

PATIENT PRESENTING CLINICAL SIGNS

Tillie Grosse

Clinical Exam Findings: PE WNL. P has a history of chronic intermittent diarrhea. She has improved on HP diet but still has diarrhea several times per week. Patient also has intermittent episodes of vomiting where she will vomit 6-7 times, sometimes with blood at the end. Also has blood in the stool occasionally. Previous bloodwork unremarkable. GI panel pending. The diarrhea appears to be responsive to metronidazole.

SPECIES

Canine

BREED

Cavalier KC Spaniel

Abnormal lab-work values: BW WNL. Fecal Negative.
Current Medications: RC HP, metronidazole, Endosorb PRN, Probiotics

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female Spayed

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2-3 cm, are normal.

AGE

9/23/23

The left kidney is normal in size (4.44 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. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

19.1lbs

The right kidney is normal in size (3.85 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.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal in size (0.33 cm at cranial pole) (0.43 cm at caudal pole) 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.

IMAGING

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The right adrenal gland is normal in size (1.00 cm at cranial pole) (0.43 cm at caudal pole) 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.

HOSPITAL NAME

Park West VA

Spleen

The spleen is normal in size (0.95 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.

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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. The portal vein to caudal vena cava ratio is approximately 1: 1.

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The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

DATE

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Gastrointestinal

The gastric lumen is mildly fluid-distended. The gastric wall and pylorus are normal in thickness with a



PATIENT

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normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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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.

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Lymph Nodes

One- to two prominent medial iliac lymph nodes are visualized (1.17 x 0.37 cm).

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Female Spayed

Free Abdomen

There is no obvious evidence of free fluid.

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Other

The uterine stump is visible (measuring 0.34 cm in width). No obvious pathology is observed.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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19.1lbs

ULTRASONOGRAPHIC FINDINGS

- Minor gastric fluid retention. This could be consistent with recent water consumption or mild gastric ileus.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Consider repeating a minimum database (including a CBC, chemistry panel, urinalysis, and T4).
- Also consider a fecal PCR infectious disease panel when the patient is not receiving Metronidazole.
- Prophylactic deworming with fenbendazole should also be considered.
- Also consider switching to a different elimination diet (i.e., hypoallergenic or hydrolyzed protein).
- Depending on the results of the above diagnostics/therapeutics, along with the results from the GI panel, endoscopic or surgical GI biopsies may be indicated.
- In the meantime, continued symptomatic care, including a probiotic and fiber supplement, is recommended.

