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Clinical Sonography & Telecytology
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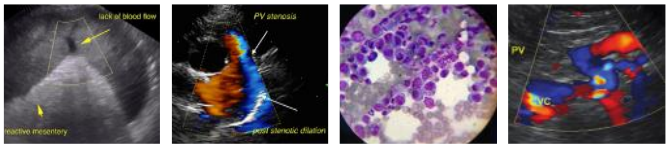

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lila Gibson

SPECIES

Canine

BREED

Belgian Malinois

SEX

FS

AGE

1 year

WEIGHT

24.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal ESC

REFERRING VET

Adam Stone DVM

INVOICE

14398

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Pt presenting for AUS due to chronic, intermittent vomiting and diarrhea. -- Last episode was 7/9/2022. Clients were moving from Southern CA to Bend, OR. Exam and blood work performed at that time. Patient was prescribed Trazodone and Propectalin, along with Rx diet of I/D. -- Patient presented to BAESC over the weekend for hematochezia and one episode of large volume of vomiting. -- Pt has been taking medications (Cerenia, Metronidazole, Propectalin, Gabapentin) well and eating Rx diet well. -- V/D has stopped since visit to ER this weekend. No gabapentin was given this am. -- Confirmed Pt has been fasted for the last 12 hours, no water in last 2 hours, Pt urinated 1 hour ago. - Evaluation by Dr. Stone at BAE on 7/24/22: Intermittent vomiting and diarrhea: rule out primary gi(foreign body, dietary indiscretion, IBD, food allergies, infectious (viral, bacterial, parasitism, other), neoplasia) vs. secondary gi (toxin, metabolic, Addison's, pancreatitis, neoplasia), open - Recommended ACTH stimulation test, Diarrhea PCR test (declined, O would like to perform through rDVM) - Recommended AUS (accepted, but opted to make appt for Tuesday w/ Dr. Mayfield) - Out patient care included oral Rx: Cerenia, Metronidazole, Gabapentin. - Patient is currently eating Rx I/D Abnormal PE/Chem/CBC/UA Results: PE: BAR, slightly manic and hyperactive/anxious. Otherwise unremarkable. Slightly overweight. - Complete blood work performed at primary care DVM in CA on 7/9/22 as follows: CBC: * NSF/WNL CHEM: * NSF/WNL FECAL: * No ova/parasites noted/NEG * Giardia Ag: NEG GI PANEL: * Cobalamin wnl at 699 pg/mL (251-908) * Folate low at 2.8 ng/mL (7.7-24.4) -- Suggestive of diffuse disease of the proximal small intestine * PLI: WNL * TLI: increased at 46.7 ug/L (5-35) -- suggestive of inflammation or neoplasia within pancreas

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 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 6.0 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The adrenals were overtly normal in size, position and shape. The left adrenal gland measured 2.1 cm length x 0.43 cm width at the caudal pole. The right adrenal gland measured 3.2 cm length x 0.42 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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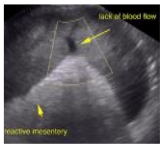

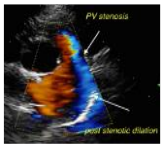

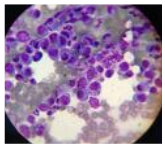
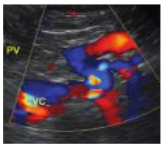

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Liver/ Gallbladder

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 no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 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 0.5 cm width. The jejunum wall measured 0.3 cm width.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant abdominal visceral pathology, specifically no sonographic evidence of structural gastroenterocolic pathology or sonographic evidence of active pancreatitis.

The low-folate, although essentially nonspecific, may suggest upper small intestinal disease while the possibility of minor to low-grade pancreatitis, which may present as sonographically normal although thought less likely, could be present.

At times, the gastroenterocolic and pancreatic presentation does not often correlate sonographically with a clinical history of gastrointestinal signs. Dietary intolerance / food hypersensitivity even on I.D., occult parasitism even with negative fecal testing, low-grade pancreatitis, and structurally insignificant inflammatory bowel disease are all potentials.

