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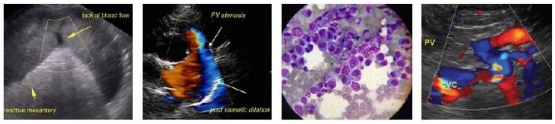

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Holly Law

SPECIES

Canine

BREED

Yorkie X

SEX

FS

AGE

9 years

WEIGHT

4.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

INVOICE

14366

DATE

7/22/22

PRESENTING CLINICAL SIGNS

May 5 2022 Holly was brought in for drop in appetite, diarrhea off and on -She is obese, has severe periodontal disease -She had geriatric profile, UA and urine C&S performed as well as Urine P/C ratio -Her weight dropped to 4.8 kg from 5.2 kg over the month from first presentation. -She had previously been diagnosed with pancreatitis (elsewhere) and so this was our presumptive diagnosis but a Spec cPL has not been performed. No medications.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 area of the aortic trifurcation was free of pathology.

No overt pathology was noted in the area of the uterine remnant.

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 3.4 cm in length. The right kidney measured 3.4 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 0.32 cm width at the caudal pole and 0.38 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.49 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 exhibited subjective mild to moderate enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild nondependent nonorganized mildly hyperechoic gallbladder debris primarily in the cranial lumen. The cystic and common bile ducts were normal.

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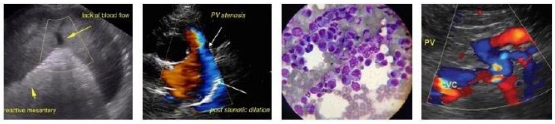

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Gastrointestinal

The stomach presented intact wall layering with mildly prominent rugal folds which are likely a patient variant and not indicative of underlying gastric pathology. The stomach lumen was empty without evidence of retained gastric ingesta, fluid, or foreign material. The gastric body wall width measured 0.34 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 width measured 0.40 cm. The jejunum wall width measured 0.34 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate hepatomegaly - subjectively benign
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas - minor remodeling owing to previous inflammation, potential for low-grade to chronic pancreatitis possible, not sonographically consistent with active or significant pancreatitis
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology as an obvious cause of the patient's weight loss. Often times, the gastrointestinal tract does not correlate sonographically with chronic or current gastrointestinal signs. In patients with recurrent gastrointestinal signs and evidence of weight loss, considerations may include; dietary intolerance / food allergy, dysbiosis, structurally insignificant inflammatory bowel, occult parasitism, low-grade to chronic pancreatitis which may be present, or less likely, in this case, occult gastrointestinal neoplasia.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs could be considered to rule out occult thoracic pathology as a contributing factor to the patient's weight loss.

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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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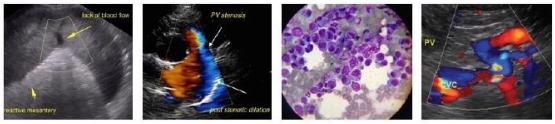

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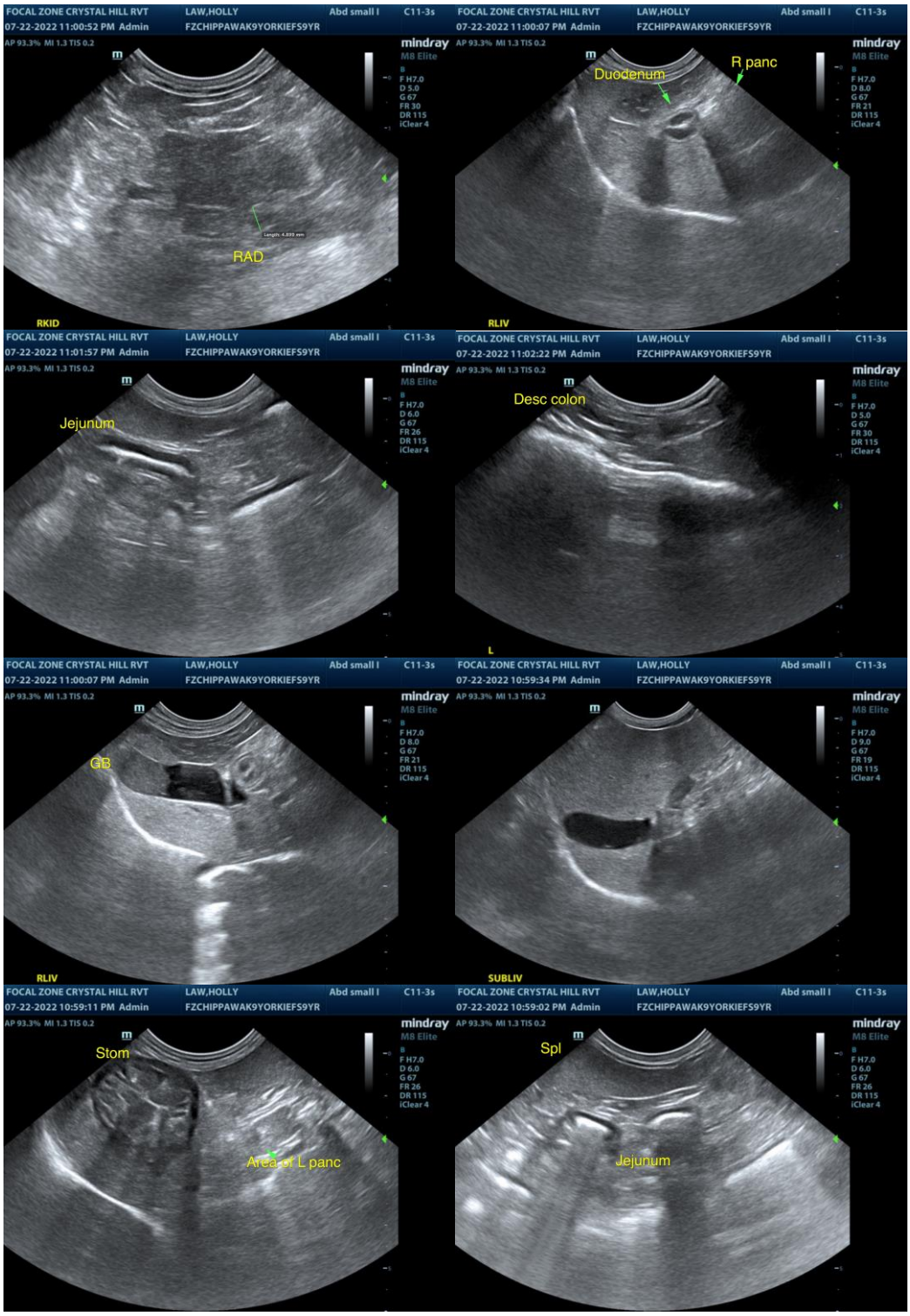

