



PATIENT

Patch Heim

SPECIES

Canine

BREED

Mixed

SEX

Male Neutered

AGE

11 years

WEIGHT

63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

14981

DATE

9-27-22

PRESENTING CLINICAL SIGNS

This is a one year follow up. SonoPath read the previous images Sept. 11, 2021. Patient was been exhibiting pica with ingestion of dirt, litter, feces. He is on Purina HA hydrolyzed diet which seems to have helped some but incompletely.

Abnormal PE/Chem/CBC/UA Results: Spec cpl is modestly elevated at 390 (0-200), cobalamin wnl at 548 (284-836), folate elevated at >24 (0-19). CBC, chems, T4, ua wnl.

A partial study was submitted without definitive visualization of the entire liver, gallbladder, right kidney, right adrenal gland, upper gastrointestinal tract and right pancreas. Please submit additional images of these organs or complete study for further assessment if clinically indicated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 left kidney. 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. Subjective pinpoint to minor medullary mineral was noted in the left kidney. The left kidney measured 5.3 cm in length. The right kidney was not definitively visualized.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

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 visualized portions of the liver were sonographically normal exhibiting normal overt hepatic size, symmetrical contour, and normal uniform parenchyma echogenicity.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing ingesta / chyme was present in the gastric lumen without evidence of gastric distention with significant retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.42 cm.

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The visualized segments of small intestine were sonographically normal exhibiting intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestinal wall width measured 0.36 cm.

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

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Pancreas

The left pancreas exhibited normal size and contour with subtle nonhomogeneous to hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Overtly normal gastrointestinal tract
- Mildly heterogeneous to hypoechoic left pancreas - suspect probable low-grade chronic to chronic active pancreatitis
- Mild age-related left kidney

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of structural gastrointestinal pathology. At times, the gastrointestinal sonographic presentation may not always correlate with a history of chronic gastrointestinal signs or PICA. Likewise, although nonspecific, elevated Folate levels may suggest upper small intestinal disease. Endoscopic biopsies would likely be ideal for further assessment and potential definitive diagnosis.

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Empirically, continued hydrolyzed diet with potential diet rotation, which may include novel protein diet, broad spectrum deworming given the patient's history of PICA i.e., Panacur 50mg/kg PO SID for at least 5 consecutive days with potential repeat protocol in 3 weeks (even if fecal testing is negative) and as-needed GI support, would be reasonable.

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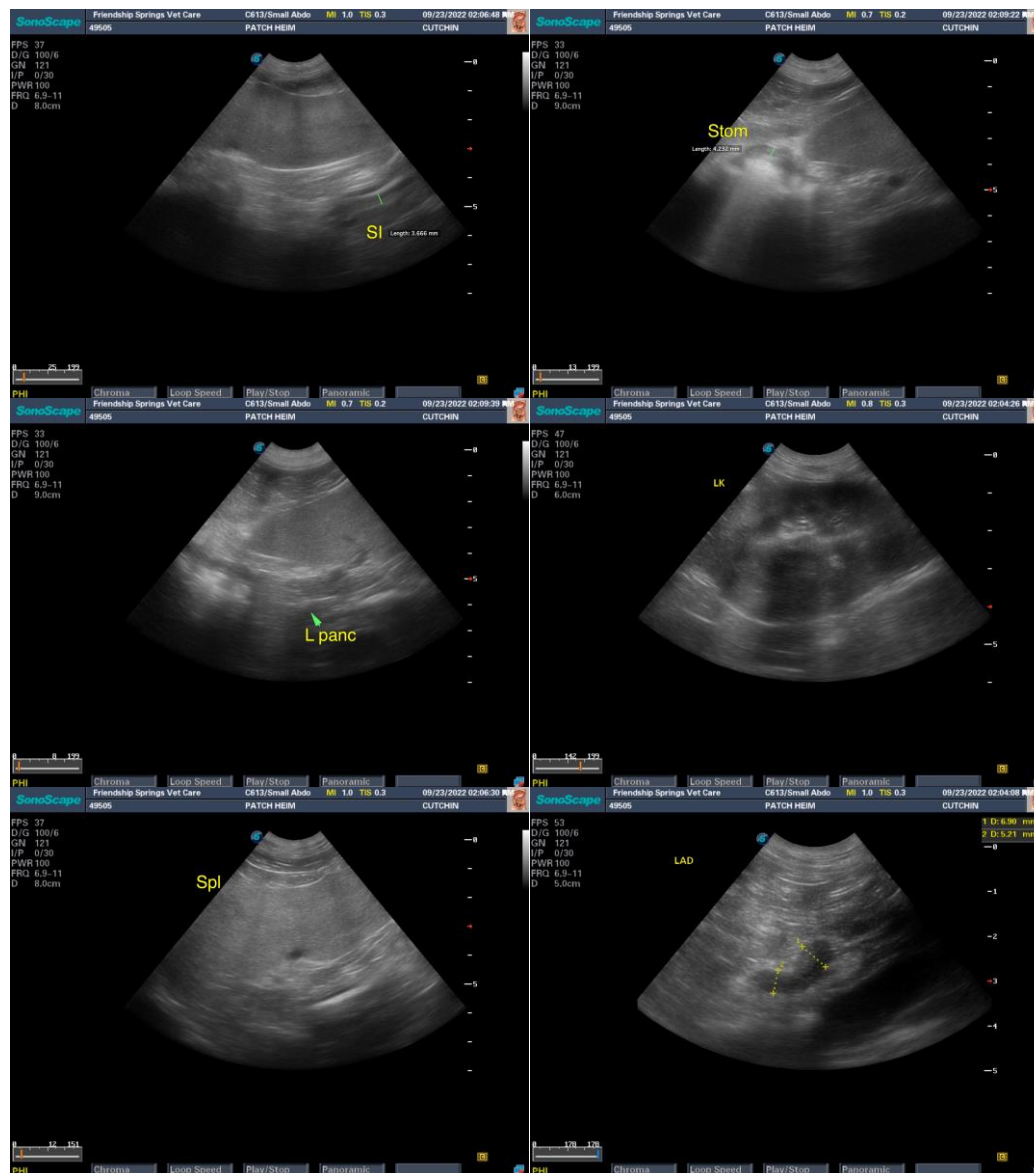
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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