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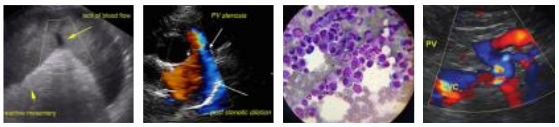


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Jackson Crawford

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

8 yrs.

WEIGHT

72 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Sanlge

INVOICE

14681

DATE

8/24/22

PRESENTING CLINICAL SIGNS

Hx IBD Vomiting Soft stool with mucous
Abnormal PE/Chem/CBC/UA Results: Neutrophilia and eosinophilia retic-hgb elevated Mild decreased BUN Mild increased ALKP Decreased Total T4 R/O Infection, iron deficiency, parasitism, OA/bone inflammation, true hypoT4 vs sick euthyroid. Current Medications Cerenia, Proviable

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 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 7.3 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

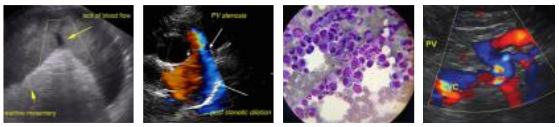
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 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 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 containing mild nondependent, mildly echogenic gallbladder debris. The cystic and common bile ducts were normal.



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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 0.40 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with generalized propensity for subtly prominent submucosa layer. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.36 cm width.

Normal visible colon wall layers were present with subjective formed fecal matter exhibiting distal acoustic shadowing.

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 evidence of omental masses, lymphadenopathy, or peritoneal free fluid was noted. Subjective mild increased intraabdominal fat was noted.

ULTRASONOGRAPHIC FINDINGS

- Intact small bowel wall layering exhibiting subjective propensity for mildly prominent submucosa layer
- Sonographically normal colon
- Mild vascular hepatopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology.

The small intestine exhibited subjective subtle mural changes, specifically mildly prominent submucosa layer, which likely coincides with the history of IBD. The potential for concurrent low-grade colitis is possible, given the reported soft stool with mucus. No evidence of a gastrointestinal obstructive pattern, foreign material, or neoplastic criteria was evident.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Broad spectrum deworming i.e., Panacur 50 mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks is suggested even if fecal testing is negative. Although considered unlikely, resting cortisol level to rule out occult Addison's Disease is suggested. Empirically, as-needed GI support, which may include hydrolyzed diet trial with continued high colony count probiotics such as Proviable, would be reasonable.

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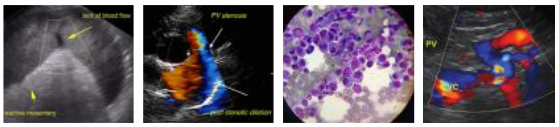

