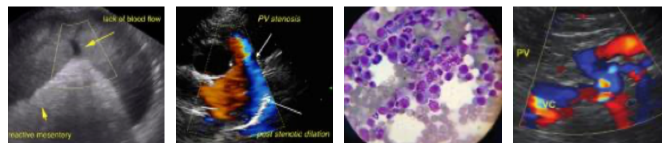


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Kit Aanden

SPECIES
Canine

BREED
Blue Heeler

SEX
Female, spayed

AGE
6 Yrs.

WEIGHT
37.2 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Krell

HOSPITAL NAME
Paws and Prairie AC

REFERRING VET
Dr. Krell

INVOICE
14477

DATE
1/18/23

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea/loose stools. Diagnosed with Anaplasmosis in October 2022, treated with Doxycycline, no long term improvement. Weight loss noted since then. Still eating, drinking. pDVM tried dewormer recently, but no change in the stool. Chemistry profiles from pDVM relatively unremarkable.
Abnormal PE/Chem/CBC/UA Results: PE: THIN BCS, 3/9. Exam ownl. Patient passed notable amount of diarrhea in kennel, cowpie/light tan, some "chunks of food". Fecal cytology: increased rods:cocci. Fecal float: negative for ova/cysts Texas GI panel: pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (5.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm at cranial pole) (0.53 cm at caudal pole) (2.82 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.62 cm at cranial pole) (0.52 cm at caudal pole) (2.89 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

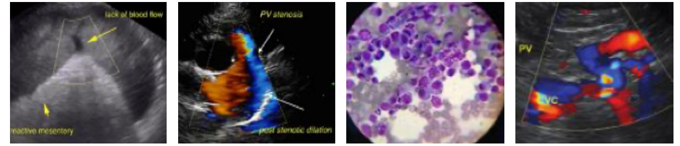
Spleen

The spleen is normal in size (1.65 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains soft appearing fecal material. No obvious obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is suspected. 1-2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.27 cm in length.

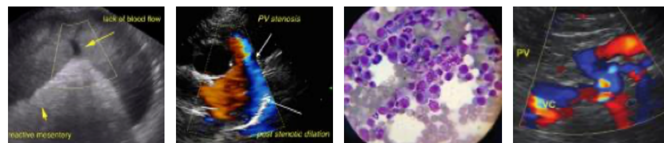
ULTRASONOGRAPHIC FINDINGS

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Questionable trace ascites.

*An obvious cause for the chronic diarrhea is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal PCR infectious disease panel.
- A resting cortisol level is recommended to screen for atypical hypoadrenocorticism.
- Consider transitioning to a prescription limited antigen or hydrolyzed protein diet to further assess for food allergies.
- Also consider empirical treatment for small intestinal bacterial overgrowth with a 2-4 week course of Tylosin as well as initiation of a probiotic and fiber supplement (i.e., Metamucil or Konsyl).
- Ultimately, GI biopsies may be necessary to get a definitive diagnosis.



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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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com