**PATIENT**

Luna Painter

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

FS

**AGE**

4 yrs

**WEIGHT**

75 lbs.

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

Amy Mayhew LVT

**HOSPITAL NAME**

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**DATE**

8/25/22

**PRESENTING CLINICAL SIGNS**

P got into the trash 2 weeks ago and again on Sunday night, p has been lethargic and having intermittent d+ since Sunday. P doesn't want to eat as readily, but will still eat. No v+, no coughing, dry heaving or sneezing. O did mention p has been getting table food from child in house- recently steak, perhaps onions.

Abnormal PE/Chem/CBC/UA Results: 5. Tacky, pale pink MM, mild generalized tartar 9/10. Tense abdomen, no palpable masses/fb, Rectal exam, small amount of formed normal colored feces present. No fb/masses palpable on rectal exam 13. significant weight gain noted since exam this past Spring- O did mention P may be getting table food CBC- WNL Chemistry- Tg 138 UA- results pending T4- 0.6- rule-out hypothyroidism (likely) vs sick euthyroid- recommend retestign T4 in 1 month after resoluition of diarrhea. If still low recommend starting l-thyroxidine 4dx-Negative x 4 Fecal- submitted to ANT yesterday- rhabidiform larva- reviewed results with O, not current on hwp - recommend drontal plus today and then starting simparica trio in a week for monthly prevention. Fecal cytology today- AUS- Submitted to SVS Abdominal radiographs- small amount of digesta/gas in gastric lumen, moderate feces in colon- appears formed. O \*\*Please see attached labs.

**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 was noted.

The area of the aortic trifurcation was free of pathology.

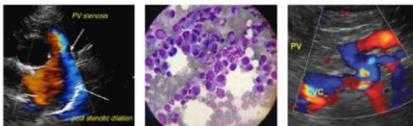
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomdullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.3 cm in length. The right kidney measured 6.5 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 0.52 cm width at the caudal pole and 0.40 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 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

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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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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.

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**Gastrointestinal****SEX**

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The stomach presented intact wall layering with a normal wall layer ratio exhibiting mild to moderate gas distention. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The ventral gastric body wall width measured 0.52 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing chyme was present. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.32 cm width.

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The colon was sonographically normal containing subjective formed, mildly shadowing to areas of semi-formed to soft fecal matter.

**Pancreas****INTERPRETED BY**R. McKenzie Daniel,  
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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.

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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract / colon

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of structural gastroenterocolic mural pathology, mechanical / metabolic ileus, or evidence of foreign material. Given the patient history, dietary indiscretion / food hypersensitivity is suspected. Additional etiologies may include occult parasitism, dysbiosis, structurally insignificant inflammatory bowel disease, or potential low-grade pancreatitis, both of which may present as sonographically normal.

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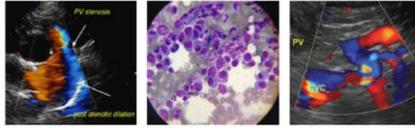
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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. If

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persistent gastrointestinal signs, a GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level to rule out occult Addison's Disease, could be considered.

