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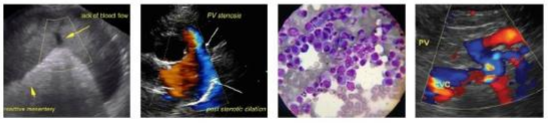

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Kaleo Leonard

SPECIES

Canine

BREED

Lab Mix

SEX

M/N

AGE

8 years

WEIGHT

65 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

17198

DATE

9/8/22

PRESENTING CLINICAL SIGNS

-Light sedation dex/torb- Saturday pt ate cat food while on a walk, pt started having liquid bloody diarrhea. O gave immodium 4mg Sunday night. O fed pt a bland diet and started vomiting Monday and has not resolved. Pt is on gabapentin for pain. Last night RR were between 60-70bpm. Yesterday pt is having dark bloody diarrhea, pt appears confused per o. O found a poss tumor on gums today. Abnormal PE/Chem/CBC/UA Results: LABs attached- BAR on appearance. Labs: WBC 11.2 with mild lymphopenia, Hematocrit 68.7, platelet 34, total protein 5.2, albumin 3.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No overt pathology noted in the area of the residual prostate.

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 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 6.8 cm in length. The right kidney measured 6.4 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 0.55 cm width at the caudal pole and 0.92 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 0.59 cm width at the caudal pole and 0.75 cm width at the cranial 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. The cystic and common bile ducts were normal.

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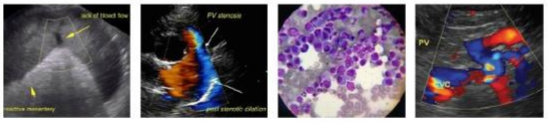

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. No evidence of gastric distention with retained ingesta, fluid or foreign material. Mild luminal gas was present. The ventral gastric body wall measured 0.34 cm.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Segmental propensity for mildly prominent to mildly hyperechoic jejunal submucosa layer. No evidence of small intestinal mechanical/metabolic ileus. The duodenum wall measured 0.40 cm. The jejunum wall measured 0.25 cm.

No overt pathology at the level of the ileocolic junction. The cecum and proximal colon, extending into the transverse colon exhibited mild to moderate dilation, containing non-formed to liquid variably echogenic fecal matter. The visualized descending to distal colon was primarily empty, exhibiting intact to mildly prominent wall layering.

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

Intermittent, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measured 2.5 cm x 0.51 cm. No free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable stomach, containing mild luminal gas
- Intact small bowel walls, exhibiting subjective propensity for mildly prominent to echogenic jejunal submucosa layer
- Colitis pattern, potential for typhlitis
- Associated mild subjective benign/reactive mesenteric and medial iliac lymphadenopathy-probable secondary reactive hyperplasia or lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, occult parasitism, dysbiosis, enterocolictoxic insult, inflammatory bowel disease, infectious gastroenterocolitis, or less likely infiltrative neoplasia are all potentials. Empirical therapy for acute enterocolitis/typhlitis or acute hemorrhagic diarrhea syndrome with as needed gastrointestinal support, potential 24-hour hospitalization with IV fluids, given evidence of dehydration, broad spectrum deworming, even if fecal testing is negative, bland to hydrolyzed diet trial, high colony count probiotics (such as Proviable), +/- as needed antibiotics, should prove beneficial. If persistent to recurrent gastrointestinal signs, a GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level could be considered.

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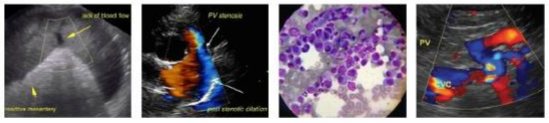

