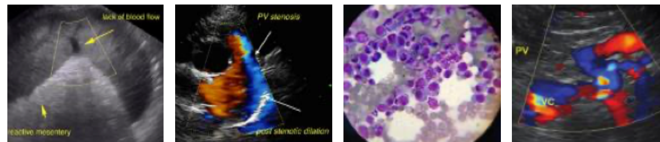
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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PATIENT

Drogo Ahlowalia

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

3 years

WEIGHT

108 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr Maniar

INVOICE

12430

DATE

3.16.23

PRESENTING CLINICAL SIGNS

History: Having soft stool, and intermittent diarrhea even on Metro and Tylan

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 anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (7.92 cm in length) with a normal shape, architecture and 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 in size (7.10 cm in length) with a normal shape, architecture and 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 in size (0.49 cm at cranial pole) (0.57 cm at caudal pole) (2.14 cm in length) with a normal shape and 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 in normal size (1.49 cm at cranial pole) (0.81 cm at caudal pole) (3.79 cm in length) with a normal shape and 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 (1.90 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 not dilated. 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. There is no evidence of an obstructive pattern.

Pancreas
In the region of the left limb, the pancreas is largely isoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. (See also “Free Abdomen”).

Free Abdomen
The mesentery in the region of the right cranial quadrant/right limb of the pancreas is hyperechoic. There is no obvious evidence of free fluid. There is no evidence of inflammation or effusion. A 1.48 cm mesenteric lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Findings

- Mild focal peritonitis in the right cranial quadrant, the cause of which is unclear. It may be secondary to gastroenteritis, mild pancreatitis, other.

- The prominent mesenteric lymph node is likely reactive, with a lower possibility of emerging neoplasia.

  *An obvious cause for the patient’s clinical signs is not definitively identified in this study. Differentials include microscopic gastrointestinal disease (i.e., infectious/parasitic disease, food allergy/intolerance, dietary indiscretion, inflammatory bowel disease), mild pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 is recommended (if not already performed).

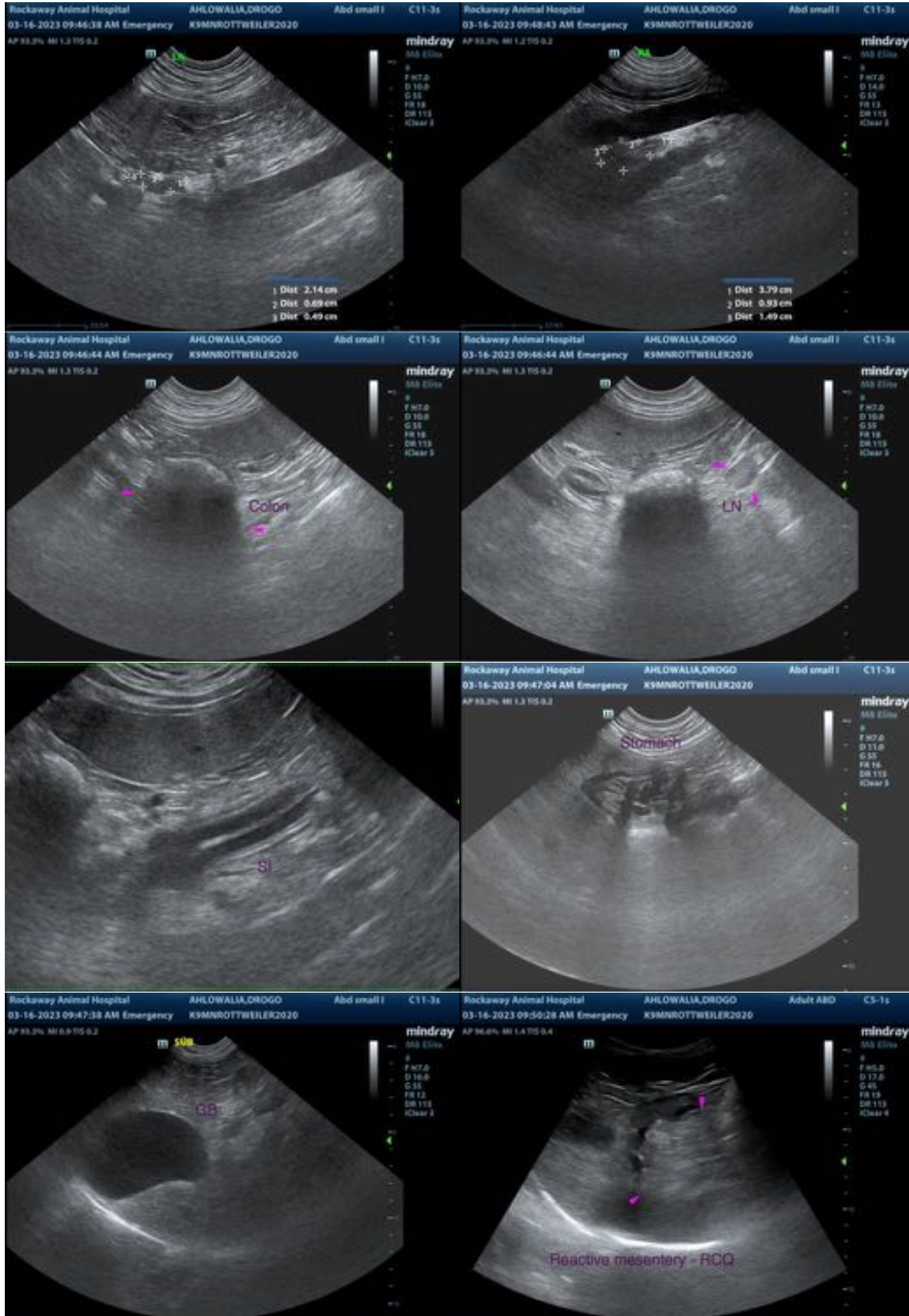
- A fecal evaluation for ova and Giardia should also be considered, along with prophylactic deworming with Fenbendazole.

- Also consider a fecal PCR infectious disease panel.

- Consider transitioning to a prescription hypoallergenic or hydrolyzed protein diet.

- Initiation of a probiotic +/- fiber supplement may also be beneficial.

- Other diagnostic considerations include a malabsorption panel (i.e., serum cobalamin and folate, TLI and PLI), resting cortisol level, +/- endoscopic or surgical GI biopsies.



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