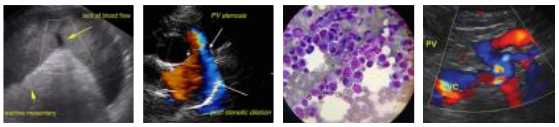


PATIENT

Bear Nelson

SPECIES

Canine

BREED

Cairn Terrier

SEX

MN

AGE

10 yrs

WEIGHT

15.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Pawsitive Wellness VC

REFERRING VET

Dr. Hardy

INVOICE

14923

DATE

9/20/22

PRESENTING CLINICAL SIGNS

BAR. Previous vet had patient on Albon for MONTHS. Tested positive for giardia one time before was put on meds. Tested neg but continued to have diarrhea so previous vet kept him on albon. Removed patient from this, sent out a new fecal and placed patient on probiotics, metro BIDX5d and Fenbendazole SID X3d. Stools formed well on meds but once her was off diarrhea started again. P still on probiotics
Abnormal PE/Chem/CBC/UA Results ; Has hx of slightly elevated liver enzymes Current Medications None

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 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of corticomedullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.50 cm width in the cranial pole and 0.51 cm width in the caudal pole.

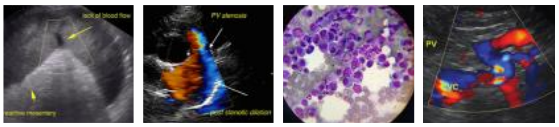
The right adrenal gland was indistinctly visualized yet exhibited mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The right adrenal gland measured 0.60 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour with suspect segmental mild medial capsule fibrosis. A solitary nondisruptive discrete hypoechoic nodule was noted in the mid to caudal spleen measuring 0.53 cm in diameter.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse



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echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing moderate, mildly congealed yet nonorganized gallbladder debris primarily in the cranial lumen. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 contained mild ingesta most exhibiting subtle progressive distal acoustic shadowing. No evidence of mechanical pylorus outflow obstruction was noted.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with propensity for mildly prominent segmental to generalized mucosa. Segmental mild duodenojejunal mucosal speckling was present with no evidence of intestinal masses.

Normal visible colon wall layers were present with semi-formed to soft fecal matter.

Pancreas

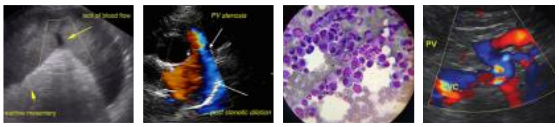
The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild gastric ingesta
- Intact yet subjective mildly prominent small bowel walls exhibiting mild segmental duodenojejunal mucosal speckling
- Benign hepatopathy - vacuolar hepatopathy, inflammatory / immune-mediated disease, nodular hyperplasia, hematopoiesis, or other hepatopathy, no overt evidence of neoplastic criteria
- Moderate gallbladder debris (non-mucocele)
- Nonspecific discrete splenic nodule - focal discrete hyperplasia, hematopoiesis, small hematoma, focal splenitis, granuloma, less likely emerging neoplasia
- Mild chronic renal changes
- Mild pancreatic remodeling - age-related pancreatic changes, minor remodeling owing to previous inflammation, or low-grade pancreatitis possible



