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Clinical Sonography & Telecytology
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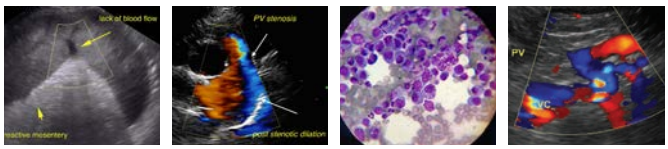

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1-800-838-4268 info@sonopath.com

PATIENT
Remi Warner

SPECIES
Canine

BREED
Weimaraner X

SEX
Neutered Male

AGE
1 Year 9 Months

WEIGHT
61 Pounds

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

IMAGING PERFORMED BY
Amanda Crook – SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge PMC

REFERRING VET
Dr. Bridget Hayes

INVOICE
39970

DATE
7/31/22

PRESENTING CLINICAL SIGNS

Pt has been vomiting and decreased appetite for a few weeks, started on and off. Pt has not been wanting to eat dry food, so giving wet food (Hill's i/d) only. Last few days pt has been vomiting after he eats / drinks / takes meds. Doesn't vomit if he is not ingesting anything. Yesterday ate, but then vomited everything back up. O offered some food again later in the day yesterday, but then pt vomited again. Pt does chew sticks Pt has been BAR the whole time he has been vomiting. Not acting any different. Rectal exam = soft stool with fresh blood Has been fasted since yesterday On Cerenia today (injectable) Abnormal PE/Chem/CBC/UA Results: No access to radiographs or labwork done @ rDVM - however Per O, BW and Rads were done on 7/25 and WNL. No fecal analysis in history

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 were noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.3 cm diameter.

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 6.7 cm. The right kidney measured 6.9 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.2 cm length x 0.40 cm at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.42 cm 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

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 yet mildly prominent wall layering owing to subjective mildly prominent gastric mucosa. The lumen of the stomach was primarily empty with very minor retained echogenic fluid and small pockets of luminal gas. No evidence of gastric distention with retained ingesta, fluid or foreign material. Gastric body wall measured 0.76 cm.

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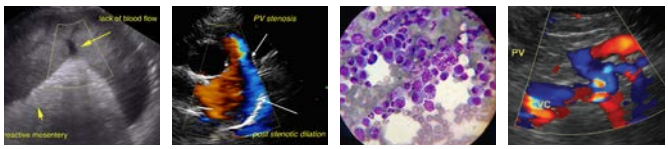

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The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent, hyperechoic jejunal submucosa. Duodenum wall measured 0.39 cm. Jejunum wall measured 0.24 cm. Ileum wall measured 0.31 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon presented intact yet mildly prominent wall layering with semiformed to soft feces, consistent with soft stool to diarrhea. The descending colon wall measured 0.28 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 was evident.

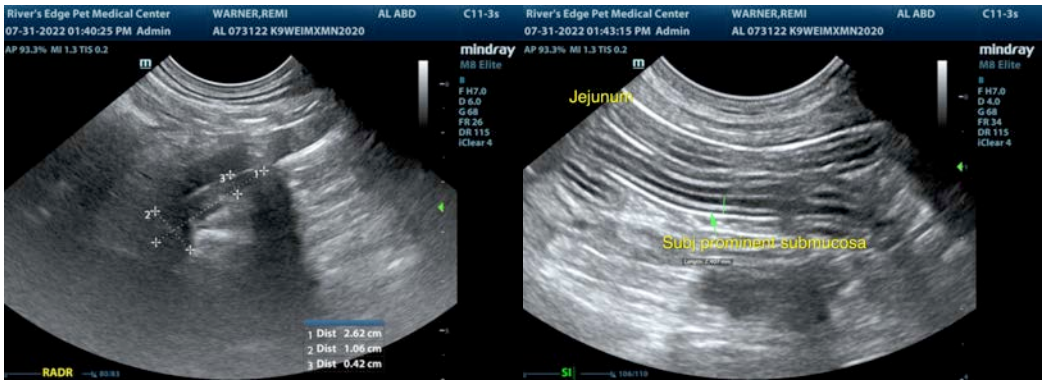
ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern – potential IBD.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastroenterocolic pathology (i.e., loss of gastroenterocolic wall layering, intussusception, or other structural pathologies. General considerations in patients that exhibit persistent to chronic gastrointestinal signs may include dietary intolerance/food allergy, dysbiosis, IBD, occult parasitism, with potential IBD considered a possible primary differential diagnosis, given the segmental mildly prominent intestinal submucosa, which may be more affected in inflammatory diseases in dogs. However, this is a subjective interpretation. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate as well as resting cortisol level to rule out a less likely potential for occult Addison's disease. No indication for surgical intervention.

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. Endoscopic upper and lower intestinal biopsies may be indicated if gastrointestinal signs continue despite empirical therapy, and after empirical deworming, and if normal resting cortisol level.



