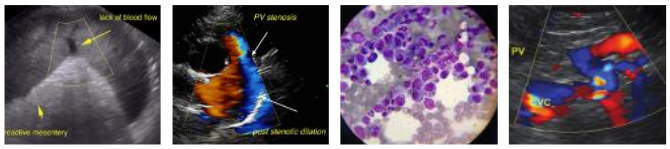
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Damon Rutkowski

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

4 Years

WEIGHT

47 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Amanda Lee

INVOICE

21088

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: Past 2 months intermittent vomiting, loose stool, and lethargy. Recent change to oatmeal/lamb food (dry) has not shown improvement.

Abnormal PE/Chem/CBC/UA Results: Please see attached.

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 (6.68 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 (6.3 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

Left adrenal gland is normal in size (0.39 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.5 cm at cranial pole and 0.51 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

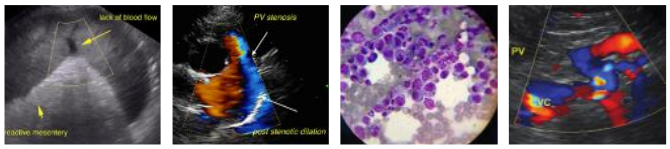
Liver

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. No focal lesions are observed. 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. In the mid abdomen, there is a mildly more focally distended small bowel loop with a curvilinear echogenic interface with acoustic shadowing, concerning for a foreign object or foreign material.

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 a scant amount of anechoic free fluid caudal to the spleen. The mesenteric 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

- This appears to be a postprandial study, which makes full interpretation of the suspected foreign body difficult, but given the acoustic shadowing, a small bowel foreign body is suspected.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chronicity of this patients reported clinical signs combined with diarrhea, which often is not associated with a foreign body, as well as low normal cobalamin and low normal albumen, an infiltrative bowel disease is suspected to be either the soul cause of this patients clinical signs and the appearance of the suspected foreign body is actually ingesta and gas, etc., or potentially an underlying bowel disease has resulted in some ileus, that has contributed to back-up/stasis of normal ingesta and/or there is an actual foreign body. Therefore, recommendations include either a conservative approach of supportive care, followed by a recheck fasted ultrasound as soon as possible to help further or more definitively diagnose the suspected foreign body vs, given the suspicion of infiltrative bowel disease anyway, an exploratory laparotomy for full thickness GI biopsies and removal of foreign body if present.

Ultimately, therapeutic recommendations for this patient may include empirical deworming with a 5-day course of Panacur, cobalamin supplementation, as well as potentially a diet transition based on trial-and-error response, beginning with a hydrolyzed protein diet, knowing that some patients respond better to one brand of hydrolyzed protein diet vs another, so sometimes several trials are warranted.
Additionally, given the diarrhea, a probiotic, such as Visbiome or Proviable may be helpful.

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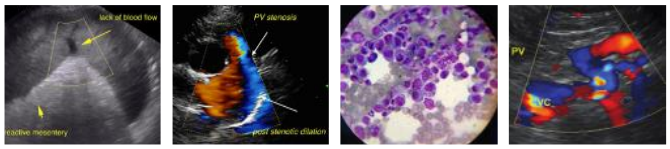

