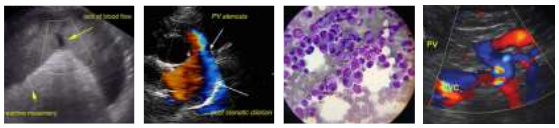

PATIENT
Dutchess Nightingale

SPECIES
Canine

BREED
German Shepherd

SEX
Spayed Female

AGE
14 years

WEIGHT
55 lbs

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
VCA Salem AH

REFERRING VET
Dr. Reed

INVOICE
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DATE
9/21/21

PRESENTING CLINICAL SIGNS

Assessed 9/14/21 for chronic vomiting (now twice weekly, historically several times weekly/daily), progressive weight loss (10 lb over the past year) in spite of increased caloric intake, and vulvar intertrigo. Vomiting decreased with freezing cyclosporine capsules and increased feeding amounts, mostly bile but occasionally undigested food; does not consistently have active abdominal effort/retching. - Recent PE findings: BCS 2/5 with moderate to severe generalized cachexia, perivulvar/vulvar intertrigo. Nervous and resistant to restraint for palpation and examination of caudal half of body. Yelped with caudal abdominal palpation. Likely will need muzzle and sedation (rx'd trazodone for AUS, discussed additional sedation may be needed). - Hx Symmetric Lupoid Onchodystrophy and chronic urinary incontinence/UMSI. Multi-drug resistant vulvar intertrigo assessed at vet dermatologist in August (see report). Likely arthritic. Current Medications Incurin 0.5 mg PO q24h, Ketoconazole 200 mg PO q48h, Atopica 100 mg PO q48h, Galliprant 60 mg PO q24h, Marbofloxacin 75 mg PO q24h, Cerenia 40 mg PO q24h, Trazodone 150-200 mg PO to be given night prior and 2 hours before next appt
Abnormal PE/Chem/CBC/UA Results: Last performed in August at Skin Vet Clinic - unremarkable. Emailed separately.

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 subjective normal structure and overall 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.

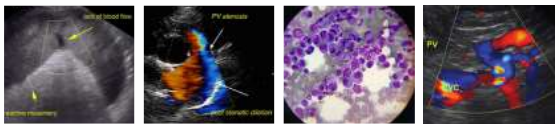
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.5 cm length x 0.92 width in the caudal pole. The right adrenal gland measured 1.9 cm length x 0.55 width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence



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of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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. Mild lobar biliary tree mineral was present primarily in the mid to right liver in the area of the gallbladder. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with non-thickened hyperechoic walls. Anechoic content was primarily in the gallbladder with mild mineral was present. The proximal common bile duct was mildly distended containing anechoic content and focal nonobstructive mineral.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension was present. Moderate retained anechoic fluid was present in the stomach with mild mucus and chyme. The gastric body wall width measured up to 1.2 cm in width.

The small intestine presented segmental to generalized ileus exhibiting intact and subjective normal wall layering without overt evidence of obstructive pathology such as intestinal masses, foreign material, intussusception, or other. The duodenum wall width measured 0.46 cm. The jejunum wall width measured 0.40 cm.

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

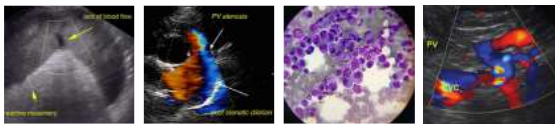
Free Abdomen

Subtle reactive peri gastrointestinal reactive mesentery was present. No evidence of concurrent lymphadenopathy or effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic gastroenteropathy with gastric and segmental to generalized small bowel ileus - chronic IBD, dysbiosis / alterations in gastrointestinal flora given the breed, other inflammatory gastroenteropathy probable, minor potential for infiltrative gastroenteropathy possible, yet considered less likely



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- Mild lobar biliary tree mineralization - likely incidental
- Probable mild chronic cholecystitis with nonobstructive gallbladder and proximal common bile duct mineral

Secondary Findings

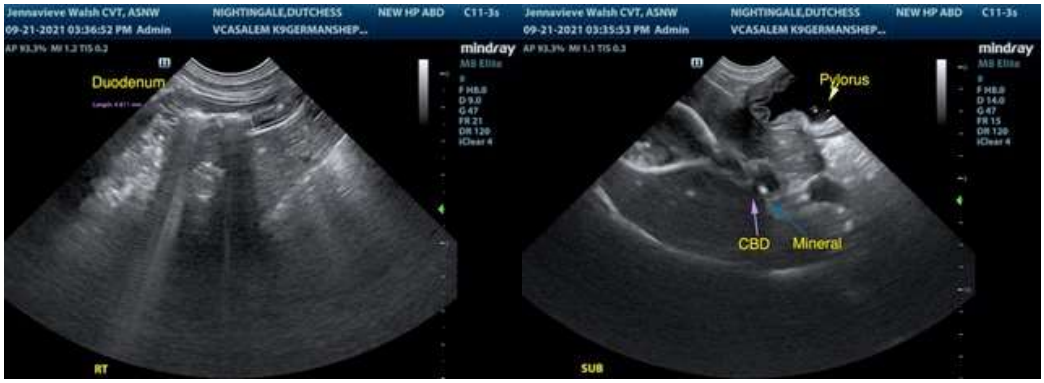
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. 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 (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

A resting cortisol level may be considered to rule out occult Addison's Disease, yet considered unlikely given the normal appearance of the bilateral adrenal glands.