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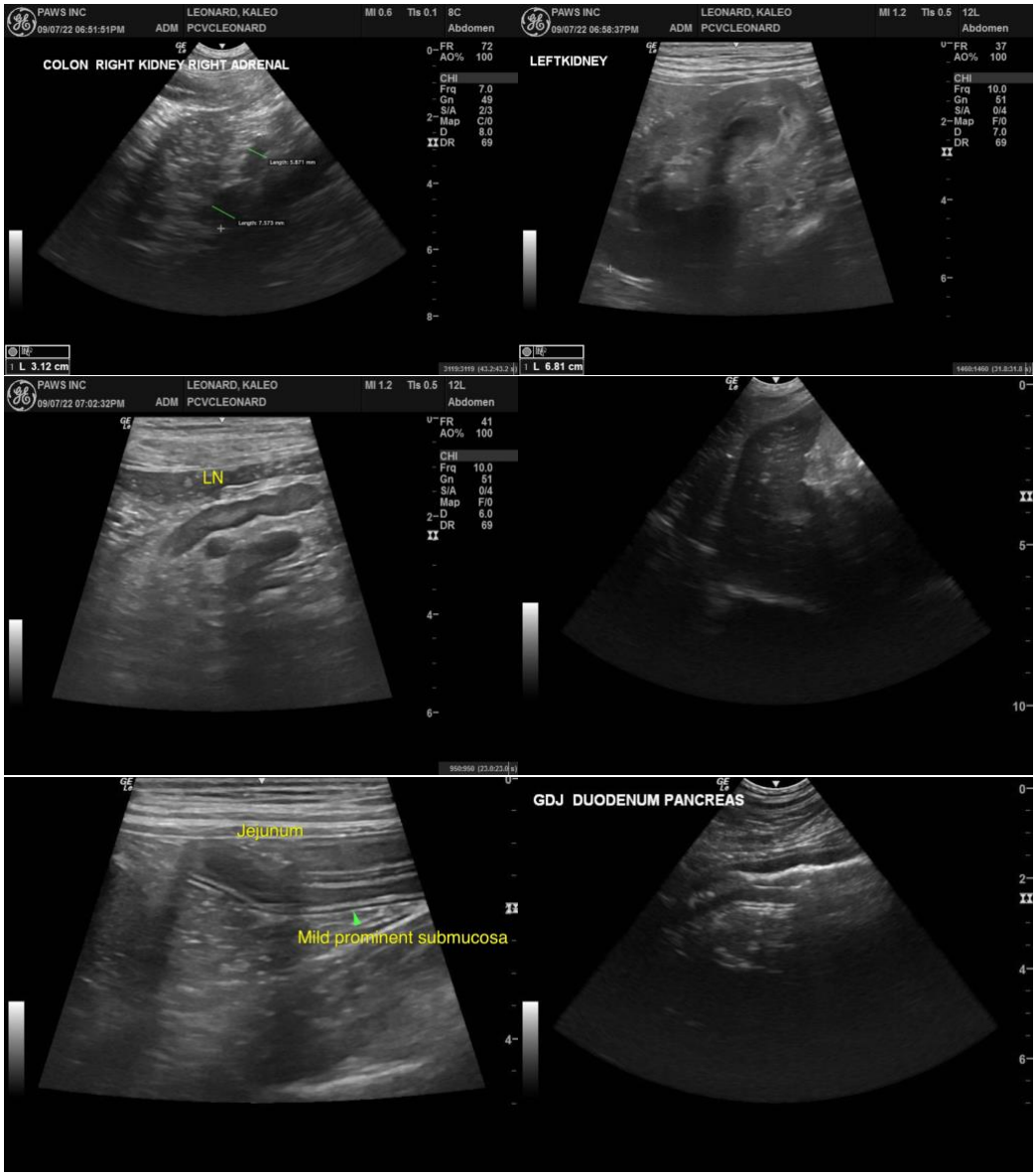

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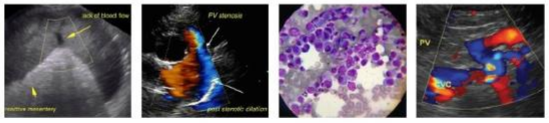

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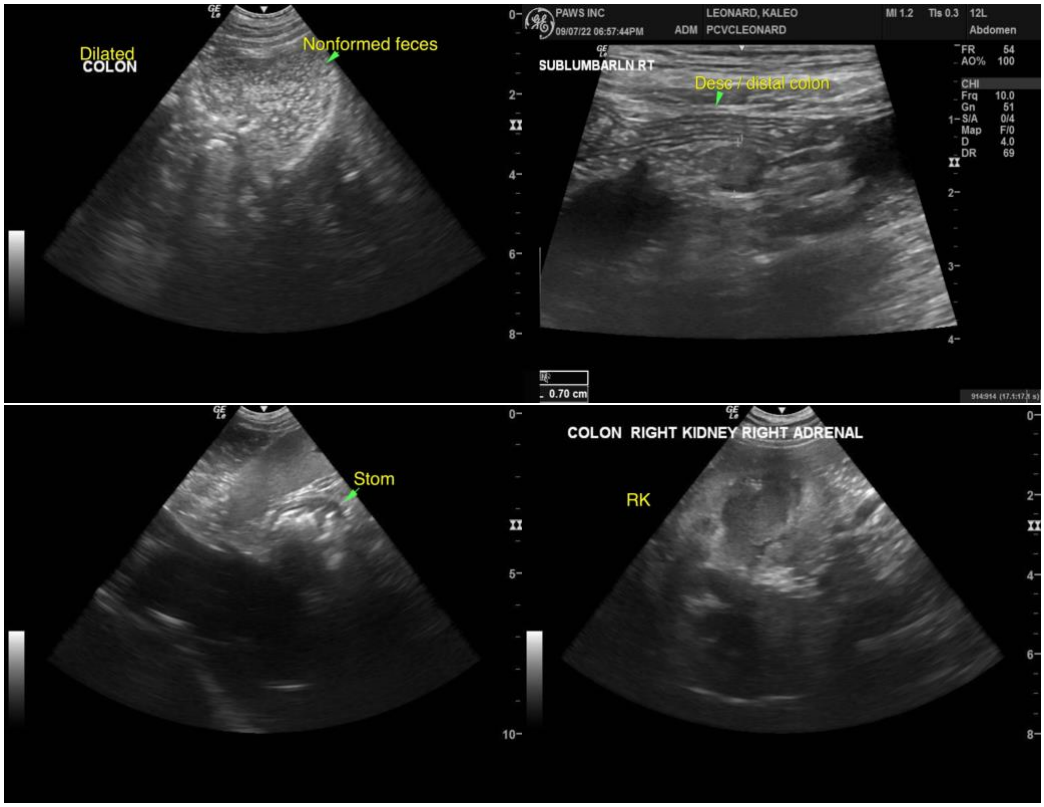

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com