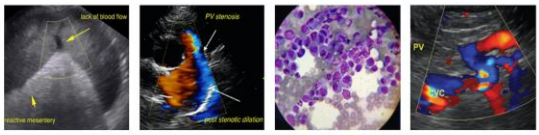


PATIENT

Ozzie Benhardt

SPECIES

Canine

BREED

42.6

SEX

MN

AGE

1 year

WEIGHT

42.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Creekview VH

REFERRING VET

Dr. Ballek

INVOICE

14452

DATE

7/28/22

PRESENTING CLINICAL SIGNS

Weight loss, intermittent severe diarrhea OTC Probiotic, fish oil, several types of Annamet dog food

Unremarkable CBC, Unremarkable Chemistry Panel, Albumin 2.9, Na/K ratio 33, Spec cPL 30

Negative Giardia/Parasite

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 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 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 6.1 cm in length. The right kidney measured 6.4 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 2.5 cm length x 0.40 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.44 cm width at the caudal pole.

Spleen

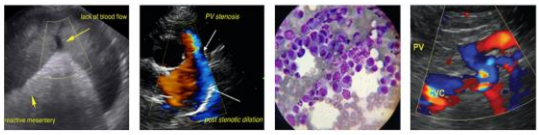
The spleen exhibited potential for enlargement yet maintained symmetrical capsule contour with generalized splenic parenchyma heterogeneity. No masses or nodules were noted. Normal splenic vascularity was present.

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 ingesta, fluid, or foreign material. The gastric body wall width measured 0.41 cm.



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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 0.40 cm width. The jejunum wall measured 0.28 cm width.

Normal visible colon wall layers were present with subjective formed fecal matter at the time of the ultrasound.

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, mildly prominent, isoechoic to mildly hypoechoic, mesenteric lymph 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 0.56 cm diameter. No effusion or omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Intermittent mildly prominent benign to reactive mesenteric lymph nodes
- Subjective mild splenomegaly exhibiting mild parenchyma heterogeneity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt sonographic evidence of structural gastrointestinal pathology was noted. At times, the lack of ultrasonographic gastrointestinal changes does not always correlate with present gastrointestinal symptoms. Potential considerations may include; dietary hypersensitivity / food allergy, dysbiosis, structurally insignificant inflammatory bowel disease, or low-grade pancreatitis, both of which may present as sonographically normal. No evidence of gastrointestinal neoplastic criteria was noted.

Given the lack of evidence of metabolic disease on recent lab work, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to rule out occult Addison's Disease, is warranted. 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.

The potentially mildly enlarged to heterogeneous spleen Is nonspecific and may indicate normal patient variant, incidental mild benign hyperplasia, hematopoiesis, or splenitis. No overt evidence of splenic neoplastic criteria. Given the patient's weight loss, screening splenic FNA for cytology using a 25-ga needle could be considered primarily to ensure only benign changes are present. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patient's weight loss.

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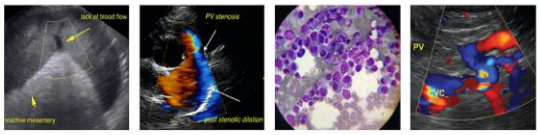

