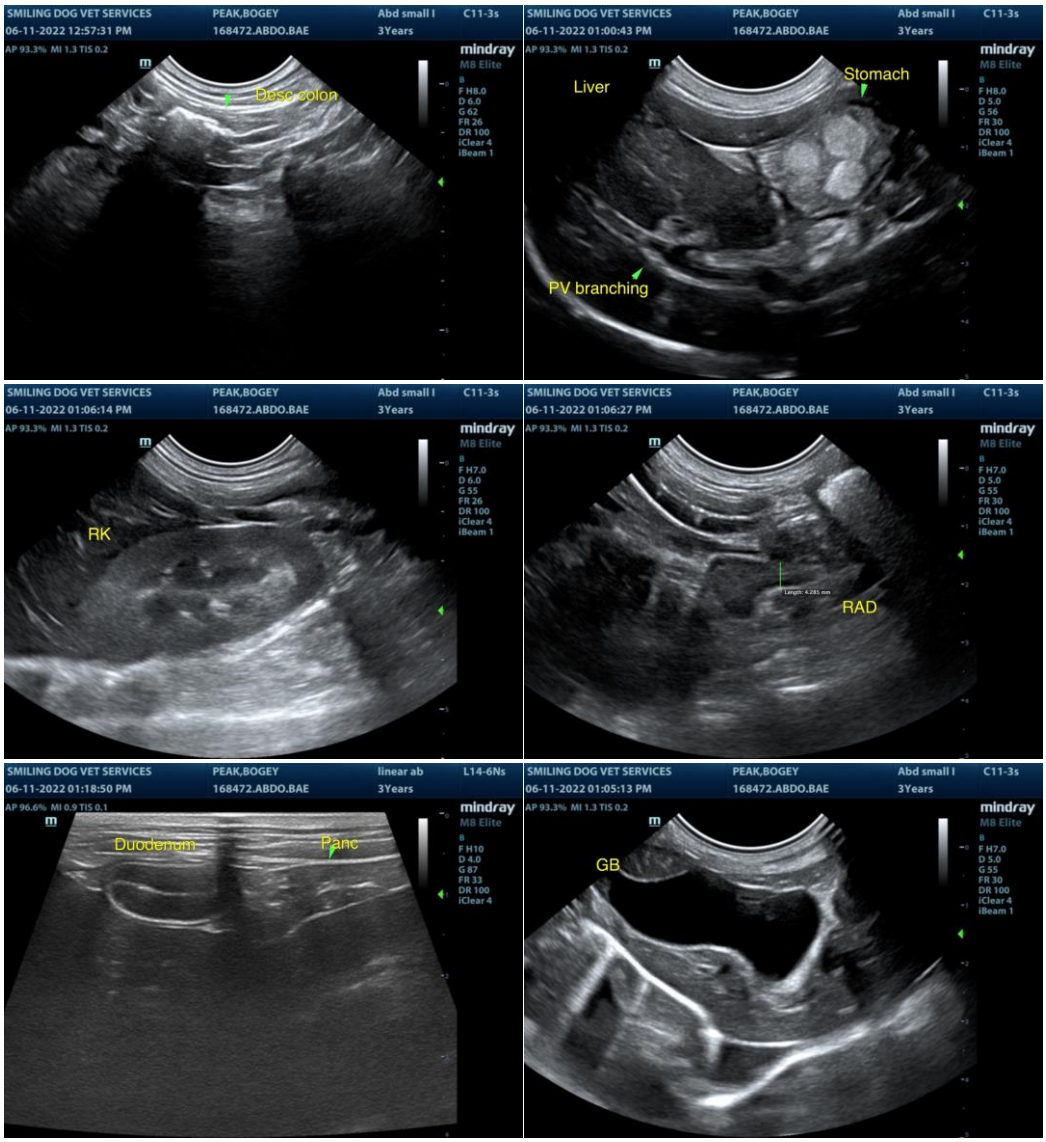

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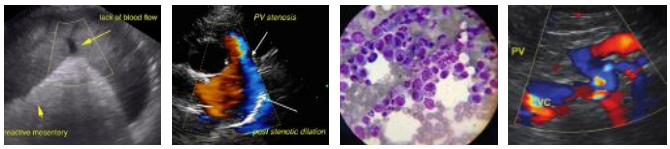