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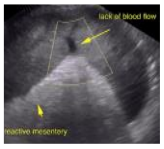

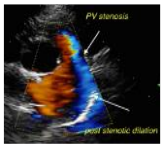

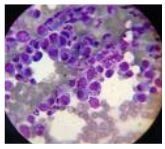
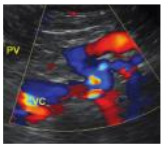

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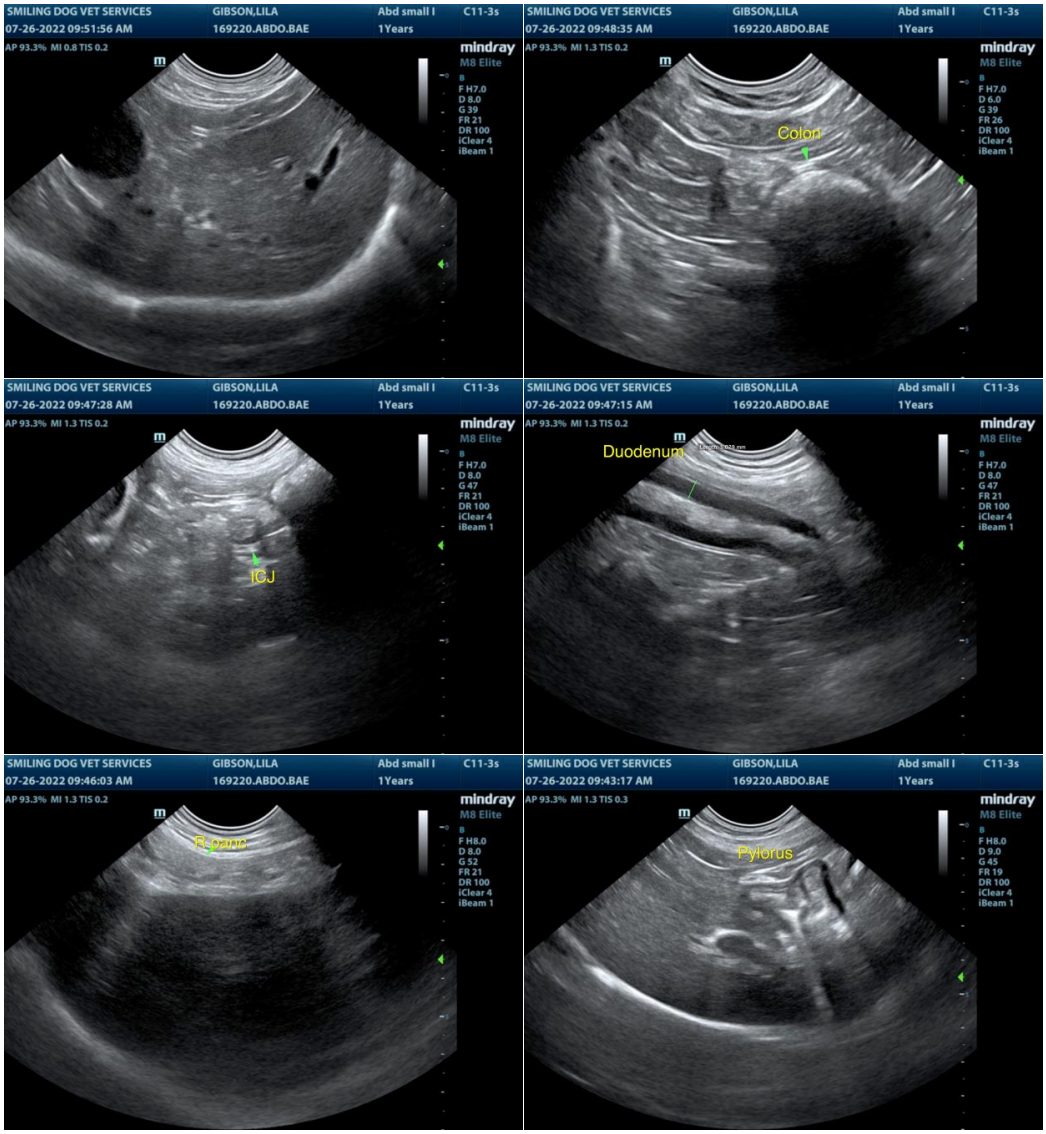
Novel protein or hydrolyzed diet with potential for long-term dietary therapy, prophylactic deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks, high colony count probiotic such as Proviable, as-needed GI support with an assessment of clinical response would be reasonable. Resting cortisol level +/- full ACTH stimulation test if resting cortisol is <2.0 is warranted to rule out occult Addison's Disease. If primary chronic diarrhea, fiber supplementation may also prove beneficial. If persistent / progressive GI signs despite conservative therapy and if occult Addison's Disease is ruled out, endoscopic biopsies may be indicated.



