

**DATE PRESENTING CLINICAL SIGNS**

11/29/22 9/8/22 went to AEH for losing weight, not eating, not drinking, soft stool week prior showed fecal positive for Giardia 9/1/22. Vomiting and bloody diarrhea while at AEH continue to have on/off even with negative fecal and meds. Decrease appetite, smelly gas, red covered stool, vomit.

PATIENT

Sandy Bornstein

Current Medications: Diagal- 1 dose, provable SID x 15 days
Panacur Suspension .7 ml PO SID x 5 days, EN diet x 8 weeks; Metronidazole 250 mg 1.5 tab PO x 5 days,
Panacur Granules (based on wt) PO SID x 5 days

SPECIES

Canine

Lab Results: AEH labwork: 9/8/22 :PCV = 37 (37-55), TS= 4.4 (5.0-8.0) TP= (5.2-8.2), ALB= 2.5 (5.2-8.2).
BAVH labwork: 9/18/22 PCV 43.7; 9/19/22 ALB= 3.3 (2.7-4.4)
Date of Previous IntraPet Ultrasound: No previous.

BREED

Mixed

Sedation: IV 0.2-0.3 cc each Torb + Dex Dom

SEX

Spayed Female

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****AGE**

3/17/21

The urinary bladder is moderately 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.

WEIGHT

31.6 Pounds

The right kidney is normal in size (5.16 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM

The left kidney is normal in size (5.01 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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Adrenal Glands

The right adrenal gland is normal in size (3.17 cm long x 0.67 cm at the cranial pole and 0.69 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Bel Air Vet Hospital

The left adrenal gland is normal in size (2.5 cm long x 0.56 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Stevenson

Spleen

The 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.

INVOICE

43022

Liver

The 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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The mesenteric and colonic/sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Reactive mesenteric and colonic/sublumbar lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported clinical signs, reported eosinophilia, and lymphadenopathy, top differentials include parasitic or allergic disease, hypoadrenocorticism or neoplastic disease.

