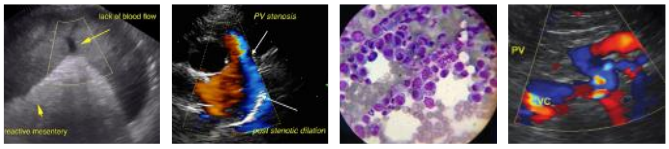
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bentley Upton

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

12 years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Pawtown Veterinary Care

REFERRING VET

Lauren Stayer DVM

INVOICE

17281

DATE

7/18/23

PRESENTING CLINICAL SIGNS

Complaint: — intermittent diarrhea & decreased appetite. Supposedly he ate a piece of tennis ball a few weeks ago & was seen at another vet where they performed xrays & blood work. — At time of exam; patient is doing well. — The owner is requesting the ultrasound to evaluate the GI tract for any abnormalities — a previous US found no signs of FB within the GIT

Abnormal PE/Chem/CBC/UA Results: PE: LS OU, unremarkable otherwise Comprehensive blood work (at rdvm in CA, ~ 6-8 weeks ago): — NSF Rads (previously performed in CA): — possible FB in region of ICJ, maybe consistent with tennis ball material AUS (performed in CA ~6-8 weeks ago) — unremarkable; no FB detected

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 residual prostate was free of pathology.

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 with minor indistinct corticomedullary border demarcation. 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 4.2 cm in length. The right kidney measured 4.5 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 0.56 cm width at the caudal pole and 0.57 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 0.48 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 containing primarily anechoic content with mild, nonorganized gallbladder sediment. The cystic and common bile ducts were normal.

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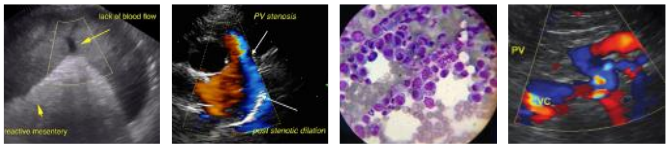

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was noted primarily in the pylorus. No evidence of mechanical pyloric outflow obstruction or gastric foreign material was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonspecific hyperechoic jejunal mucosal speckling was noted. The lumen of the small intestine was empty with no signs of intestinal mechanical / metabolic ileus, intestinal obstructive pattern, or foreign material to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with minor retained anechoic pyloric fluid
- Mild segmental nonspecific intestinal mucosal speckling
- Formed fecal matter in colon
- Chronic pancreatitis / pancreatic fibrosis
- Minor gallbladder sediment (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastroenterocolic foreign material or obstructive pattern was noted.

The mild segmental jejunal mucosal speckling is nonspecific yet may suggest potential for mild nonspecific enteritis or inflammatory enteropathy. If persistent or recurrent gastrointestinal signs or for further assessment, a GI panel to include PLI/TLI/Cobalamin/Folate could be considered. 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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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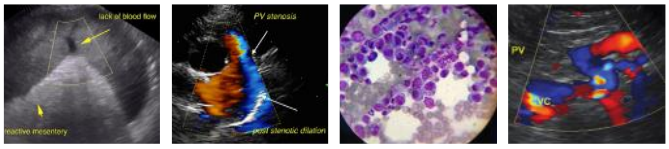

