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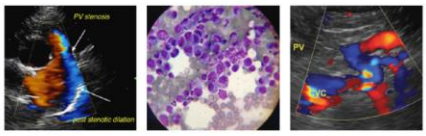

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Daisy Butler

SPECIES

Canine

BREED

Great Dane Mix

SEX

FS

AGE

7yr

WEIGHT

84lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Richards

INVOICE

14509ag

DATE

08/08/2023

PRESENTING CLINICAL SIGNS

Vomiting on and off for 2 weeks- bile. Slightly lethargic, intermittent inappetence. Has improved with sucralfate in the past per O, when O stopped sucralfate, GI signs returned. Chronically, O feels that P may drink a lot of water, but no urinary accidents noted/no polyuria appreciated. No known FB/toxin ingestion, no change in diet over past year. Maintaining weight well.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem wnl Na:K 34 Noted cranial abdominal discomfort during exam. Good to somewhat increased gut sounds appreciated on exam (O fed P just prior to examination). Fasted radiographs did show a moderately distended stomach with suspect fluid, no visible FB observed. BW done today - fairly unremarkable (See attached). Hx of low spec gravity on UA past 2 years- first urine of the day today, USG of 1.026 IH ultrasound was done Jan 2022 - P was being monitored for gallbladder changes (moderate amt of debris present, normal gallbladder wall at that time). Patient was started on 500mg Ursodiol daily at that time (gets most days/week, not always consistently given). *Please see attached in link.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5 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.

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 7.4 cm in length. The right kidney measured 7.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was indistinctly visualized subjectively measuring 0.66 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 with thin walls and primarily anechoic luminal content with moderate congealed non-organized hyperechoic debris. The cystic and common bile ducts were normal.

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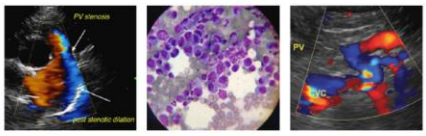

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta and appeared to be mildly gas distended in the area of the fundus and gastric body. No signs of ileus, obstruction or foreign material.

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 0.52 cm width. The jejunum wall measured 0.42 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract with mild gastric ingesta/subjective gastric gas distention.
- Normal pancreas.
- Moderate congealed gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral, specifically GI/pancreatic pathology as a definitive cause of the patient's clinical signs. Dietary indiscretion / food hypersensitivity, occult parasitism, occult Addison's disease, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

Empirically, continued as needed gastric protectant protocol with as needed Sucralfate and Omeprazole 1 mg/kg PO SID over the next 3 weeks is suggested. A limited antigen or hydrolyzed diet trial with potential long term dietary therapy and prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), is suggested.

Sonographic reassessment of the GI tract and gallbladder is suggested if evidence of progressive GI signs and/or cholestasis.

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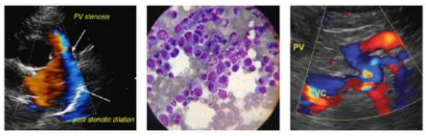

