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Clinical Sonography & Telecytology
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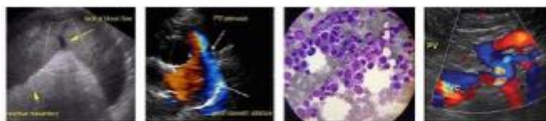


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT
Josephine Tryhorn

SPECIES
Canine

BREED
Doberman mix

SEX
Female, spayed

AGE
8 Yrs.

WEIGHT
48.3 lbs.

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
The Mapels AH

REFERRING VET
Dr. Kazienko

INVOICE
12393

DATE
10/19/21

PRESENTING CLINICAL SIGNS

History: Intermittent diarrhea sometimes with blood in it. Highly anxious. Has been on Metronidazole and Hepato Support.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is contracted. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.35 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.

The right kidney is normal size (5.38 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.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.71 cm at caudal pole) (1.74 cm in length); 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 (1.09 cm at cranial pole) (0.75 cm at caudal pole) (2.21 cm in length); 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

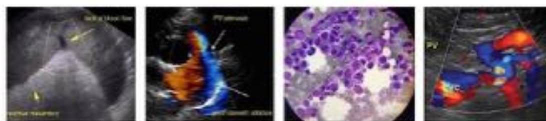
The spleen is normal in size (2.14 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular 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/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are



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not identified. The wall of the descending colon is normal to slightly thickened (up to 0.39 cm) with retention of the normal layering pattern. No obstructive disease is noted.

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

- The hepatic parenchymal changes could be consistent with inflammatory/immune mediated disease, infiltrative neoplasia (less likely), vacuolar hepatopathy, hepatotoxicosis (i.e., copper) or other hepatopathy. Alternatively, this may be a normal variant for this patient. Correlation with the patient's blood work is recommended.
- The mild colonic wall thickening is most consistent with an inflammatory process.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Baseline labwork including a CBC chemistry panel, urinalysis and T4 is recommended if not already performed. Other diagnostic considerations include the following:

1. A fecal evaluation for ova/Giardia
2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
3. GI panel including serum cobalamin, folate, TLI and PLI.
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
5. A 6-week limited antigen diet trial to assess for food allergies
6. Depending on the results of the above diagnostic/therapeutics endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis. Endoscopic biopsies of the colon are safer than surgical biopsies. In addition, colonic mucosal polyps are more readily diagnosed with this diagnostic method.

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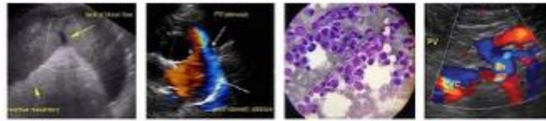

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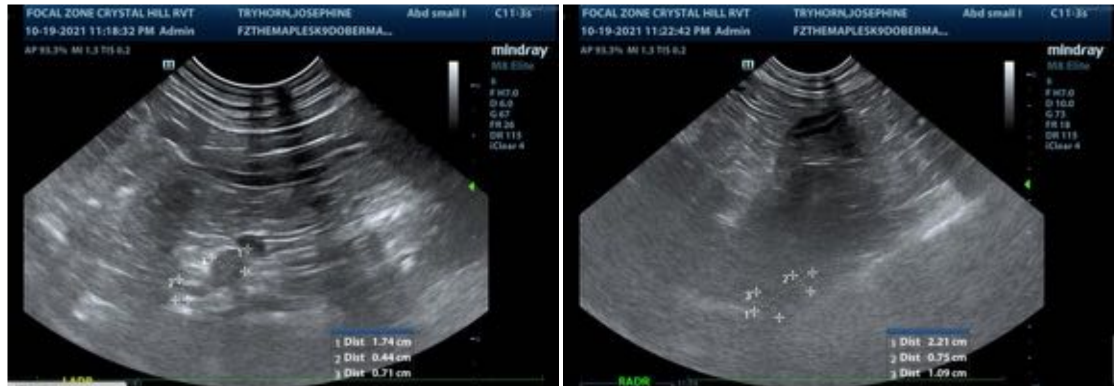

