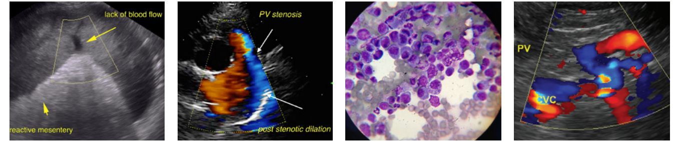
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Niko Haley

SPECIES
Canine

BREED
Lab Xd

SEX
Neutered Male

AGE
4 Years 6 Months

WEIGHT
33 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
M. Kermendy, CVT

HOSPITAL NAME
Wauwatosa Vet Clinic

REFERRING VET
Dr. Elaine Binor

INVOICE
35706

DATE
2/16/22

PRESENTING CLINICAL SIGNS

Several month history of diarrhea, loose stool. History of pancreatitis but when CPL rechecked in December 2021 was normal. History of a foreign body in 2019--pet has history of PICa-socks. Vomiting started in January 2022 and went on for 5-6 days. Diarrhea improved on metronidazole, cerenia, fortiflora, and diet change for a period of time. Symptoms have returned. Suspect IBD or other infiltrative disease. Rule out a foreign body.
Abnormal PE/Chem/CBC/UA Results: Cortisol pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The area of the prostate is evaluated without evident pathology.

The right kidney is normal in size (5.31 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.

The left kidney is normal in size (3.98 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

The right adrenal gland is normal in size and subjectively flat in appearance (0.44 cm at the cranial pole and 0.43 cm at the caudal pole). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size and subjectively flat in appearance, measuring 0.44 cm at the cranial pole and 0.44 cm at the caudal pole. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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.

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.

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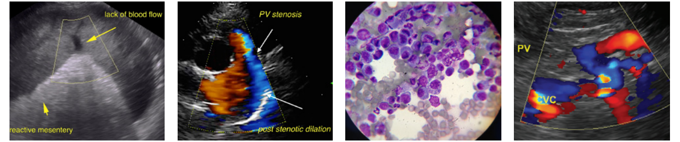

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with 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 peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria.
- Subjectively flat adrenal glands – Rule out normal anatomic patient variant versus hypoadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a urinalysis +/- urine culture based on urinalysis results, given the urinary bladder sediment present. Other recommendations include baseline cortisol (as is reportedly pending). If the baseline cortisol is <2.0, a full ACTH stimulation test is recommended to follow up. Other recommend diagnostics include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to further assess gastrointestinal function, if cortisol/ACTH stimulation test is not diagnostic for hypoadrenocorticism.

There is no evidence of foreign material or an obstructive pattern in these images. Empirical therapeutic recommendations while awaiting diagnostics include antiemetics, gastroprotectants, and a probiotic for the diarrhea +/- transition to a bland, easy to digest or potentially novel or hydrolyzed protein diet using response to diet to determine which one to maintain.

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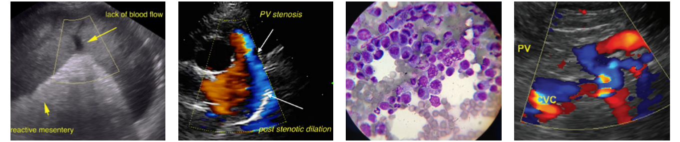

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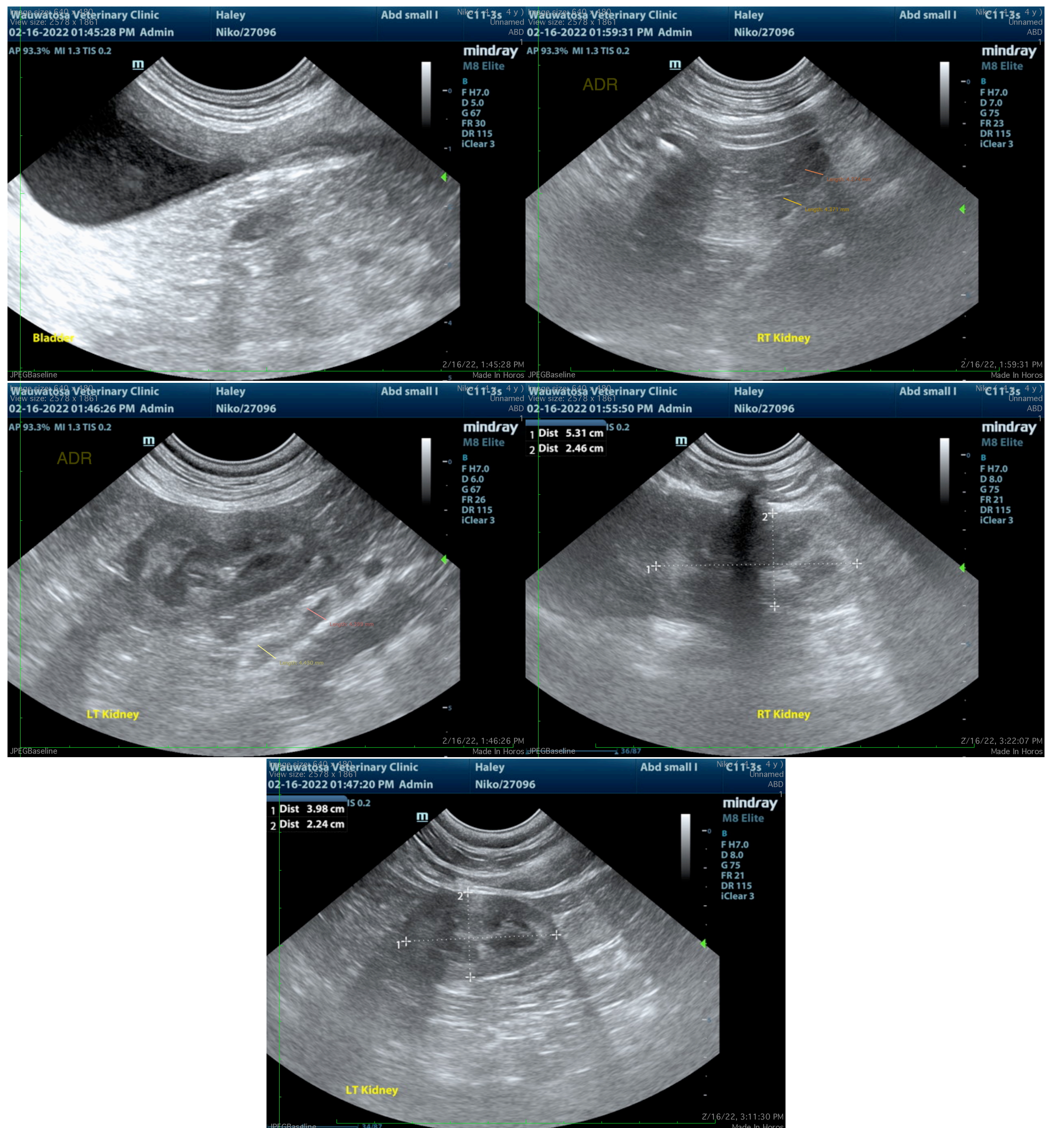

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com