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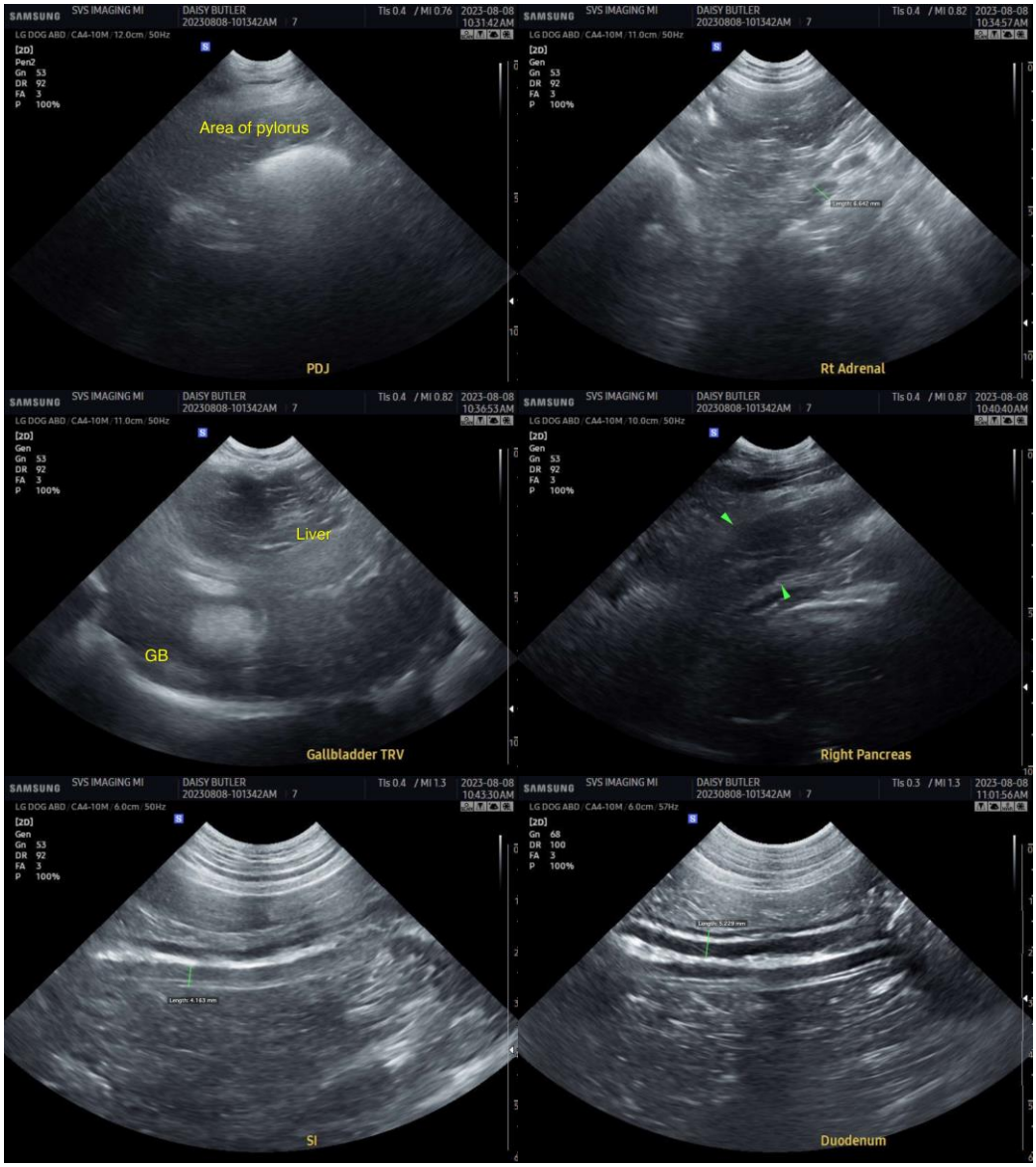

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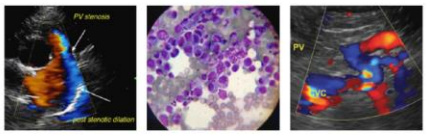

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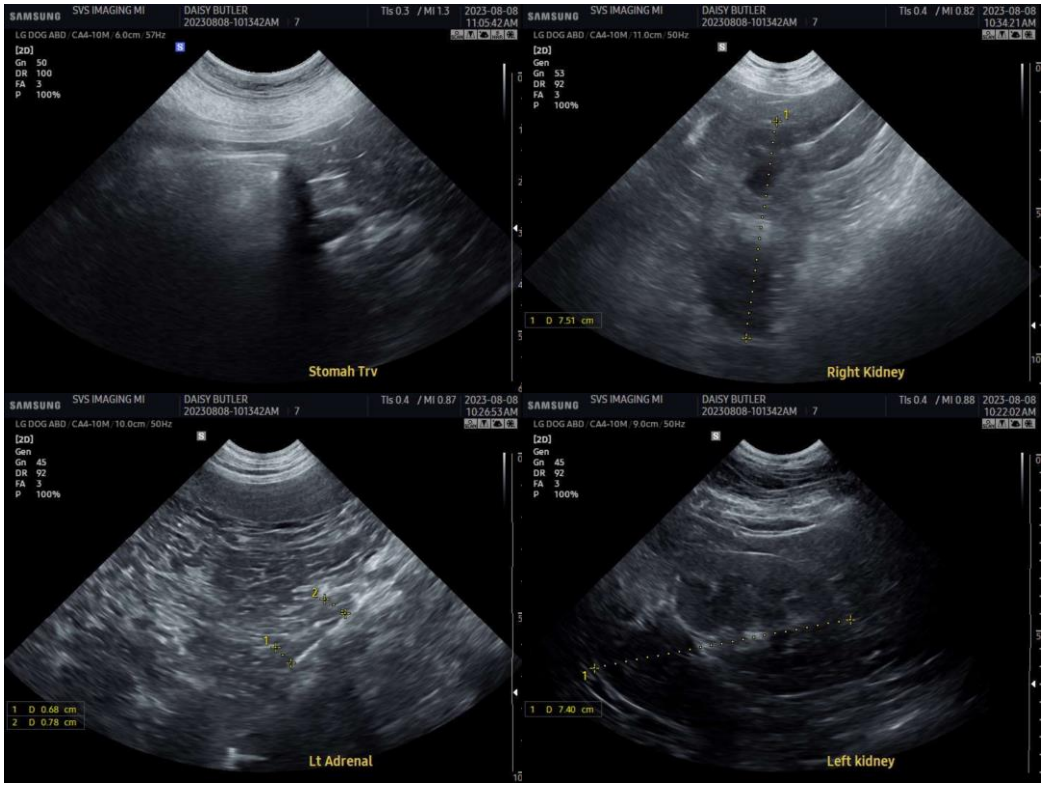

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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