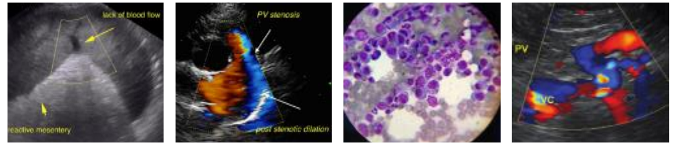
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Deacon Nolan

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

11 Years

WEIGHT

70.6 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. George Cattiny

INVOICE

20731

DATE

1/23/23

PRESENTING CLINICAL SIGNS

History: Patient with history of chronic IBD presents for abdominal ultrasound to rule out lymphatic plasmacytic enteritis vs. IBD flare up, vs. other. Thin body condition, slightly prominent hips and spine. Current meds: metronidazole, budesonide, zonisemide, Tylan powder, and pancreazyme.

Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 1,195, Na/K ratio 39, amylase 287, lymphocytes 416.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Left kidney is normal is size (7.11 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (6.37 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 2.07 cm long x 0.36 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 2.34 cm long x 0.42 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

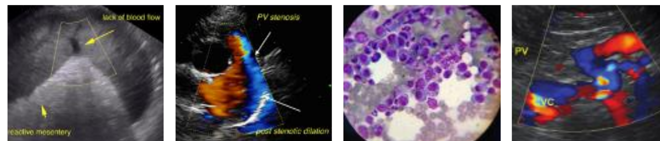
Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. In the left ventral caudal liver, there is a discrete, primarily homogenous, slightly hypoechoic nodule, measuring 2.6 cm x 1.1 cm in size. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

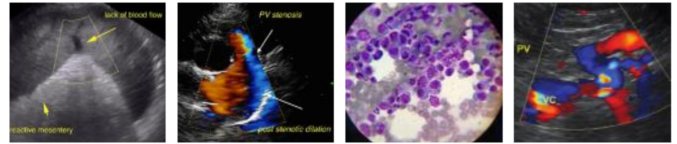
- A discrete hypoechoic liver nodule, trends in appearance toward a benign lesion, as can be seen with nodular hyperplasia vs other. However, infiltrative primary hepatic neoplasia, including hepatocellular carcinoma or infiltrative round cell neoplasia, such as lymphoma, can mimic benign disease and cannot be ruled out without tissue sampling.
- Flat adrenal glands are consistent with this patients steroid history.
- There is no ultrasonographically visible evidence of gastrointestinal disease present in these images at this time, however, pathology may be masked by the treatment currently in place.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients history, further evaluation of the gastrointestinal tract for progressive malabsorption vs a secondary fecal or infectious organism is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function, followed by a fecal exam and fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

A fine needle aspirate of the liver nodule could be considered if patients coagulation status is appropriate, or if a more conservative approach is elected, ultrasound monitoring of the nodule could be pursued alternatively, beginning with a recheck ultrasound of the nodule in 4-6 weeks.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is the addition of a probiotic, either Visbiome or Proviable.



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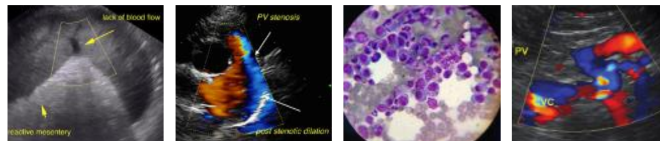

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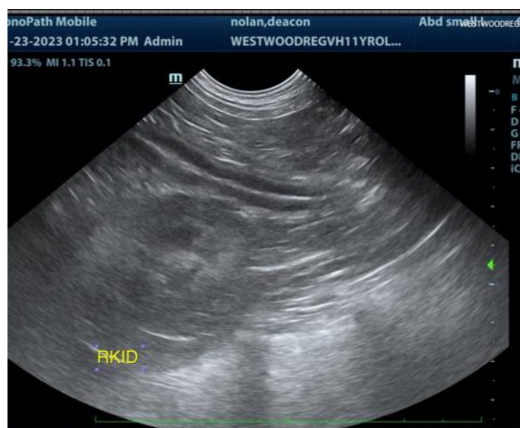

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com