The gallbladder, common bile duct, and biliary tree mineral are likely incidental given the lack of hepatic enzyme elevations or cholestasis. Continued monitoring for evidence of cholestasis would be appropriate +/- Ursodiol.



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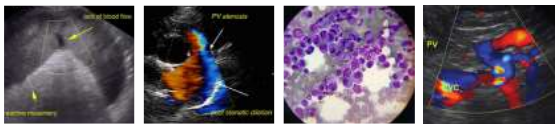

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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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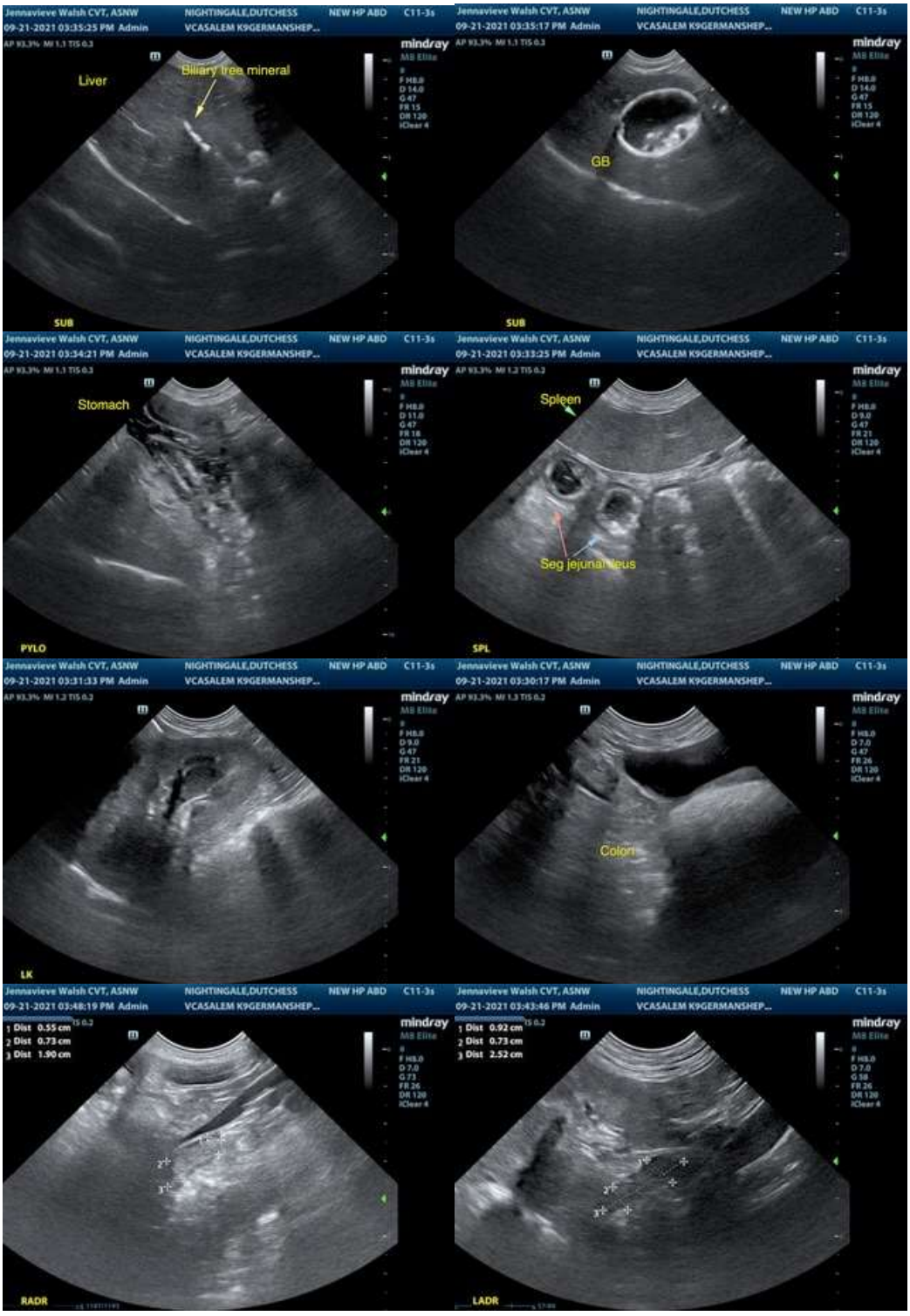
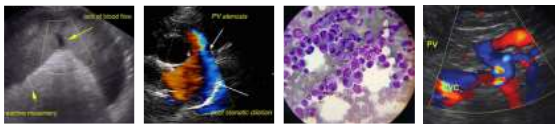


The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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