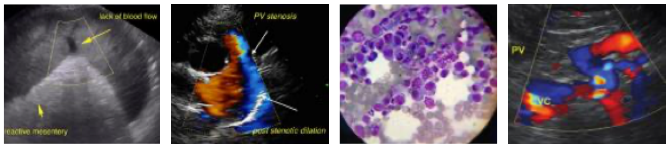
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Max McBride

SPECIES

Canine

BREED

Labrador Retr

SEX

Neutered Male

AGE

1 year

WEIGHT

64.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Lucas Budden

INVOICE

13988

DATE

8.7.23

PRESENTING CLINICAL SIGNS

History: Seen 1/6/23 for diarrhea. Became chronic. Unable to gain weight. No vomiting. Ultrasound to assess for cause of chronic diarrhea and poor weight gain. Current medications: RC HP food, Vitamin B12, folate, and probiotics Butorphanol for imaging

Abnormal PE/Chem/CBC/UA Results:
PE: BCS 4/9, laceration on left hip from daycare, otherwise normal PE Lab work: fecal 5/20/23 giardia positive fecal 5/31/23 negative CBC/Chem 5/18/23 CBC wnl
Chem: SDMA 14.4 (slight increase), normal BUN/CREA, rest of chem wnl GI panel 5/18/23 Cobalamin 412 (under 500 is not ideal), Folate 4.8 (L), PSL and TLI wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (1.06 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.25 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (6.99 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is normal in size (0.54 cm at cranial pole) (0.49 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.

The right adrenal gland is in normal size (0.61 cm at cranial pole) (0.48 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.

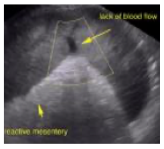
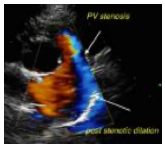
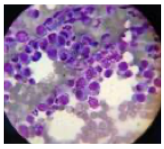
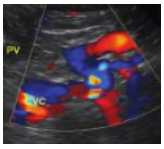
Spleen

The spleen is normal in size (1.44 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. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

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. Mucosal speckling/striations are observed in the proximal duodenal wall. In the remaining small intestinal segments, the wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. The lumen of the descending colon contains granular-appearing fecal material. There is no obvious 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

There is no obvious evidence of free fluid. The medial iliac lymph nodes are visible/prominent (the largest measuring 1.52 x 0.41 cm. The nodes are normal in shape and echogenicity. A 0.60 cm lymph node is also observed in the right cranial quadrant. A few prominent jejunal lymph nodes are visualized (the largest measuring 4.55 x 0.50 cm).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The duodenal wall changes could be consistent with lymphangiectasia, inflammatory bowel disease, or other enteropathy.

Secondary Findings

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A resting cortisol level is recommended to screen for hypoadrenocorticism.
- Consider switching to a different hypoallergenic or hydrolyzed protein diet to further assess for food allergies.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- Consider initiation of fiber supplement (i.e., psyllium) while awaiting test results.

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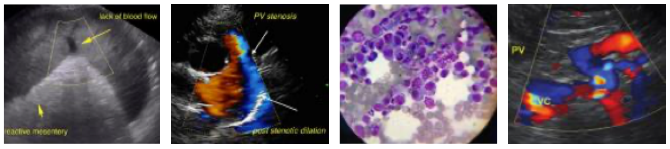

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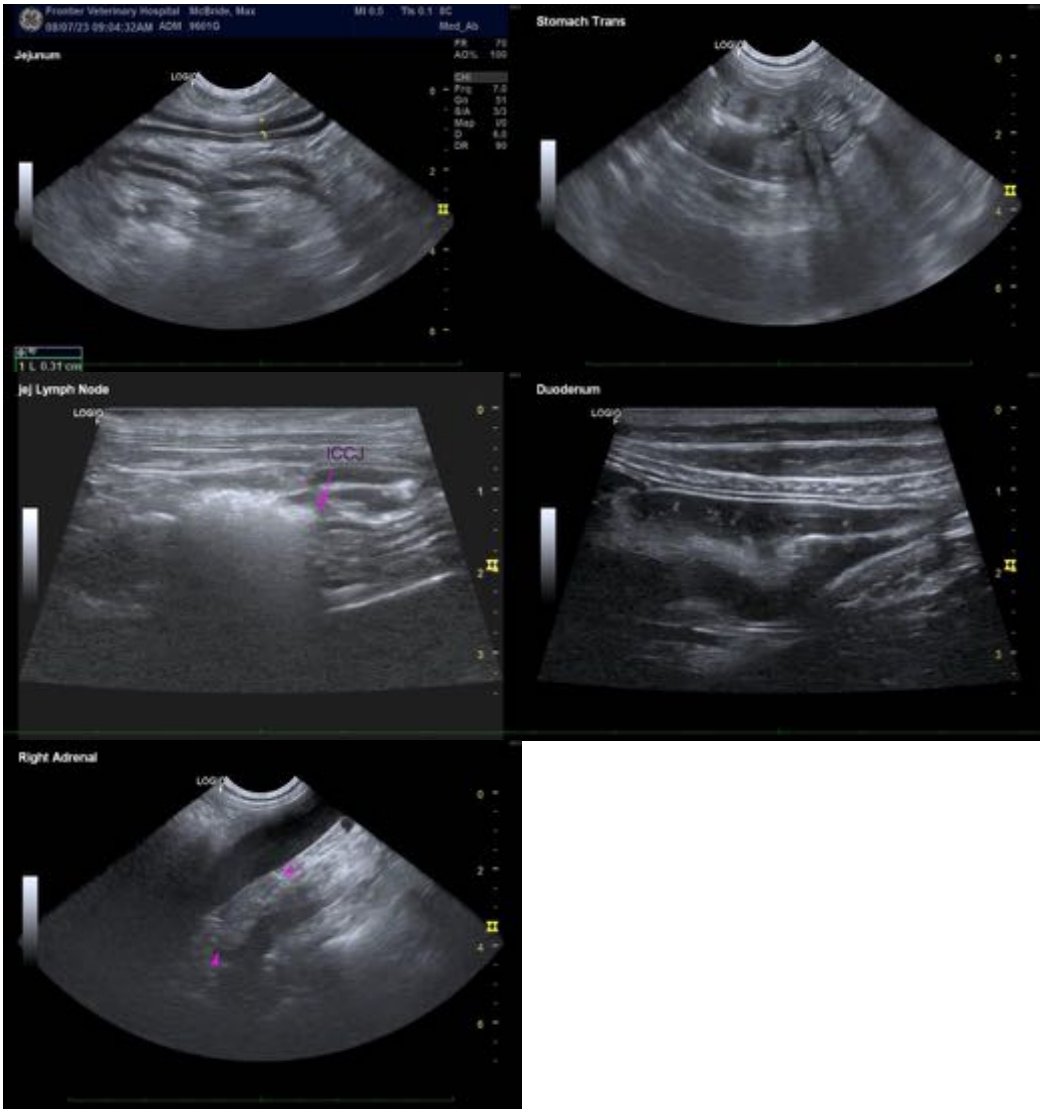

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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