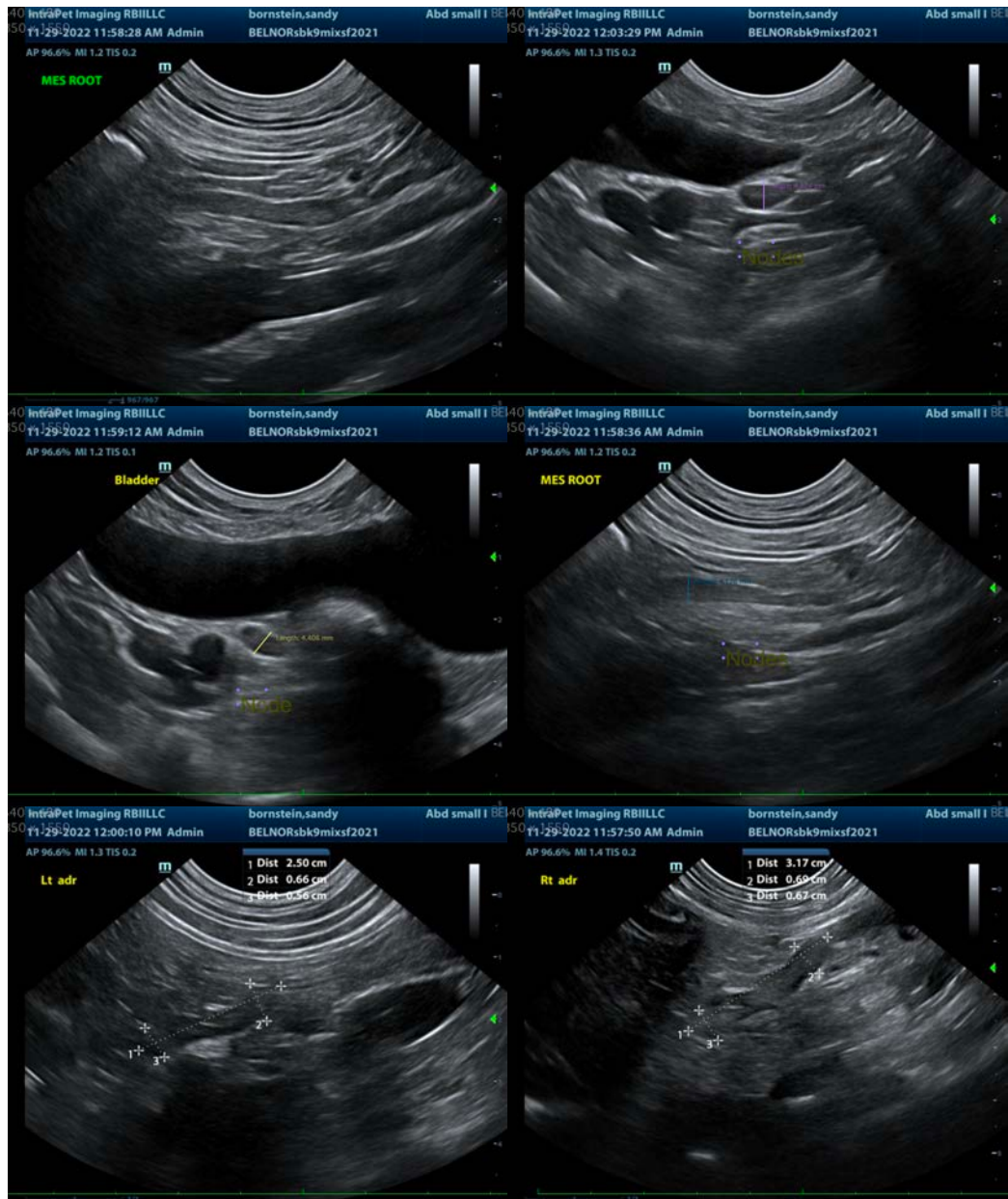
A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

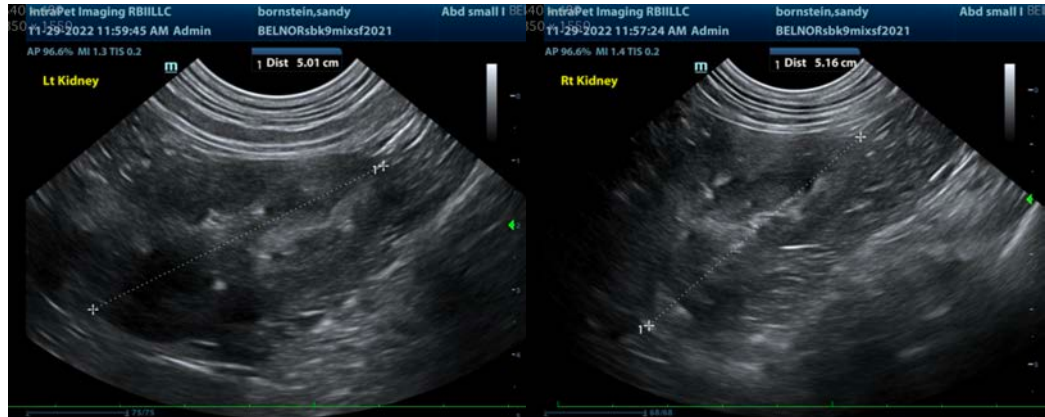
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, while awaiting PCR panel, etc. results, in addition to the deworming that has reportedly already been done, probiotic therapy if not already in place in the forms of Visbiome and/or Proviale as well as diet transition to a hydrolyzed protein diet based on trial and error response (knowing some patients respond to some brands of hydrolyzed diet more than other brands), in case this patient's eosinophilia is due to food allergy, is recommended.

Additionally, a longer term antibiotic such as Tylosin for 6-8 weeks could be tried empirically to treat potential “antibiotic responsive diarrhea”.





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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