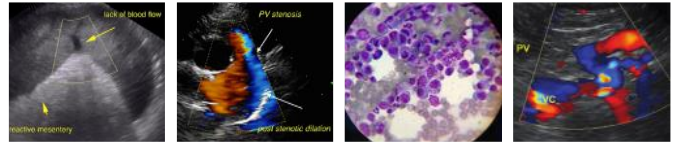




PATIENT	PRESENTING CLINICAL SIGNS
Harvey Lockney	4/23 - History: _O is here to establish care. P has been having loose stool, started monday evening. P had a little blood present in feces last night. P has hx of spine and hip pain. P also has IBD. P also has hx of allergies. Fungal infection on skin, bumps on head. 5/23 - Diarrhea flare up. Loves eating the Grass when grazing outside; O has been vigilant to make sure P doesn't eat any. P has a strict diet of Purina HP. 6/15/23 - P has loose stool and urgency to go. Happens every 2 weeks. O has been spending more time away from home. O doesnt believe P has gotten into anything. P stopped eating half way through breakfast and wouldnt take medications Current Diet (protein, amnt, freq): dry HP, mix in pumpkin, plain deli turkey Current medications(Including Rx, OTC, preventive, supplements, etc.): Codeine 15mg every 8 h, gaba 50mg every 8 hours, trazadone 25mg every 12 hours, prednisone 2.5 every 24 hours, ophthalmic ointment for eye (tear duct), gasx and benedril as needed, and valium.
SPECIES	
Canine	
BREED	
Poodle Mix	
SEX	
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AGE	
13 years	Abnormal PE/Chem/CBC/UA Results: 9/22 from another clinic - Laboratory & Radiographic Findings ALT 197, ALP 1983, GGT 65, tbil 0.1, BUN 36 Last BW 3/22 - ALT 50, ALP 614, GGT (not available) Current Medications Codeine 15mg every 8 hours Gabapentin 50 mg every 8 hours Trazadone 25mg every 12 hours Prednisone 2.5mg once per day Pepcid 10 mg once per day gas-x as needed benadryl as needed valium as needed for anxiety ABDOMINAL SONOGRAM 9/22 - by Dr. Wilke at VDIC? CONCLUSIONS: Strong suspicion of gastric luminal foreign material of soft/conforming consistency such as stuffing, hair etc. In the absence of any associated clinical signs such as vomiting, this finding may be currently incidental. Hyperechoic hepatopathy with slightly reduced adrenal size. This is consistent with steroid hepatopathy and adrenal atrophy associated with ongoing exogenous steroid administration. Two vague hepatic nodules are most consistent with incidental regenerative nodules. Persistent diffuse intestinal thickening, consistent with previously suspected inflammatory bowel disease. There is no evidence of focal mass pathology. Uncontrolled inflammatory bowel disease is the most likely cause of weight loss and diarrhea in this patient. RECOMMENDATIONS: Additional diagnostic could include complete GI panel as well as endoscopic evaluation and biopsy of upper and lower GI tract (along with potential retrieval of any gastric foreign material). Empirical trial of alternatives to prednisone may be considered, given the evidence of iatrogenic Cushing's disease as well as the apparently incomplete control of GI disease. Internal medicine consultation may be helpful for further guidance. ADDENDUM - 9/29 - owner update. Hairball (large in stomach and going) biopsy - no lymphoma but is IBD. Site 1; Stomach: 1) Mild, multifocal, chronic, lymphoplasmacytic and eosinophilic gastritis with rare minimal erosion 2) Mild to moderate numbers of surface spiral shaped bacteria (consistent with Helicobacter spp.) Site 2; Duodenum: Mild to moderate, diffuse, chronic, lymphoplasmacytic and eosinophilic enteritis with minimal multifocal lacteal dilation and mild numbers of intra-epithelial lymphocytes Endoscopy : Stomach: Large linear mixed textile/hair/string foreign body. Foreign body takes a linear course towards the pylorus and extends through the pylorus. Foreign body removed with combination and grasping forceps a single loop snare. Foreign body extended into the duodenum but was able to remove from the duodenum and pylorus with gentle traction under endoscopic guidance to the stomach. Once in the stomach, the foreign body was removed without complication. Following removal, the gastric mucosa was evaluation and was found to be nodular multifocally with erythema and mild superficial ulceration. History of IVDD. Chronically on prednisone (2.5mg SID) for both conditions. *Elevating liver values: ALT = 197 (was 50 in 3/22). ALP = 1983 (was 614 in 3/22), GGT = 65, BUN = 36 *Long standing history of IVDD and IBD (diagnosed via AUS) managed with Prednisone 2.5 mg SID FINDINGS: LIVER and GALLBLADDER: Liver volume has increased since the previous study and is now high-normal, with normal caudal contours. Hepatic parenchyma is now mildly diffusely hyperechoic (isoechoic to spleen). Two small vague hypoechoic nodules are identified in the left liver, measuring 8.8 x 8.3 mm and 8.8 x 10.4 mm. A few small anechoic mucinous blebs are visible along the mucosal surface of the gallbladder. Gallbladder is otherwise normal. SPLEEN: Spleen is
WEIGHT	
17	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Robyn Lantz	
HOSPITAL NAME	
Eastgate VC	
REFERRING VET	
Lindsay Franz	
INVOICE	
14243ag	
DATE	
6/27/23	



