


PATIENT PRESENTING CLINICAL SIGNS

Tipsi Chynoweth

History: Presented for constipation & lethargy. O reports signs began in mid-May (smaller size stools, straining to defecate with little production). Other history= hypothyroid, stifle OA, & urinary incontinence.

SPECIES

Canine

Normal meds include levothyroxine, proin, & carprofen. Sat 6/11/22: Negative fecal & normal anal gland expression at rDVM. Wed 6/14/22: Abdominal rads at rDVM; unremarkable per O. Fri 6/17/22: Enema & senior screen at rDVM. Blood work was all normal aside from elevated TT4 (>10). rDVM told to stop levothyroxine and recheck levels in 1 week. Sat 6/18/22: P vomited once and seems lethargic. Continues to have normal appetite. Primary concern is for increased urgency to defecate, tenesmus, producing only small amounts of formed stools or scant amount of liquid stool.

BREED

German Shepherd Mix

Abnormal PE/Chem/CBC/UA Results: Soft yellow stool on rectal exam. Bilateral stifle OA. Normal temp. Bilateral stifle OA. Rest of exam WNL.

SEX

Spayed Female

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.

AGE

7 years

The left kidney is subjectively normal size 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.

WEIGHT

79 lbs

The right kidney is normal size (7.70 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.65 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.

IMAGING PERFORMED BY

Dr. Couser

The right adrenal gland is normal size (1.24 cm at cranial pole) (0.83 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.

HOSPITAL NAME

Williamette VH

Spleen

The spleen is normal in size (2.02 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.

REFERRING VET

Dr. Cohen

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.

INVOICE

11113

DATE

6/20/22

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 gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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

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

- Unremarkable abdomen.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include infectious/parasitic disease, colonic inflammation, polyp, stricture, tumor, other.

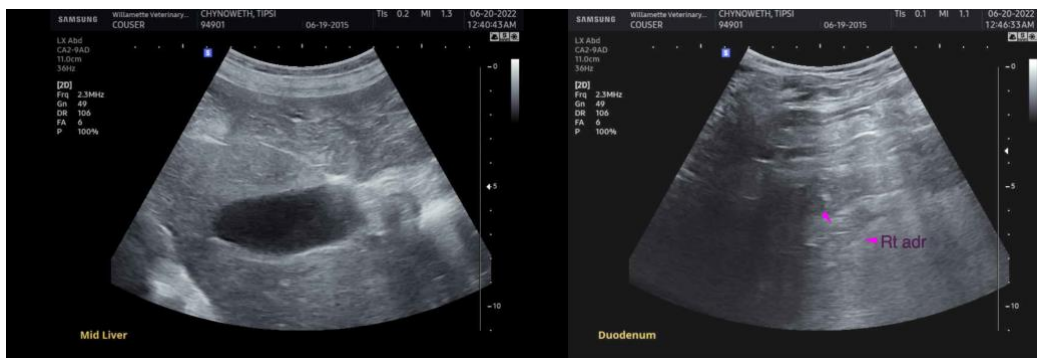
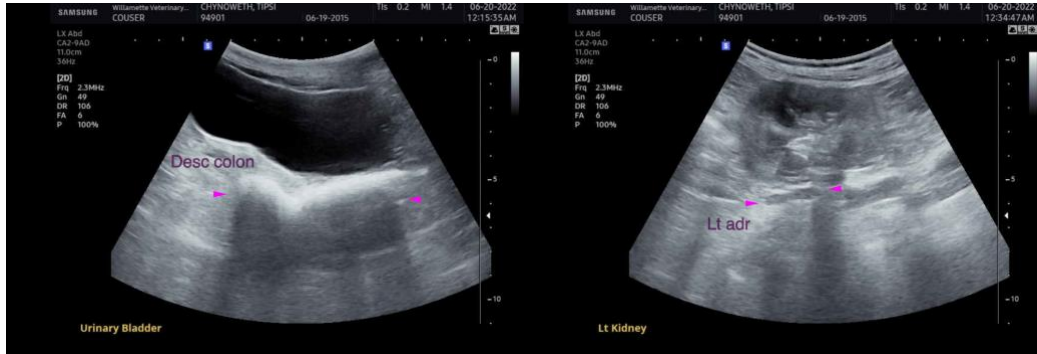
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider prophylactic deworming with fenbendazole despite the negative fecal evaluation.

A thorough rectal examination is also recommended, if not already performed.

Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, to further evaluate for concurrent small intestinal and pancreatic disease.

Ultimately, a colonoscopy +/- upper GI endoscopy may be necessary to get a definitive diagnosis. If pursued, biopsies should also be obtained. Thoracic radiographs are recommended prior to anesthesia.



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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