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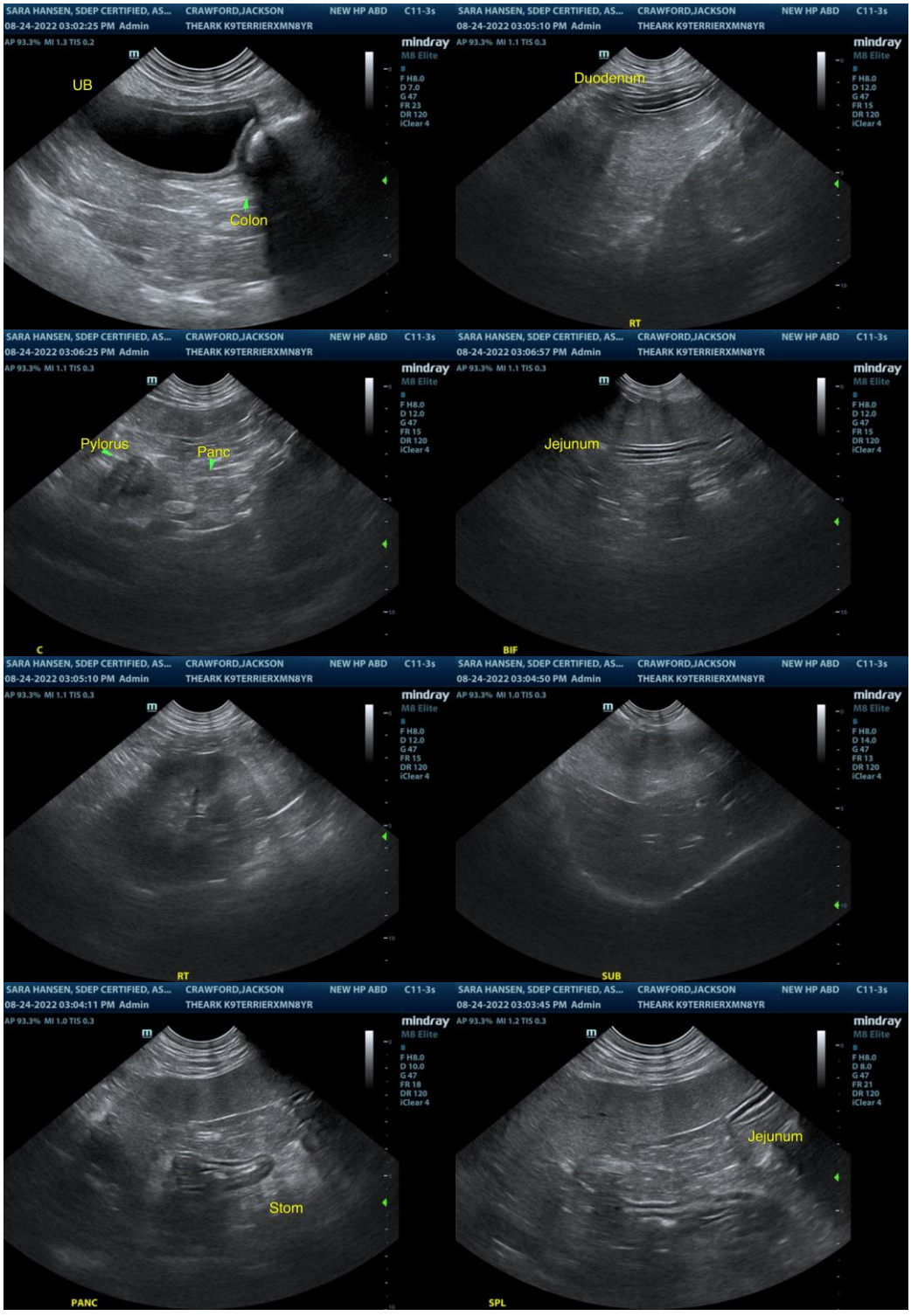

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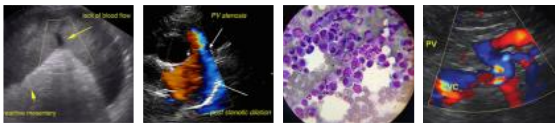

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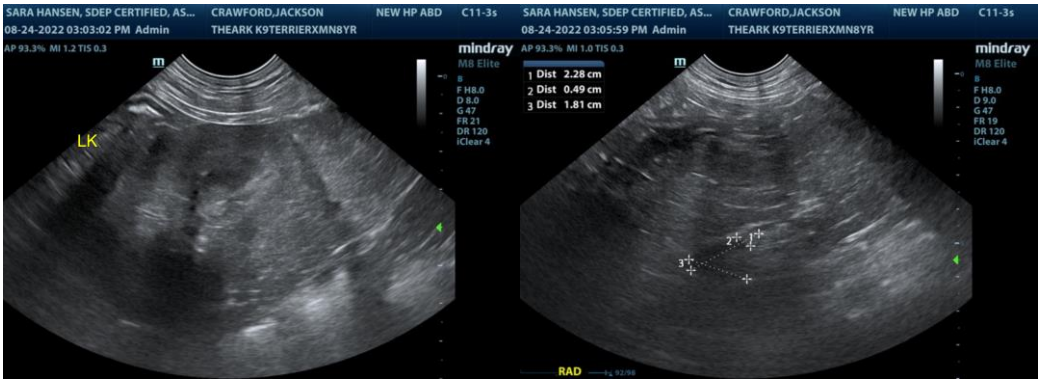

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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