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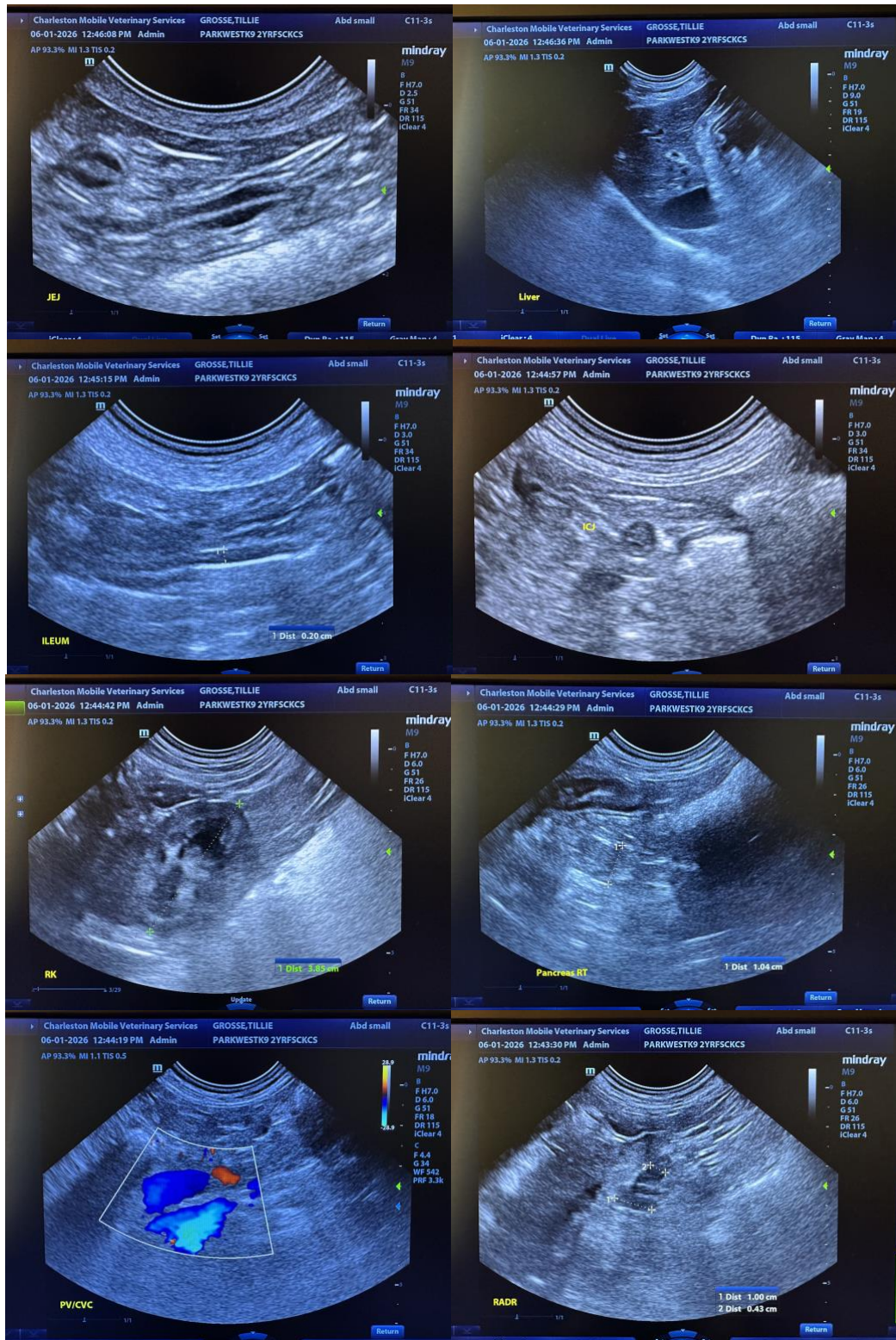
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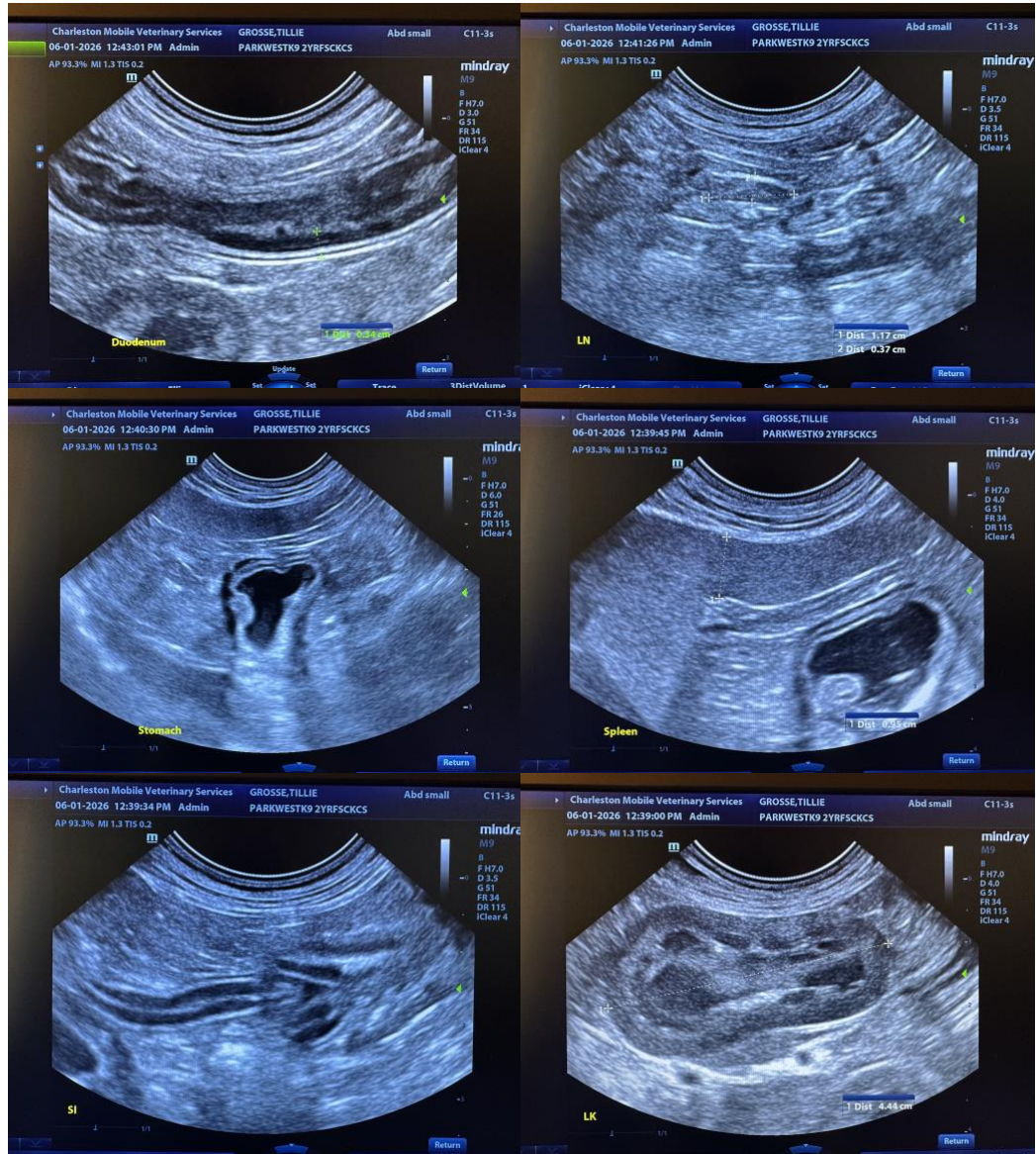