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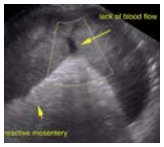
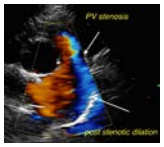
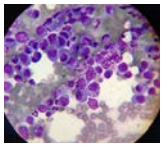
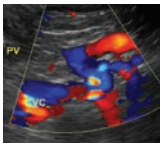

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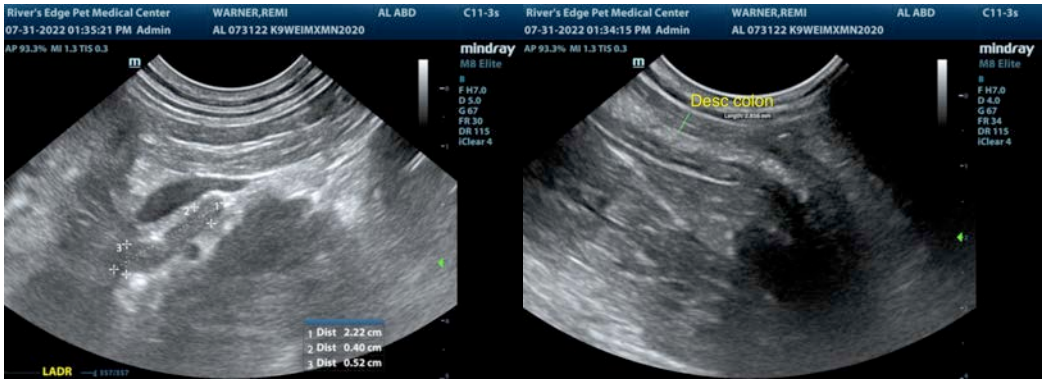

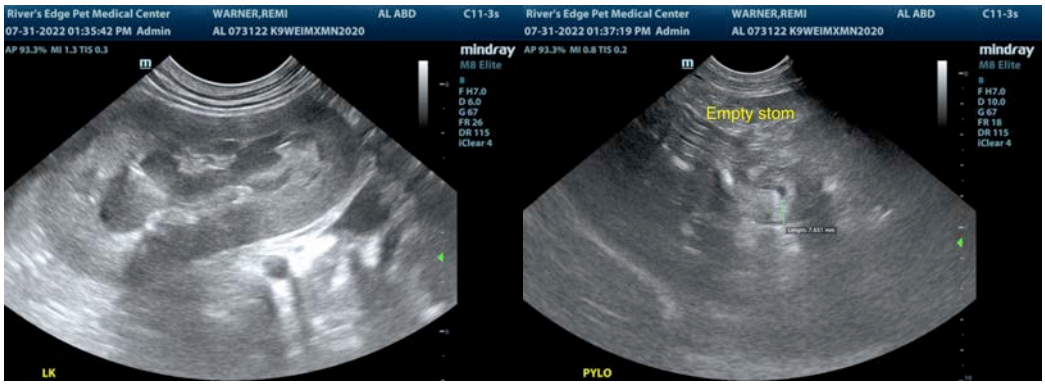

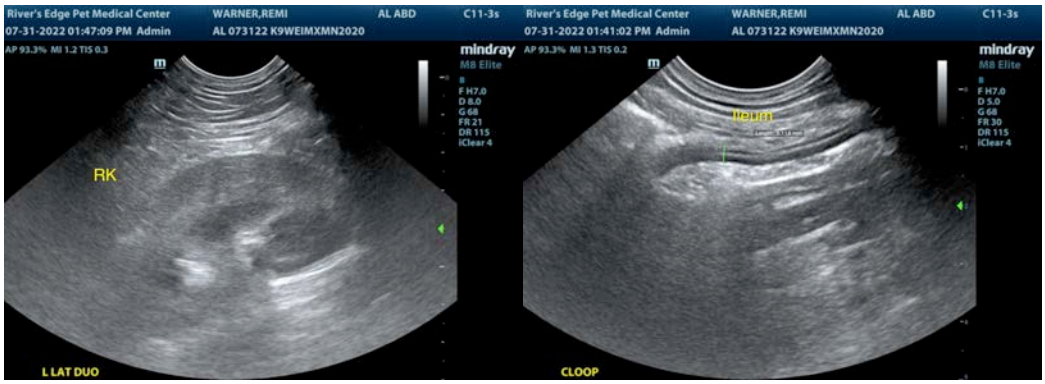

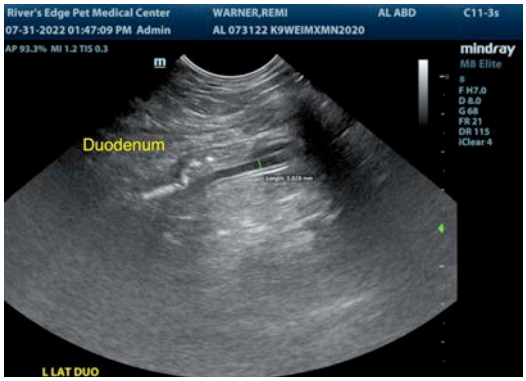

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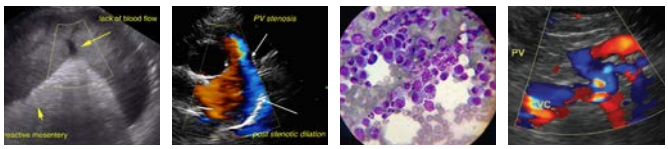

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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