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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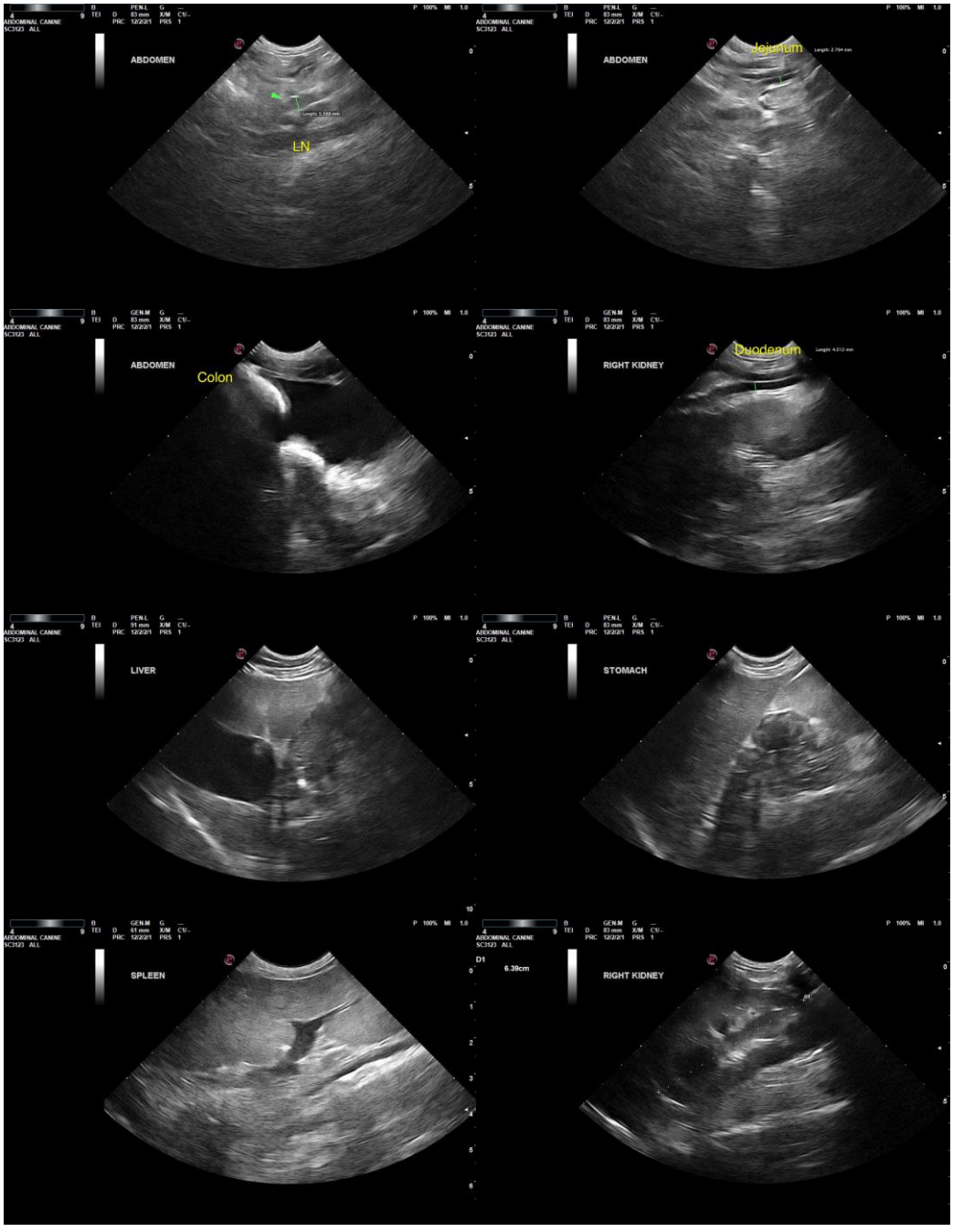

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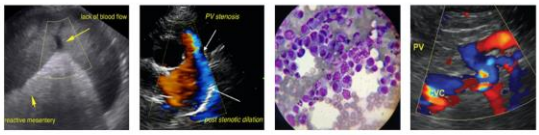

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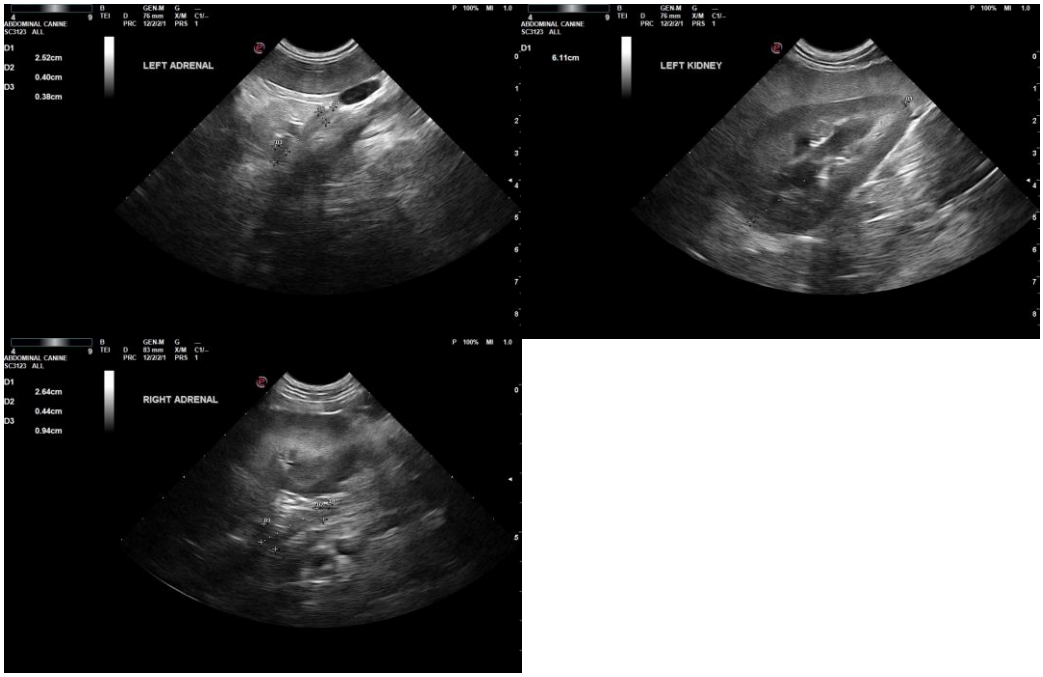

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com