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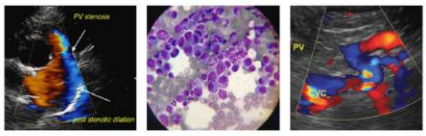

SonoPath
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PATIENT
Buddy Gattoni

SPECIES
Canine

BREED
Golden Retriever

SEX
M

AGE
1 Year 9 months

WEIGHT
74.4 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
14312

DATE
7/19/22

PRESENTING CLINICAL SIGNS

Diarrhea started this AM,O found pile of undigested food (likely vomit). O changes food frequently since P has hx of being a picky eater
Abnormal PE/Chem/CBC/UA Results: Exam 7/19/2022 1. BAR 5. Pink Moist MM<2seconds 8. Thickened erythematous dermis palmar aspect of all four paws with interidigital erythema and salivary staining, no visible pustules- chronic paw licking per O 9/10. Soft abdomen,no palpable masses/fb. Rectal exam- negative for feces, normal Diarrhea started this AM,O found pile of undigested food (likely vomit). O changes food frequently since P has hx of being a picky eater 10. Intact male- both testes descended- O plans to neuter next year Reviewed potential causes for GI upset including dietary indescretion, fb, parasitism, food allergy, addison's. Also discussed options for diagnostics for paw licking including diet trial with HP (O aware of prev rec by ER), allergy testing food/environmental- reviewed limitations to food allergy testing. Recommended diagnostics CBC Chemistry Baseline cortisol AUS Fecal- TNTC clostridium, NOS Allergy testing - food/environmental Skin impression Diet trial - Tx:Metronidazole 500mg 1.5 tab PO BID x 5d #15 Proviable 1 cap PO SID x 10d #10 Proviable paste 5mL PO up to q8h as needed for loose stool. Do not give if no BM #30mL cytopoint

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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.0 cm in diameter. Small and intermittent parenchyma cysts were present.

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 7.7 cm in length. The right kidney measured 7.5 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 0.40 cm width at the caudal pole and 0.45 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 and 0.57 cm width at the cranial pole.

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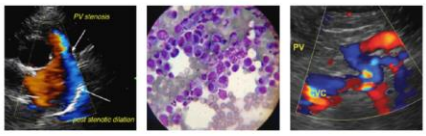

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Spleen

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 mild to moderate luminal gas and no evidence of retained ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.42 cm.

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. The duodenum wall measured 0.45 cm width. The jejunum wall measured 0.32 cm width.

The colon exhibited Intact yet mildly prominent wall layering present In the descending colon. The colon was primarily empty. The descending colon wall width measured 0.31 cm.

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

Intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 3.1 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild gastroenterocolitis pattern - potential for inflammatory bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastroenterocolic mural pathology with subjective mild inflammatory gastroenterocolic changes present. At times, the sonographic gastrointestinal presentation does not always correlate with GI signs currently present. Potential considerations in this case may include; dietary intolerance / food allergy, occult parasitism, inflammatory bowel disease, dysbiosis, or less likely low-grade to chronic pancreatitis. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate +/- baseline cortisol to rule out occult Addison's Disease is warranted.

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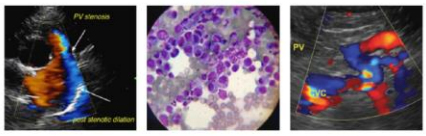

