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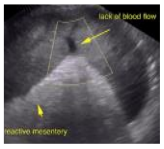

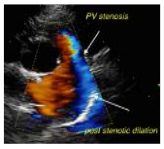

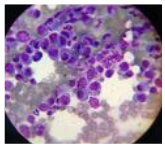
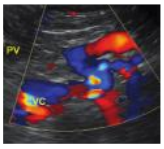

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1-800-838-4268 info@sonopath.com

PATIENT

Sparky Weeks

SPECIES

Canine

BREED

Terrier X

SEX

MN

AGE

11 years

WEIGHT

26.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Services

REFERRING VET

Central Island Veterinary Emergency Hospital

INVOICE

14591

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Sparky presented to the emergency hospital on August 10 with a history of hematemesis and hematochezia with anorexia. Physical exam and bloodwork were normal. Sparky was afebrile. Treatment in hospital consisted of mirtazapine, cerenia, pantoprazole, metronidazole, and IV fluids. Sparky improved clinically and started to eat. Vomiting resolved. The ultrasound was done just prior to Sparky's discharge as he has had several bouts of gi issues over the past few years, and the client wanted to rule out underlying pathology. During the scan, Sparky had copious diarrhea as soon as probe pressure was put over the descending colon. It was no longer frank blood, but had an orange tinge. Sparky was discharged with the following medications: - Metronidazole - Fortiflora - Cerenia - Omeprazole

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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 6.6 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

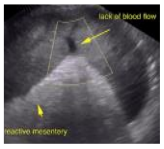
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.0 cm length x 0.53 cm width at the caudal pole.

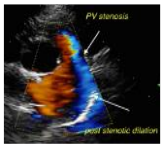
Spleen

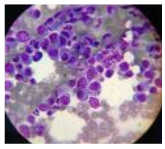
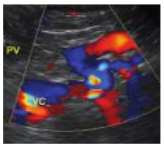
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver 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





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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 primarily empty with mild luminal gas and no evidence of gastric distention, with retained Ingesta, fluid or foreign material.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Minor focal duodenal corrugation with subjective propensity for segmental mildly prominent to hyperechoic intestinal submucosa layer. No evidence of small intestinal mechanical / metabolic ileus, loss of intestinal wall layering, or foreign material. No overt pathology was noted in the area of the ileocolic junction.

The colon exhibited sonographically unremarkable wall layering. The colon was moderately distended with nonformed to liquid fecal matter, consistent with diarrhea.

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 scant pockets of anechoic peritoneal free fluid, primarily cranial abdomen and around the liver, were present. No overt lymphadenopathy was noted. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern - possible resolving
- Intermittent scant pockets of peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle changes which are suggestive of underlying potentially resolving inflammatory process. General considerations, given the history of intermittent to chronic gastrointestinal signs, may include; dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, IBD, and low-grade pancreatitis, which may present as sonographically normal, or less likely in this case, intestinal neoplasia. Addison's Disease is considered less likely, given the normal adrenal presentation. Further assessment may Include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as resting cortisol level to rule out occult Addison's Disease.

In addition to current gastrointestinal support, novel protein or hydrolyzed diet trial with potential long-term dietary therapy, as well as prophylactic deworming, i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks, even if fecal testing is negative, may prove beneficial. Endoscopic intestinal biopsies could be considered If recurrent GI signs going forward despite empirical therapy and pending additional screening diagnostics.

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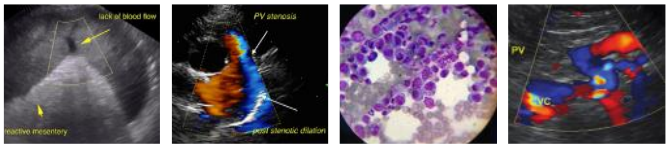