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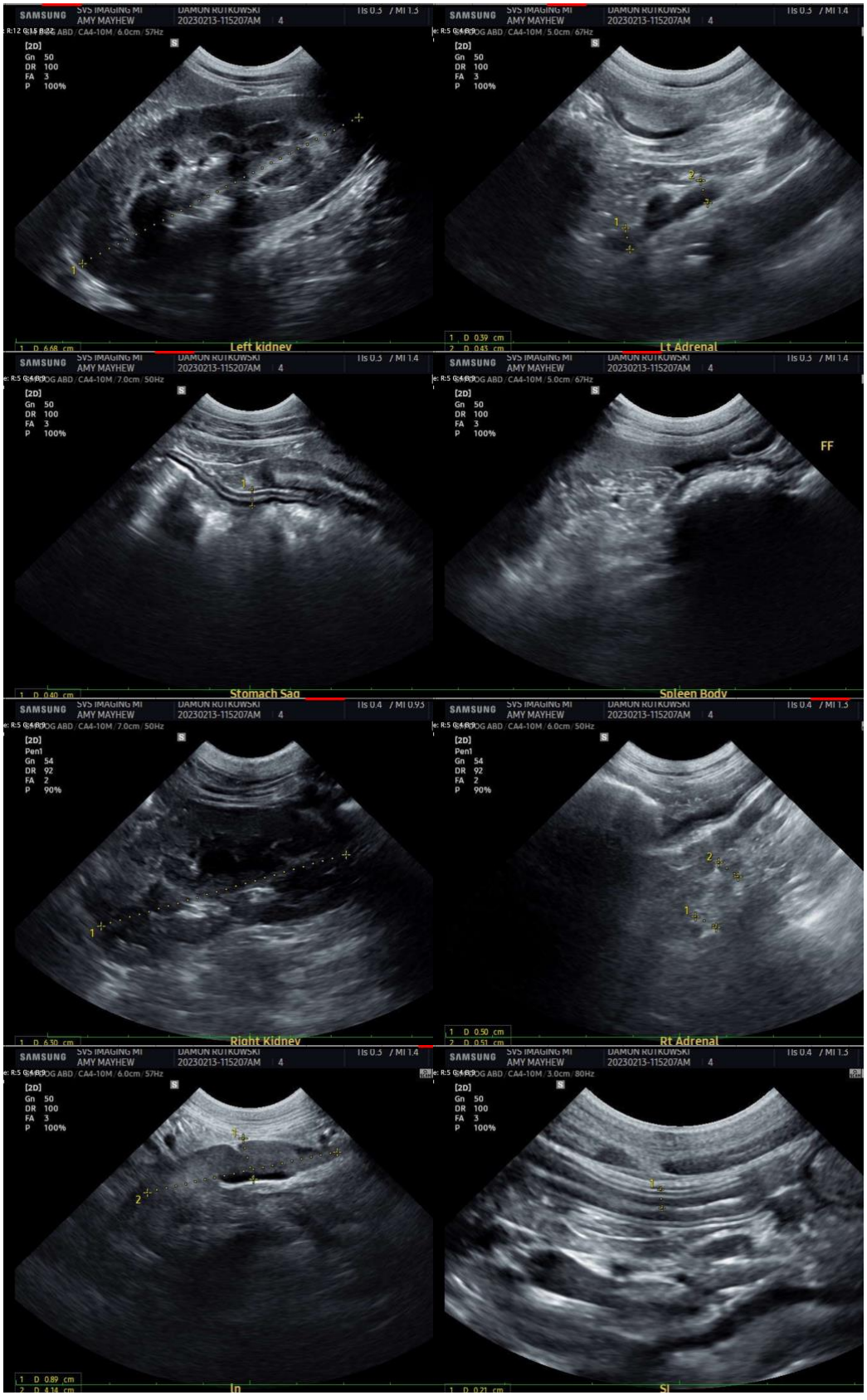

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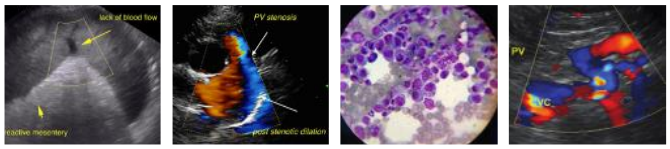