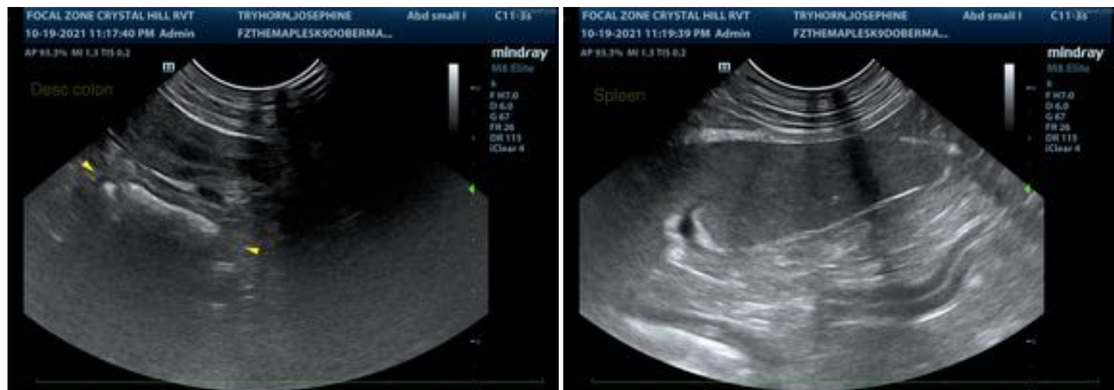

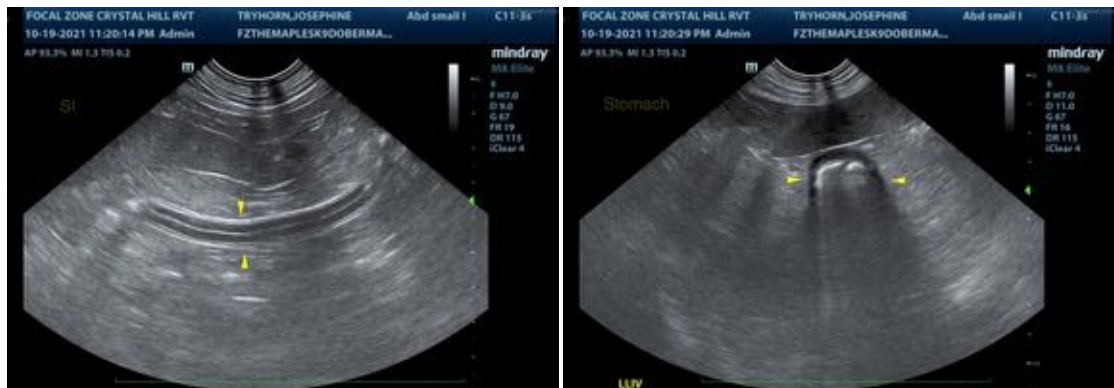

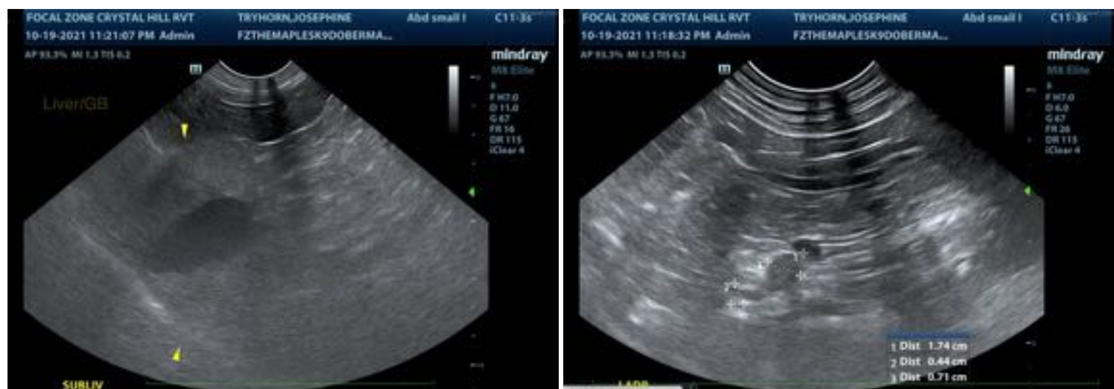

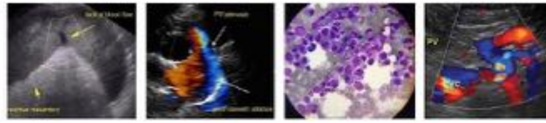

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