PATIENT	normal in size, shape, echogenicity and overall vascularity. KIDNEYS: Kidneys are normal in size, contour and architecture bilaterally. Left kidney measures 4.5 cm in length.. Right kidney measures 4.7 cm. No pelvic dilation is present. ADRENAL GLANDS: Adrenal glands are normal to slightly small in size. Left adrenal gland measures 2.9 mm in height across the cranial pole and 4.2 mm across the caudal pole. Right adrenal gland measures 3.5 mm in maximum height. UROGENITAL: Urinary bladder contains a relatively large volume of urine. A scant amount of gravity-dependent mineral sediment is present in the lumen. No wall abnormalities are seen. Prostate is normal in size and contour, 1.0 cm in thickness. SUBLUMBAR REGION: No vascular abnormalities are seen and no lymph nodes are enlarged. GASTROINTESTINAL TRACT: Two adjacent clumps of cohesive, echogenic, shadowing material are present in the gastric lumen within the fundic region, suggestive of foreign material. These clumps of material partially conform to the gastric wall contour suggesting they are comprised of relatively soft material such as stuffing, hair, grass or similar. One measures up to 2.7 cm in length and 1.7 cm in diameter. The other measures 2.4 cm in length. Gastric wall is within normal limits in thickness, 2.6 mm along the fundus and 3.4 mm at the pylorus. No abnormalities are seen at the pyloroduodenal junction. Duodenum is mildly thickened with normal wall layering, 5.1 mm along the descending portion. Colon is empty of contents with an infolded wall, making wall measurements difficult, but it appears at least mildly thickened up to 3.0 mm along the descending portion. Wall layering is normal. Jejunal wall thickness ranges from normal to moderately thickened, 2.7 - 4.5 mm, with normal wall layering. Some jejunal segments have a hypersegmented appearance similar to that seen on the previous exam. Ileum is mildly thickened with disproportionate muscularis layer thickening, 3.8 mm. Ileocolic junction is normal. PANCREAS: Pancreas is normal in size, echogenicity and appearance. LYMPH NODES: No intra-abdominal lymph nodes are enlarged. Recent - PSL elevated - 717U/L Fecal float NPS Fecal GI PCR infectious disease panel and TLI/PLI, cobalamin/folate levels all wnl.
Harvey Lockney	
SPECIES	
Canine	
BREED	
Poodle Mix	
SEX	
NM	
AGE	
13 years	
WEIGHT	
17	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
IMAGING PERFORMED BY	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
Robyn Lantz	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.
HOSPITAL NAME	No evidence of pathology in the area of the aortic trifurcation.
Eastgate VC	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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.
REFERRING VET	
Lindsay Franz	
INVOICE	Adrenal Glands
14243ag	The left adrenal gland was indistinctly visualized subjectively measuring 0.4 cm width at the caudal pole and 0.38 cm width at the cranial pole. The right adrenal gland was not definitively visualized.
DATE	Spleen
6/27/23	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



PATIENT	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.
Harvey Lockney	
SPECIES	Liver/ Gallbladder
Canine	The liver was subjectively mildly enlarged with symmetrical capsule contour and generalized non-homogenous increased parenchymal echogenicity. Mild parenchymal remodeling was present. A solitary uniform hyperechoic intraparenchymal nodule was present in the mid liver measuring 0.87 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent to hyperechoic wall. Primarily anechoic luminal content with mild hyperechoic sediment was present. The cystic and common bile ducts were normal.
BREED	
Poodle Mix	
SEX	
NM	Gastrointestinal
AGE	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 gastric body wall measured 0.3 cm in width.
13 years	
WEIGHT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective propensity for mildly prominent duodenojejunal mucosa layer. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.58 cm width. The jejunum wall measured 0.33 cm width.
17	
INTERPRETED BY	Normal visible colon wall layers were present with apparent formed feces in lumen.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Pancreas
	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.
IMAGING PERFORMED BY	Free Abdomen
Robyn Lantz	No overt lymphadenopathy or peritoneal effusion was present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Eastgate VC	Primary Findings
REFERRING VET	<ul style="list-style-type: none"> • Mild to moderate chronic renal changes with pinpoint focal medullary mineral. • Age related spleen. • Chronic hepatopathy with hyperechoic intraparenchymal nodule-subjectively benign, chronic vacuolar hepatopathy, inflammatory hepatopathy i.e., cholangiohepatitis, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely. • Possible mild chronic cholecystitis with mild gallbladder sediment (non-mucocele) • Intact GI wall layering with empty gastric lumen and subjective mild prominent duodenojejunal mucosa-consistent with chronic enteropathy. • Unremarkable colon containing semi formed fecal matter.
Lindsay Franz	
INVOICE	
14243ag	
DATE	
6/27/23	