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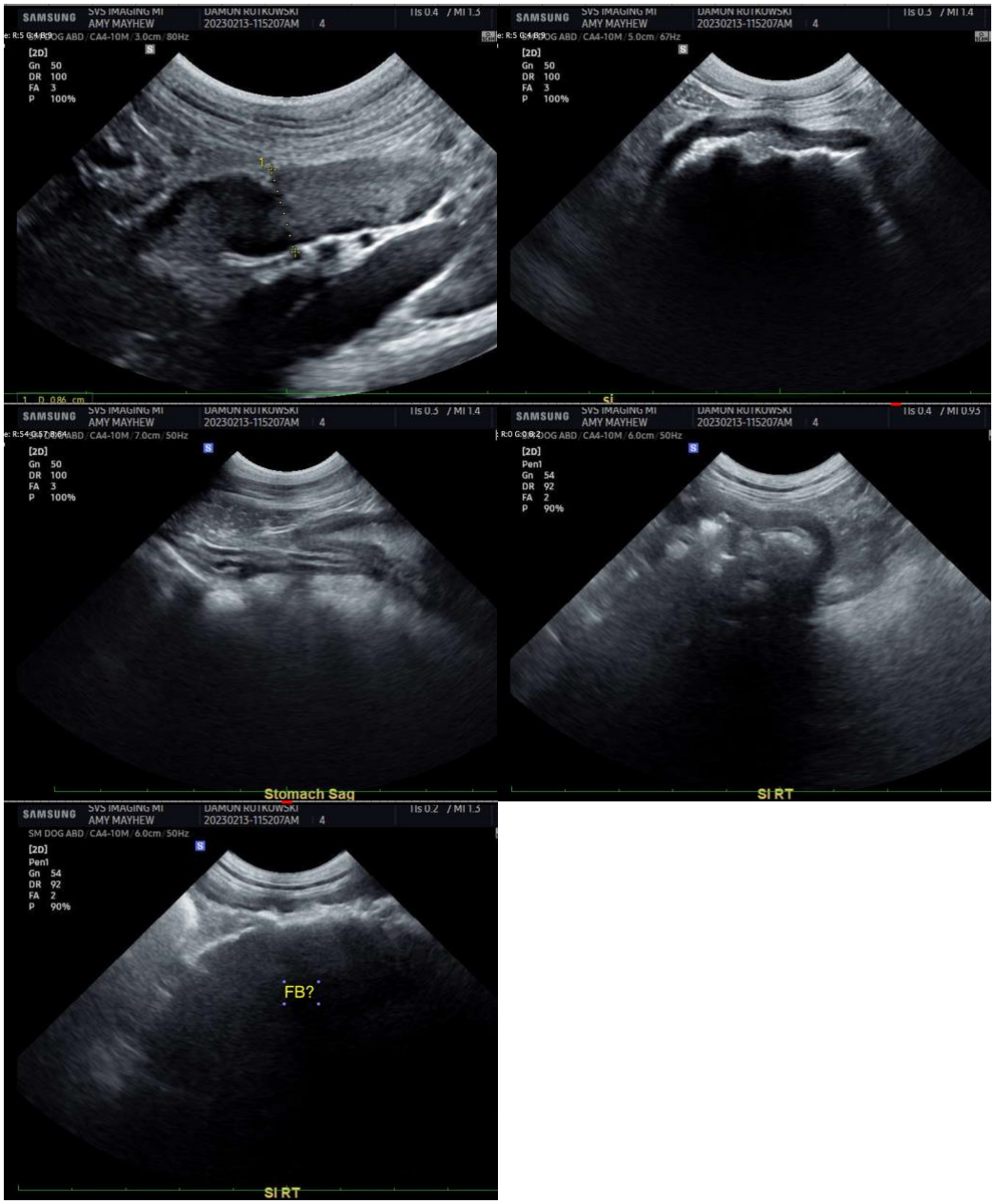

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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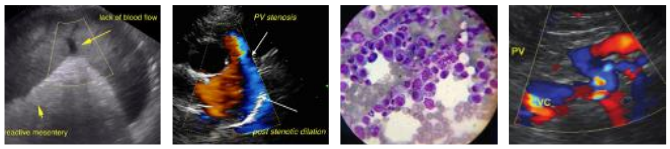

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