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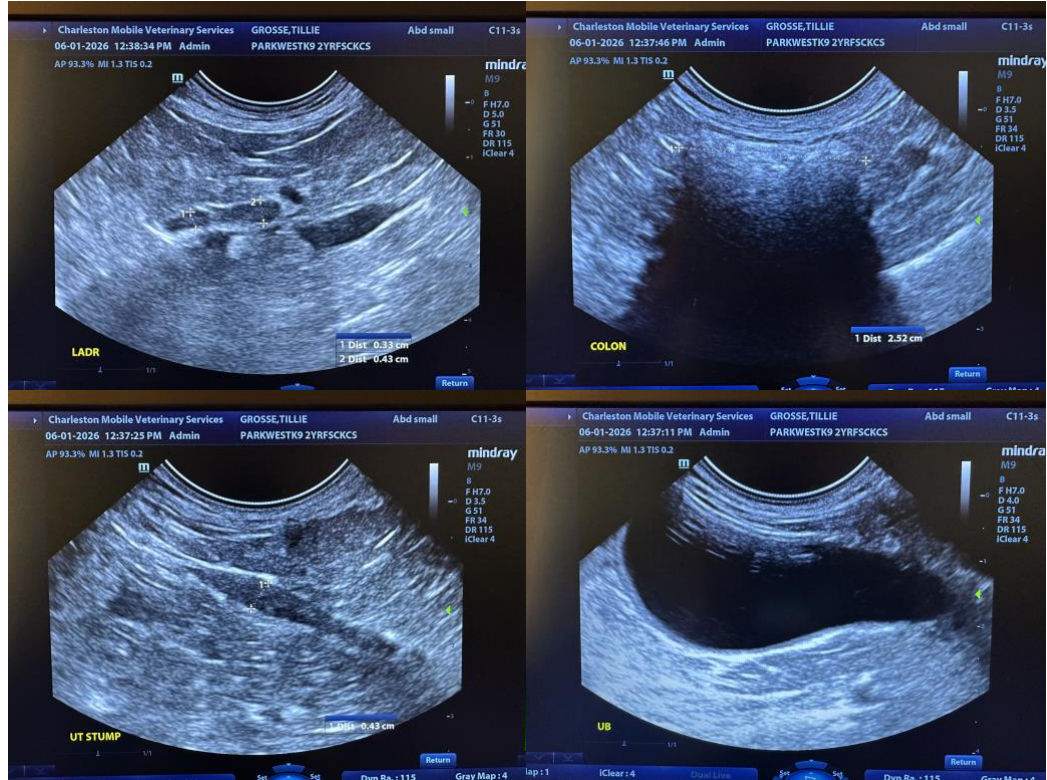
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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