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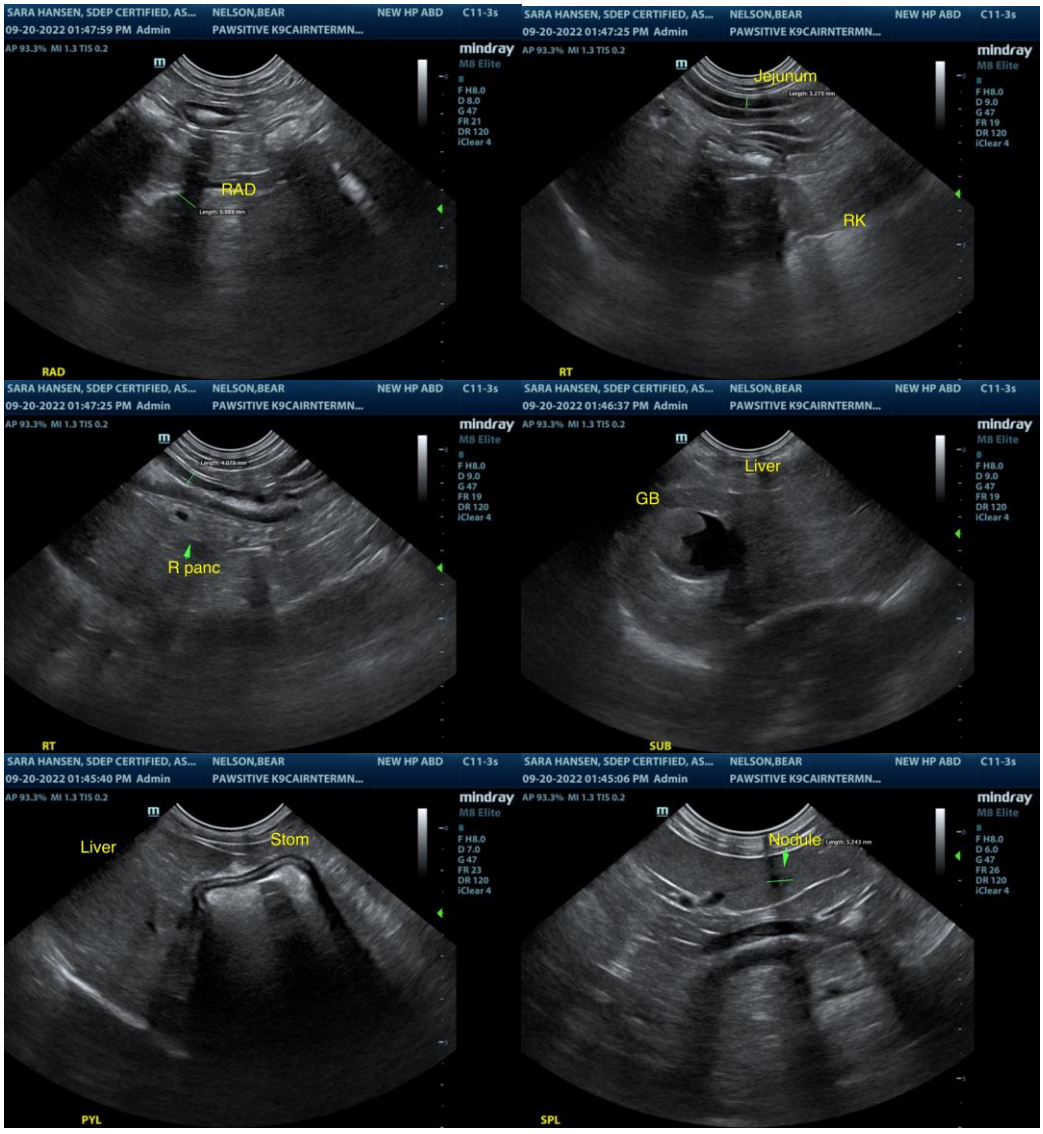
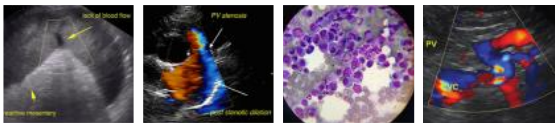
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the splenic nodule, as well as hepatosupportive medications and reassessment of hepatic enzymes, would be reasonable. Concurrent hepatosplenic FNA cytology could be considered if evidence of progressive splenic nodular changes or increasing hepatic enzyme levels.

Dietary intolerance / food allergy, dysbiosis, IBD, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, may be possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a hydrolyzed diet trial with continued high colony count probiotics such as Proviable and assessment of gastrointestinal response is recommended.





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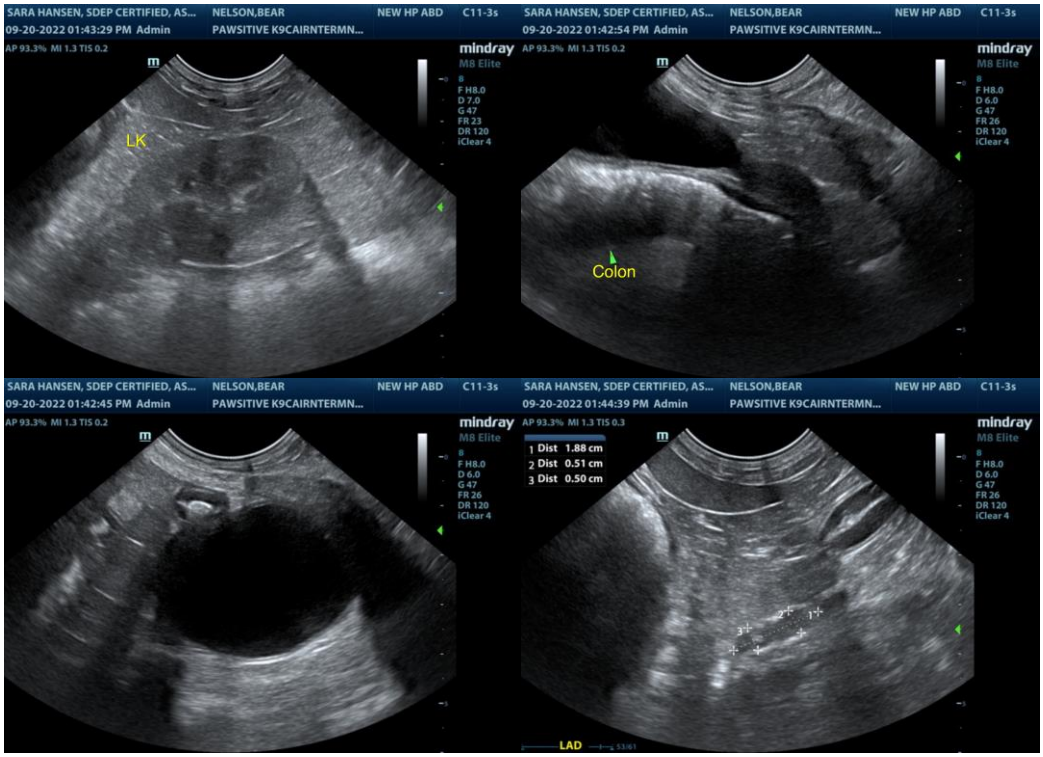

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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