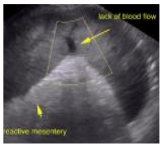
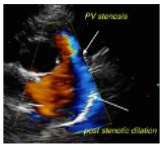
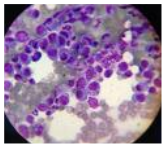
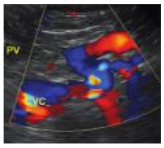
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Felix Jones

SPECIES

Canine

BREED

Britanny Spaniel

SEX

Intact Male

AGE

10 years

WEIGHT

39.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Williamette VH

REFERRING VET

Dr. Couser

INVOICE

10885

DATE

5/12/22

PRESENTING CLINICAL SIGNS

History: Transfer from rDVM for ongoing care for hemorrhagic diarrhea of approx 1 week duration. No FB, toxin, or new diet ingestion/exposure.
Abnormal PE/Chem/CBC/UA Results: 5/11/22 Blood work @ rDVM: CBC : HCT 20.4%, Retic 261k, WBC 12.98k, PLT 472k, rest wnl. Chem: Chol 106, Cl 108, rest wnl. TBIL <0.1, Alb 2.7. 5/11/22 @ Wilvet: PCV 22%, TS 6.1 g/dl Lytes all wnl. ALB 2.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 the visible portion of the proximal urethra are normal.

The prostate is enlarged (5.04 cm in width) with a relatively normal shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogenous in appearance. A few, small cystic areas are present within the parenchyma. The proximal urethra is not overtly dilated.

The left kidney presented normal size (6.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.64 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of 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 (0.61 cm at cranial pole) (0.54 cm at caudal pole); 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 region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (1.23 cm in width at the level of the hilus) with a normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

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.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta and soft, shadowing material. 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 and gas. 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. No obstructive or overt infiltrative disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric lumina contents may represent ingesta and/or foreign material (i.e., grass, cloth). It does not appear obstructive at the time of the study.
- *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include dietary indiscretion, hemorrhagic gastroenteritis, food allergy/intolerance, underlying metabolic issue (i.e., hypoadrenocorticism), other.

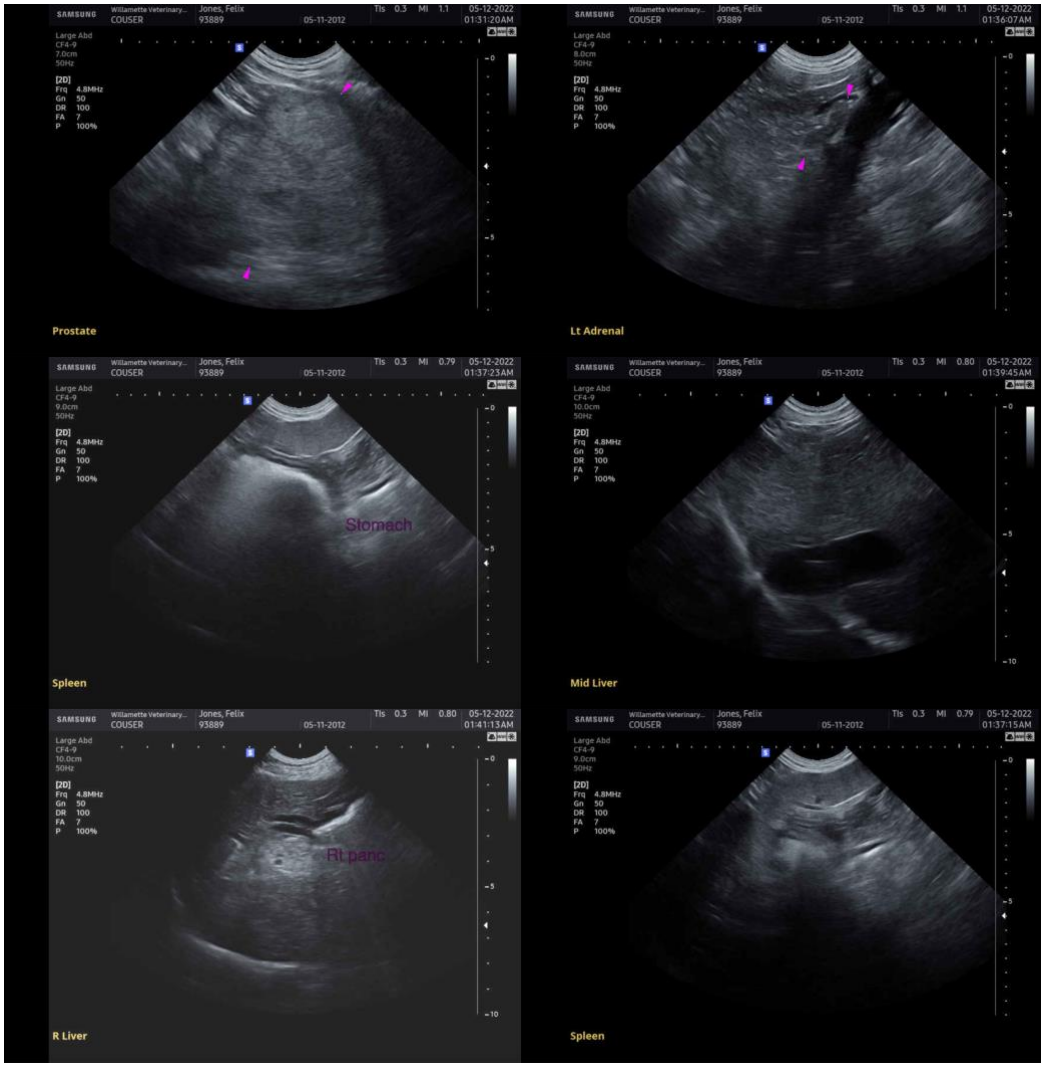
Secondary Findings

- Minor, age-related renal and hepatic changes
- The prostate changes are most consistent with benign prostatic hypertrophy with a few, small parenchymal cysts. Bacterial prostatitis is possible but considered less likely in the absence of lower urinary tract signs.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- Consider a fecal PCR infectious disease panel

- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Consider initiation of a probiotic with a high colony count (i.e., Proviable Forte or Visbiome).
- If the patient's clinical signs do not improve within 48-72 hours of supportive care and the above diagnostics are inconclusive, consider further GI work-up (i.e., malabsorption panel, gastrointestinal 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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com