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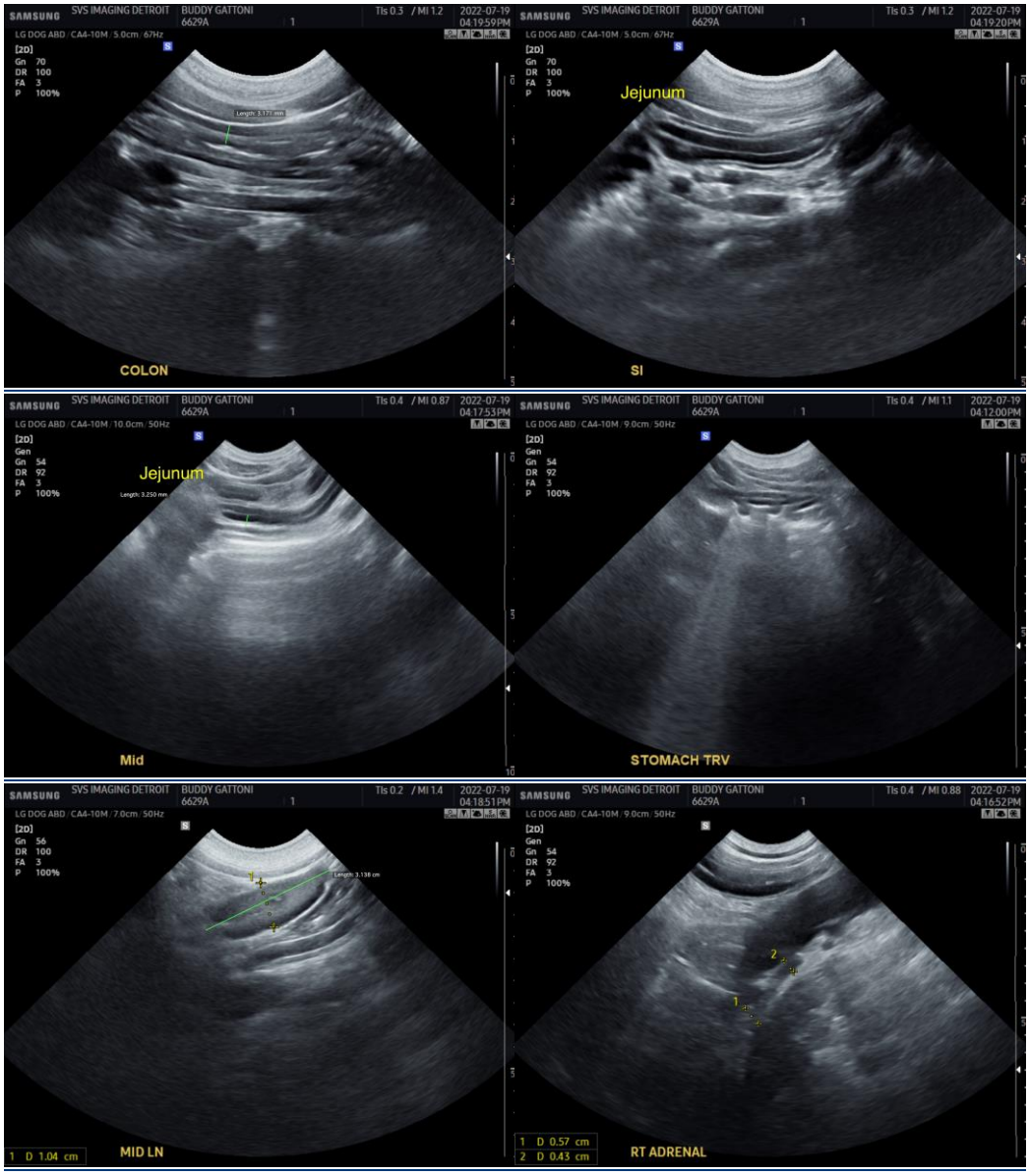
Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Pending clinical response to recommendations, as well as additional diagnostics, intestinal biopsies may be indicated if GI signs persist/progress despite empirical therapy.



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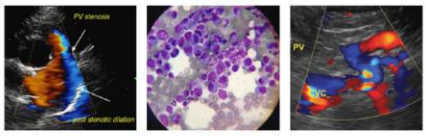

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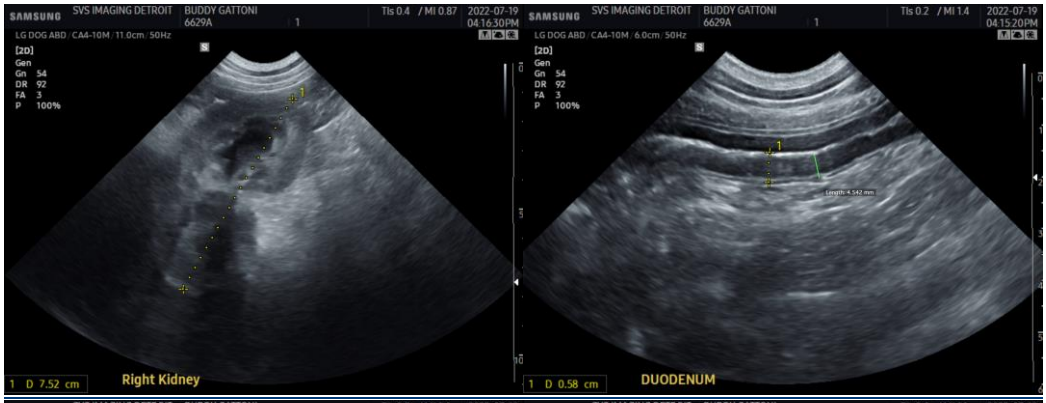

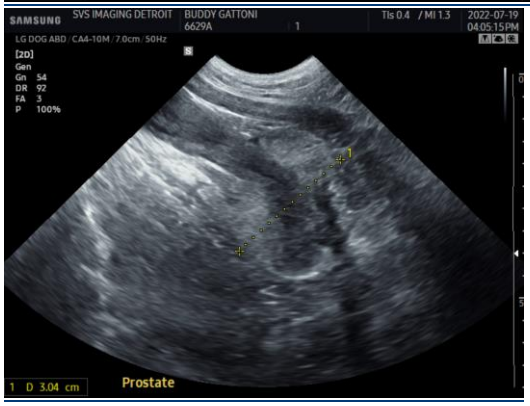

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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