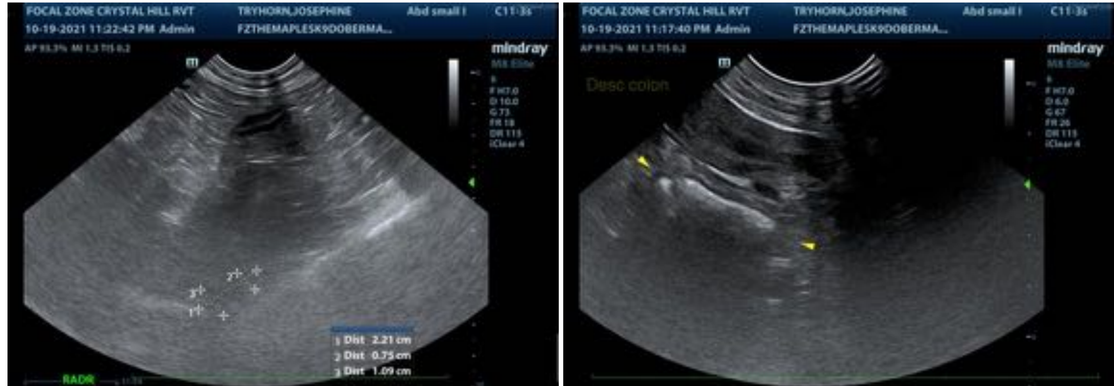

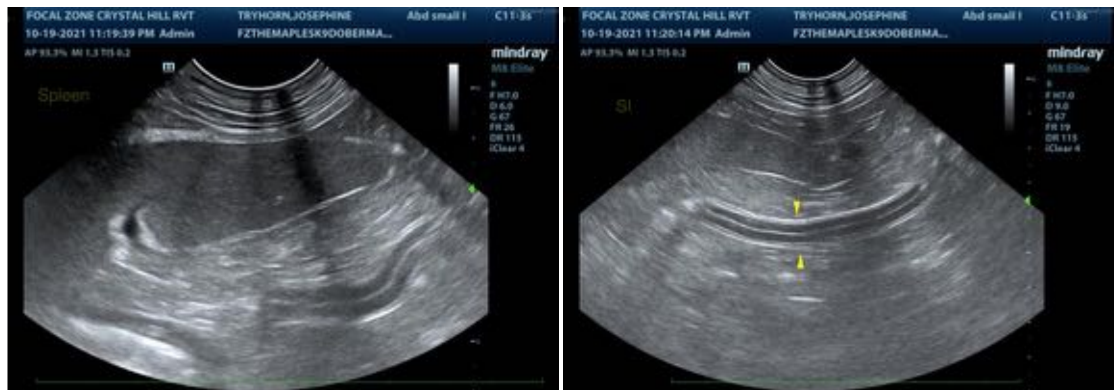

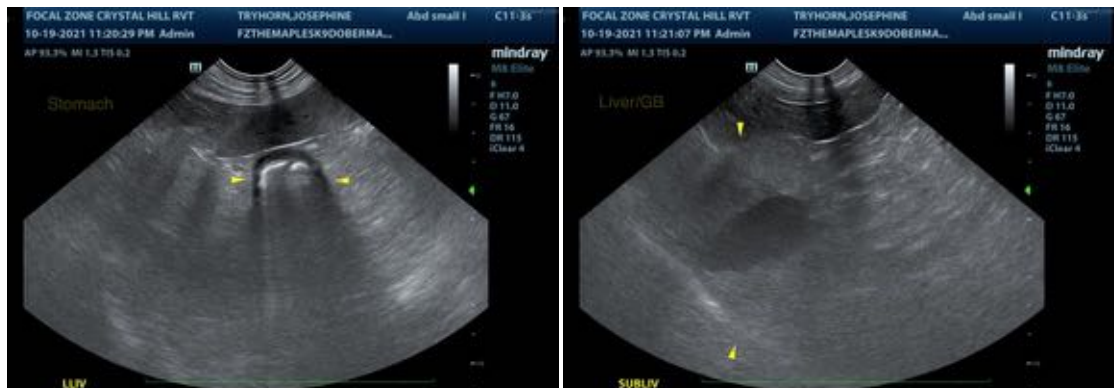

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

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