PATIENT

Harvey Lockney

SPECIES

Canine

BREED

Poodle Mix

SEX

NM

AGE

13 years

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Lindsay Franz

INVOICE

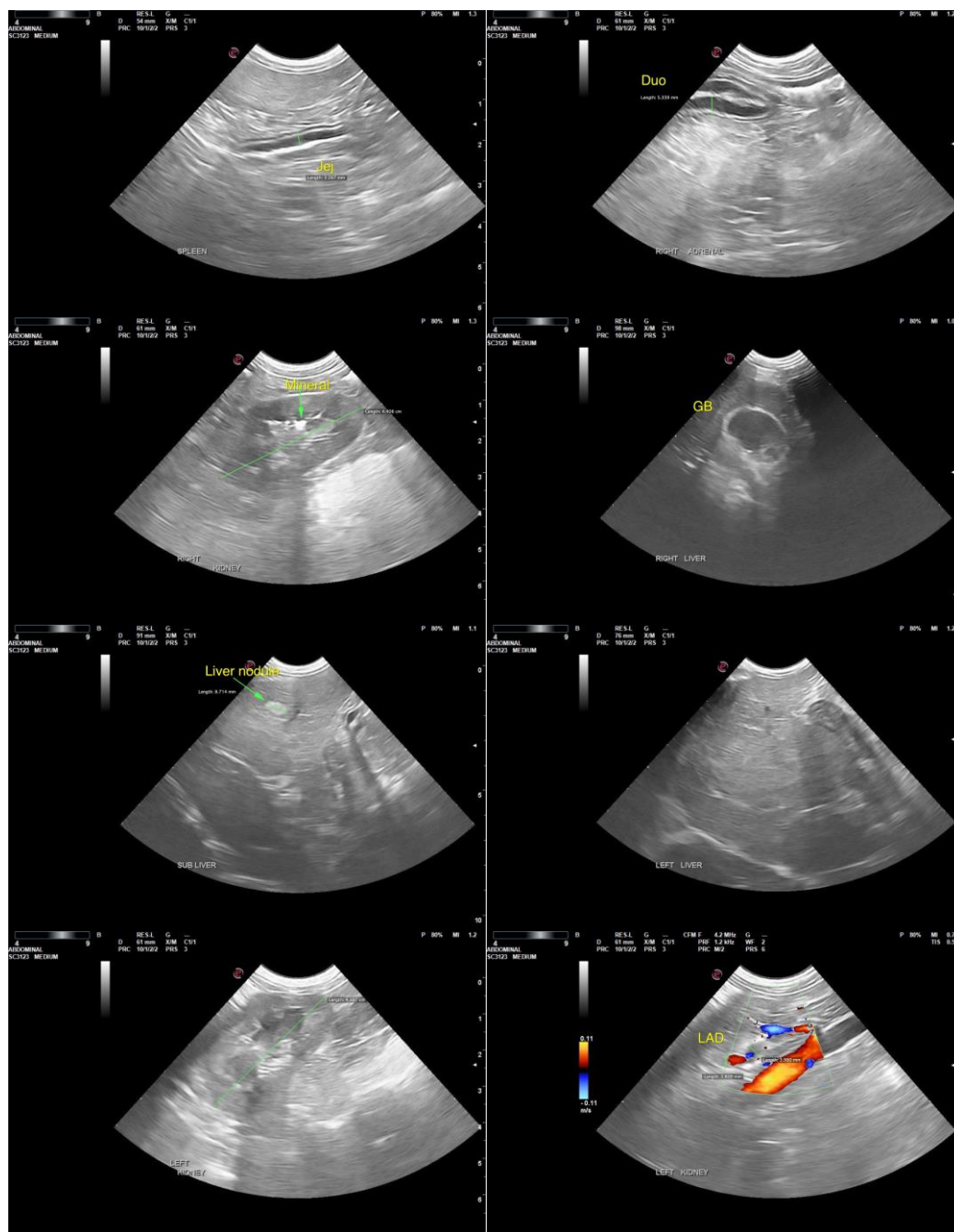
14243ag

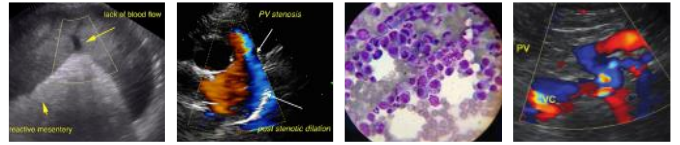
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6/27/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. As needed GI support with high colony count probiotics during diarrhea flare ups or long term is recommended. Reassessment of cobalamin/folate levels could be considered if not recently done. No evidence of intra-abdominal neoplastic criteria. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





PATIENT

Harvey Lockney

SPECIES

Canine

BREED

Poodle Mix

SEX

NM

AGE

13 years

WEIGHT

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INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

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DATE

6/27/23



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.

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info@sonopath.com