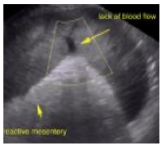
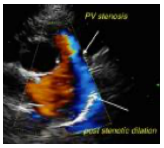
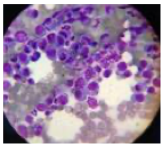
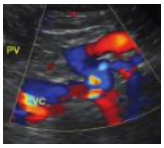
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Huxley Bowman

SPECIES
Canine

BREED
Shepherd Mix

SEX
Neutered Male

AGE
10 years

WEIGHT
55.6 lbs

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

IMAGING PERFORMED BY
Charlie Rodriguez

HOSPITAL NAME
Bethany Family PC

REFERRING VET
Charlie Rodriguez

INVOICE
11273

DATE
7.27.22

PRESENTING CLINICAL SIGNS

History: P presented on 7/6 for 1 month of chronic diarrhea. Weight was stable, no v,c,s. Eating ok sometimes eating more grass. On 7/5 there was some frank blood in the stool. Energy level is normal. Sent home 1 week of metronidazole and FortiFlora which worked to solidify the stool somewhat but, diarrhea never fully resolved. Fecal was negative for parasites. Most of CBC/chem/ua/thyroid/AccuIPex was normal.

Abnormal PE/Chem/CBC/UA Results: ALT 282 (12-118) this on 7/6, today (7/27) it was 99 Triglyceride 360 (29-291) Eosinophils 15% (absolute normal)

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 the visible portion of the proximal urethra are normal.

The **prostate** is not definitively visualized due to its pelvic location.

The **left kidney** is normal size (6.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.53 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 **right adrenal gland** is normal size (0.81 cm at cranial pole) (0.50 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.

Spleen

The **spleen** is normal in size (2.37 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 **gastric lumen** is minimally fluid 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. 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. One to two mesenteric **lymph nodes** are visualized, the largest measuring 1.92 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic), underlying metabolic issue, or mild pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Despite the negative fecal examination, consider prophylactic deworming with fenbendazole

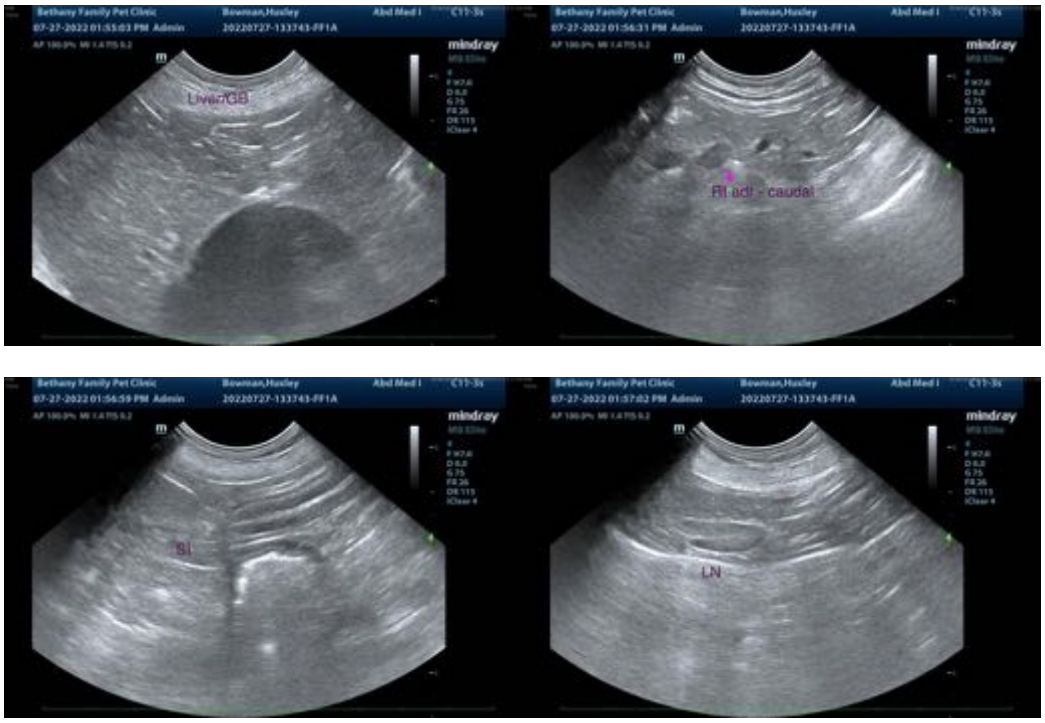
2. Consider a 6-week limited antigen diet trial to assess for food allergies

3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI (Send to Texas A&M).

4. Consider a resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dl, an ACTH stimulation test is recommended.

5. Depending on the results of the above diagnostics, GI biopsies (endoscopic or surgical) may be necessary to get a definitive diagnosis. Thoracic radiographs should be performed prior to anesthesia, given the patient's age.

7. In the meantime, consider empirical treatment for small intestinal bacterial overgrowth (i.e., 4-week course of Tylosin) in lieu of metronidazole. Also consider switching to a probiotic with a high colony count (i.e., Proviable Forte or Visbiome).



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