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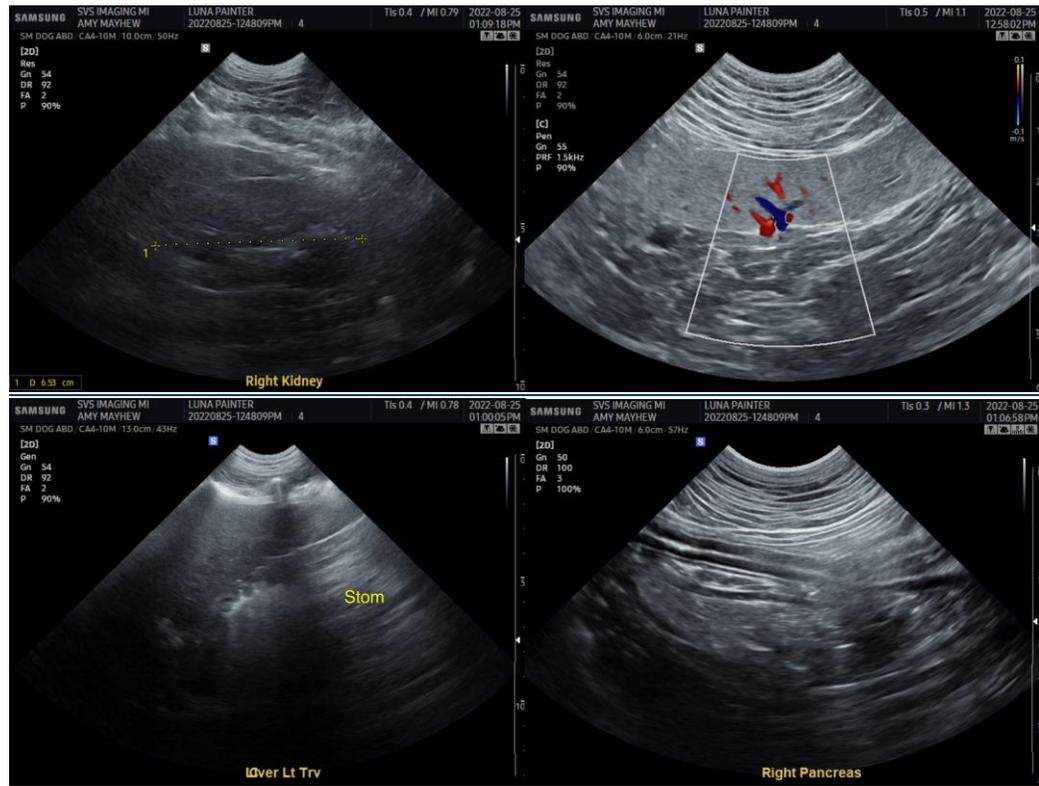
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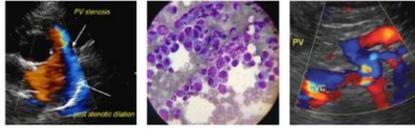
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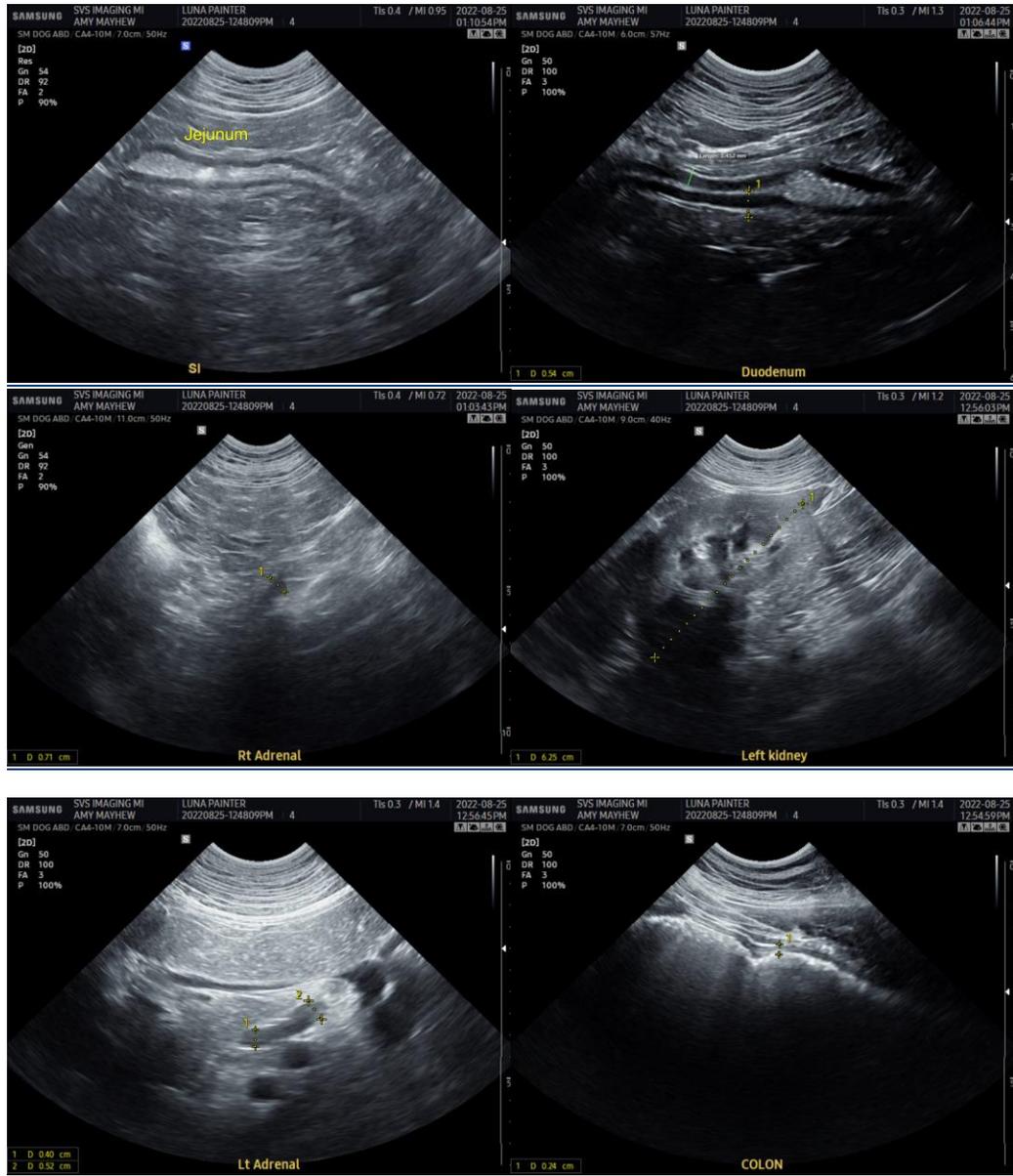
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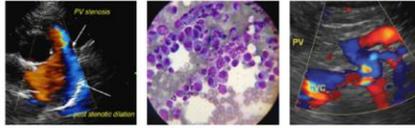


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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