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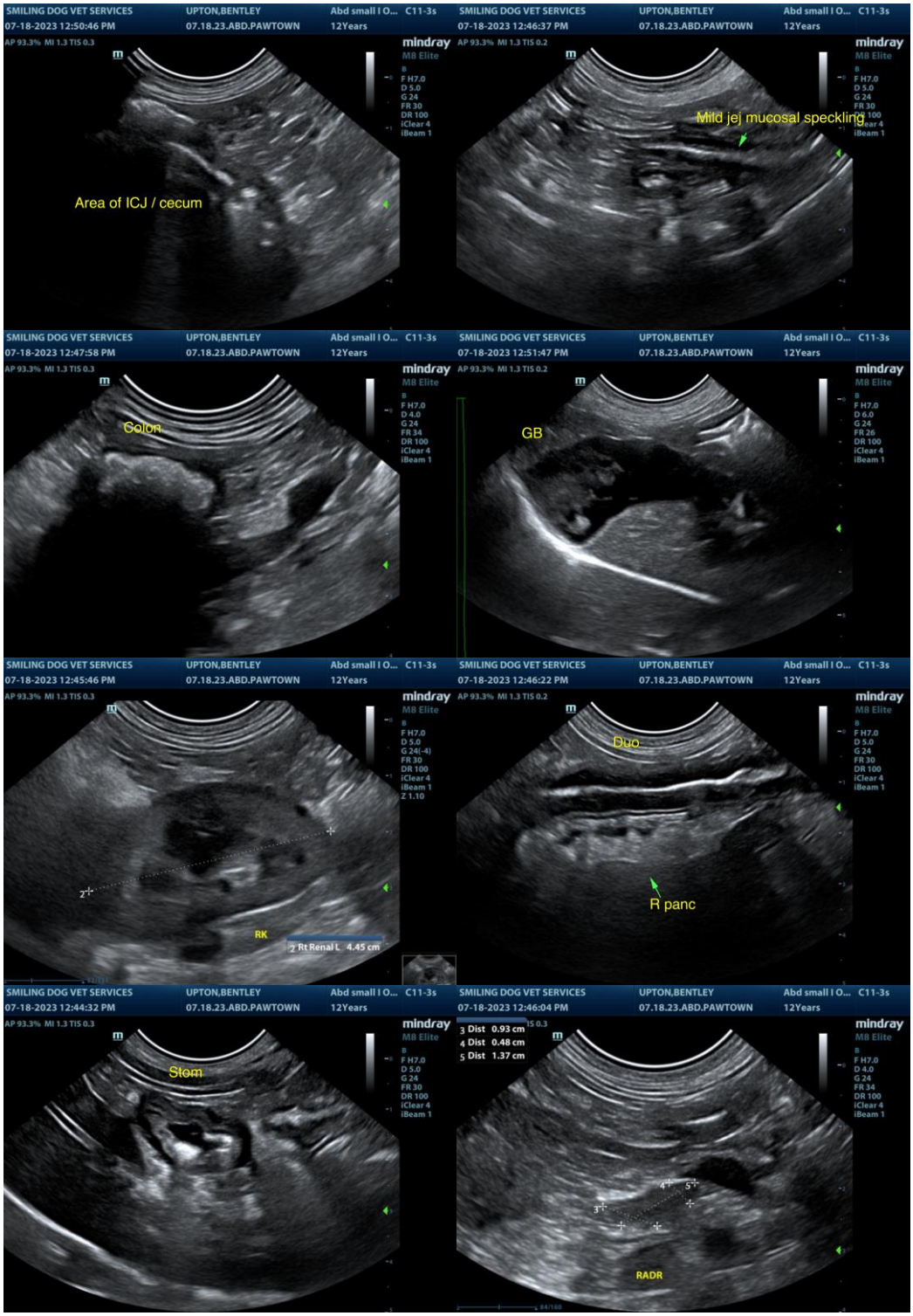

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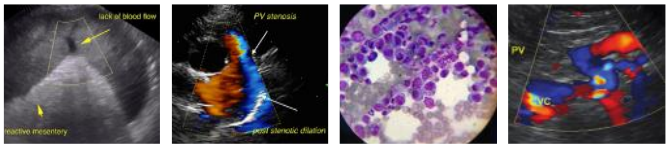

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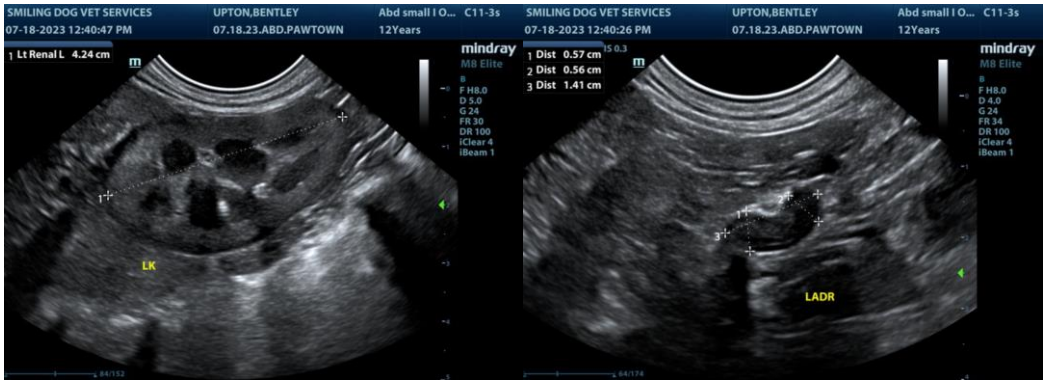

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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