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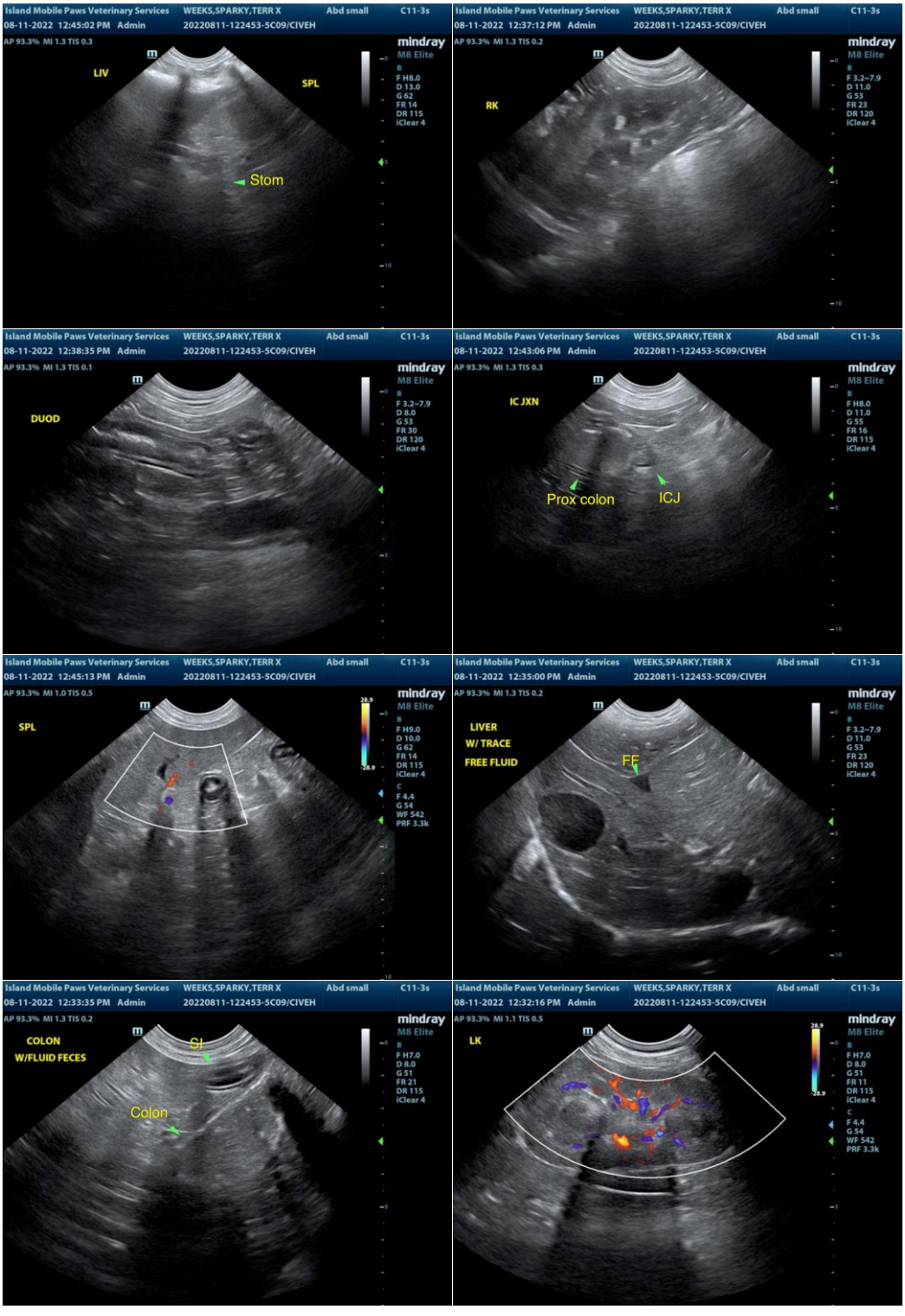
The small pockets of scant free fluid may be physiologic, assuming normal albumin levels. No evidence of peritonitis.



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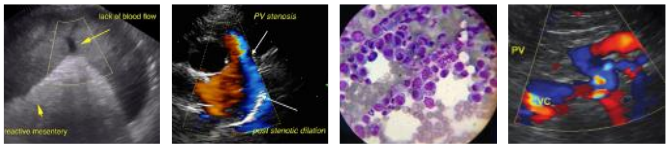

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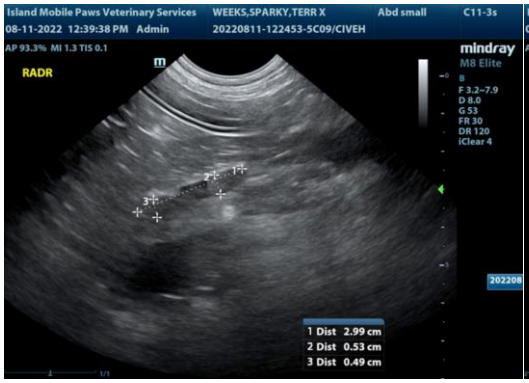

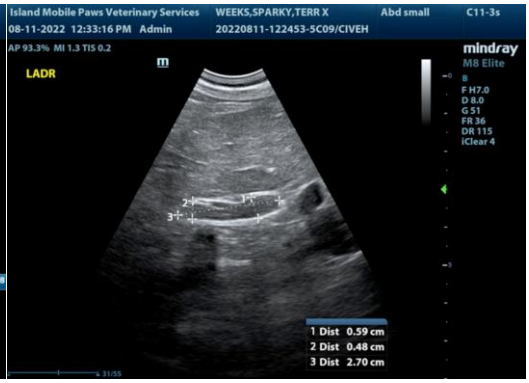

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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