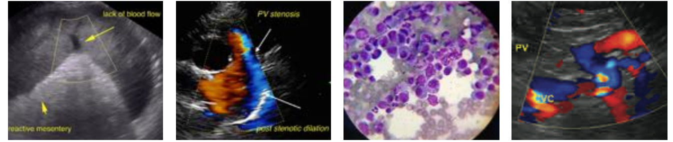
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com

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

PATIENT

Ripkin Patterson

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered male

AGE

12 years

WEIGHT

23 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brady

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Brady

INVOICE

95779

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Chronic history of GI issues (intermittent vomiting) and recent occurence of late-onset seizures in November. Chronically decreasing TP (likely attributable to GI disease) and recent repeatable hypoglycemia noted on blood work. Concern for neoplasia.
Abnormal PE/Chem/CBC/UA Results: Most recent blood work 1/20/2022 (previously done in November 2021 and December 2021) WBC 15.7 K/ul, TP 4.7 (November: 5.8) Albumin 2.2 (November/December: 2.4, 3.6) ALT 48 (WNL) ALKP 1405 (November 1612) glucose 58 (November 80)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The prostate is normal for a neutered dog.

Left kidney is normal in size (4.29 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (5.68 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (2.15 cm long x 0.5 cm at cranial pole and 0.43 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

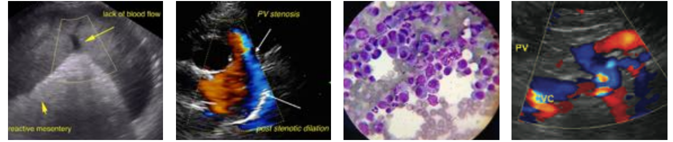
Right adrenal gland is normal in size (3.5 cm long x 0.58 at cranial pole and 0.62 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. GB contains a moderate amount of non-dependent, mildly aggregated/inspissated sludge. A 1.8 cm cholelith with acoustic shadowing was present in the gallbladder. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.



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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). 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 small intestines are normal in wall thickness and layering. A hyperperistaltic, slightly corrugated duodenum was noted. The small intestinal lumen 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.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement. A scant amount of anechoic free fluid was noted.

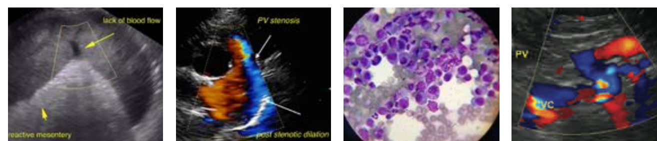
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Canine early mucocele with a cholelith– Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. The non-dependent nature of this sludge combined with the cystic areas are suggestive, however, of possible emerging cystic mucosal hyperplasia or early gallbladder mucocele.
- Hyperperistaltic mildly corrugated duodenum. This is consistent with an enteritis likely secondary to the reported, previously diagnosed gastrointestinal disease.
- Scant amount of free fluid. Likely secondary to the hypoproteinemia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient given the chronic gastrointestinal disease combined with hyperproteinemia and hypoglycemia include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory as well as baseline cortisol to rule out hypoadrenocorticism. If the baseline cortisol is less than 2, a full ACTH stimulation test is recommended. Other recommendations for the hypoglycemia include a paired insulin glucose ratio at a time when the glucose is less than 50. If the seizures cannot be traced to the hypoglycemia and/or they began before the hypoglycemia was present then consultation with a neurologist is recommended. However, given the protein losing enteropathy hypercoagulable state could be present resulting in blood clots. Therefore, Plavix or low dose aspirin could be considered. A urinalysis is recommended and



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if the sediment is quiet, but there is protein in the urine then an add on urine protein to creatinine ratio is also recommended due to the low albumin.

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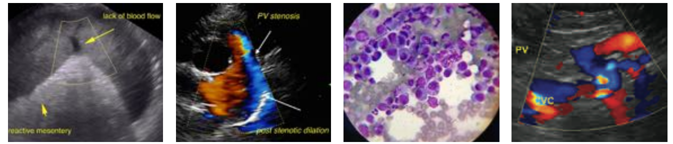

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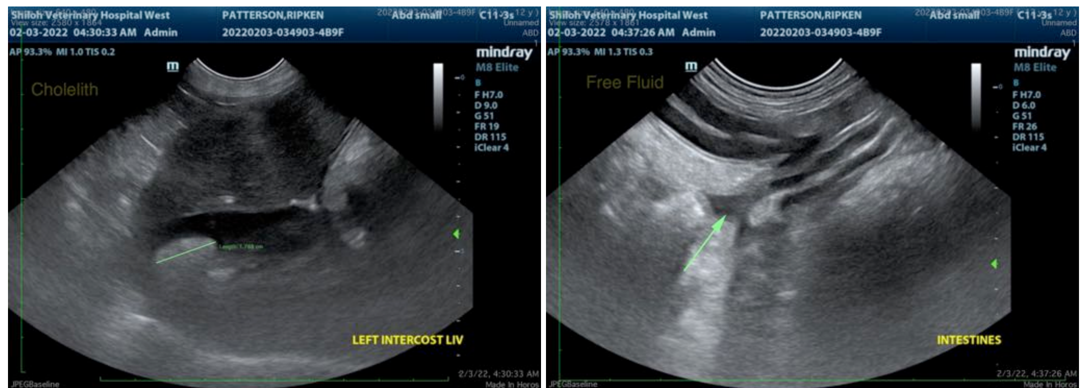

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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