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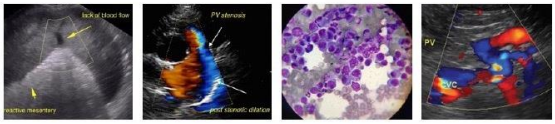

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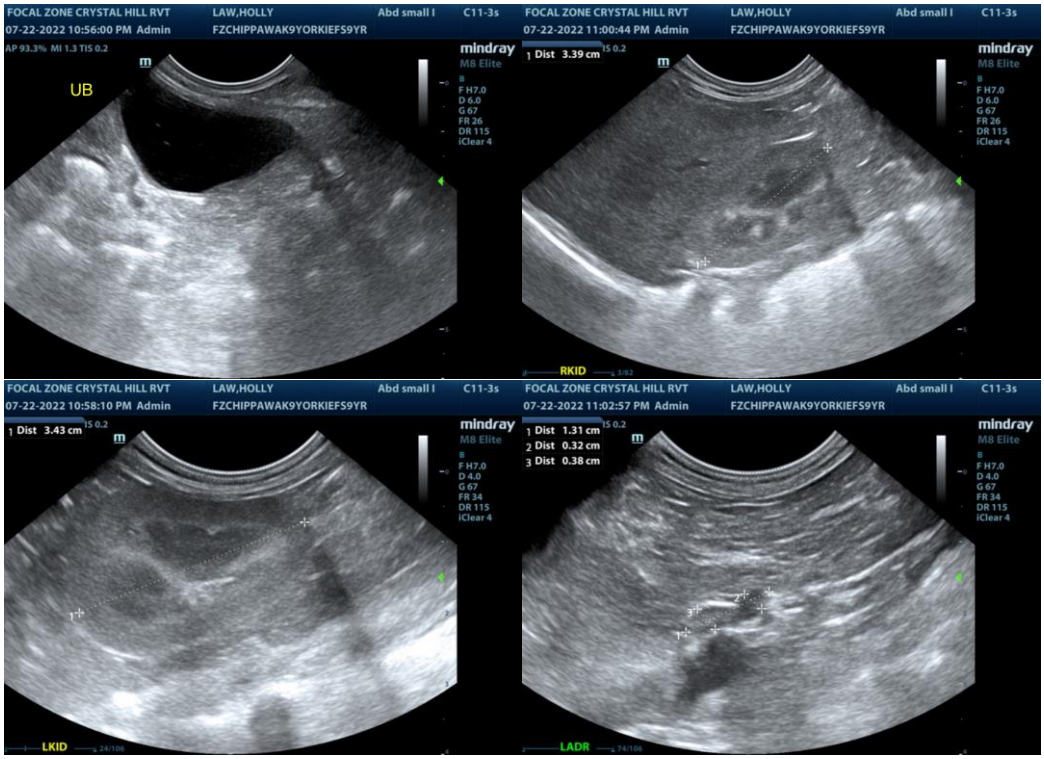

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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