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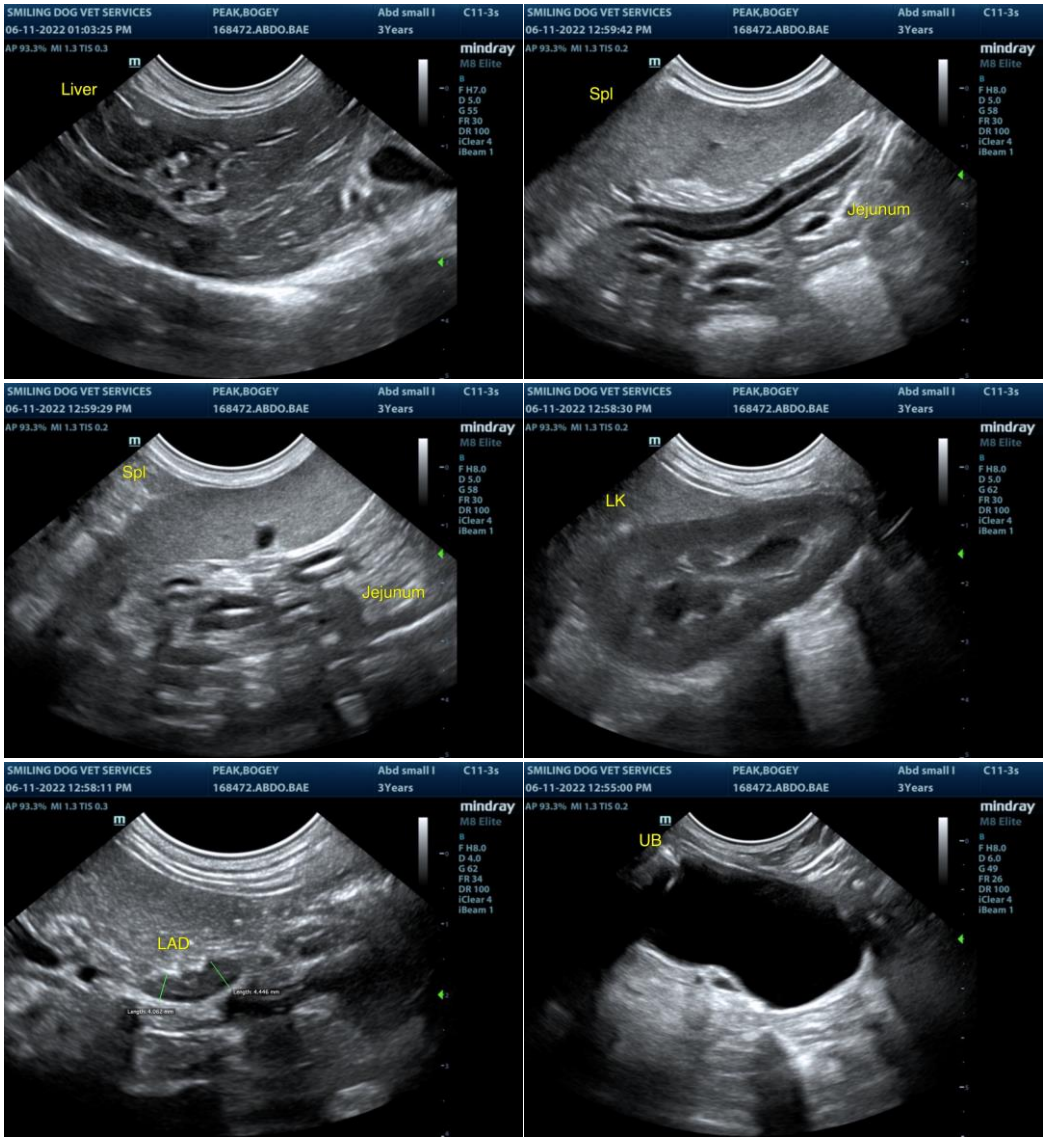

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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