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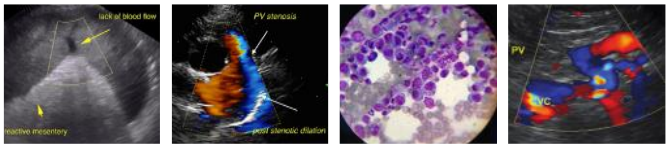

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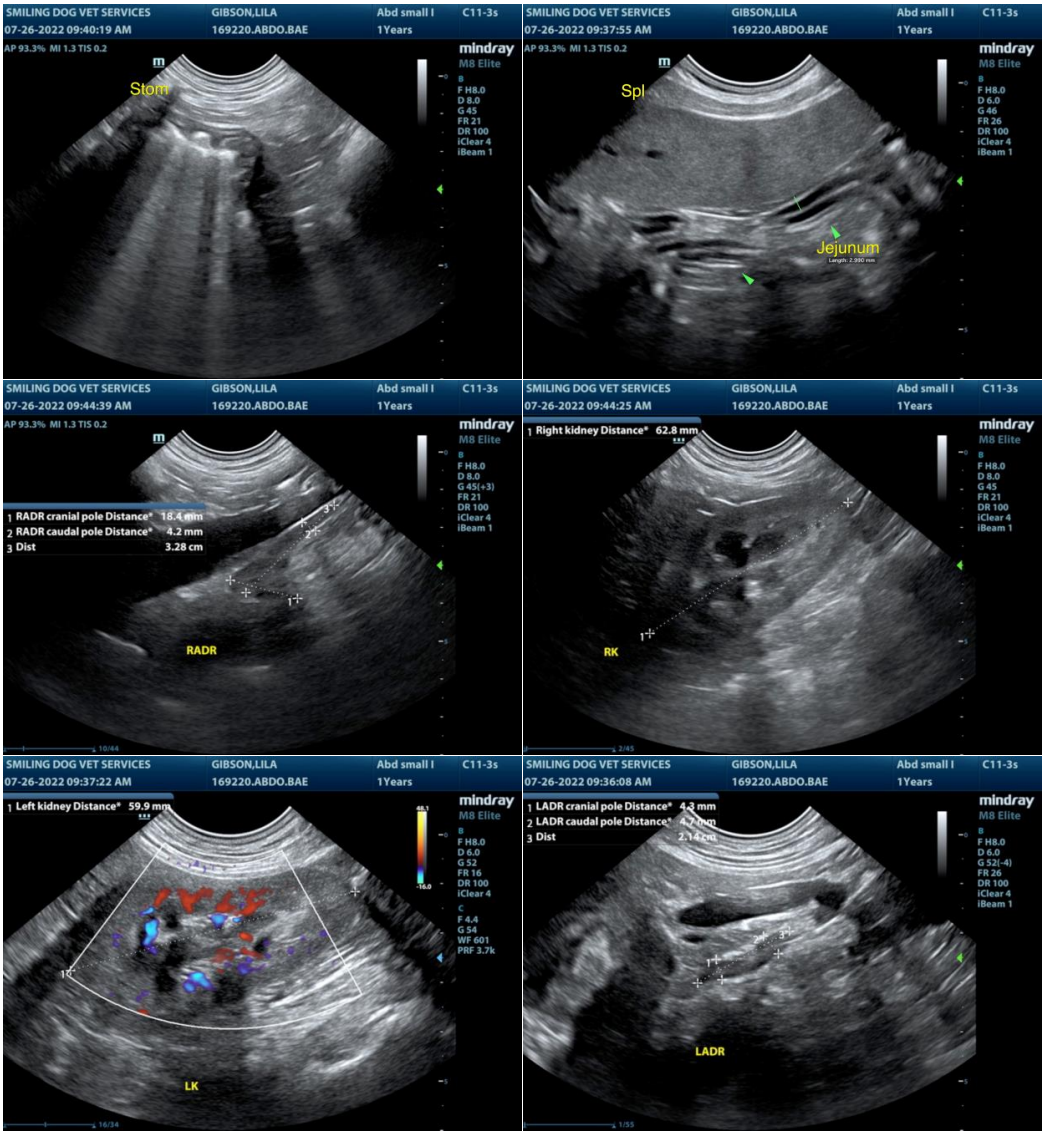

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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