



PATIENT PRESENTING CLINICAL SIGNS

Arlo Jones 3-4-month history of urgent, liquid diarrhea, not responsive to medication or dietary change meds: metronidazole 10mg/mL q 12hrs

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mild elevation in ALT, has since resolved on recheck BW

BREED

Cockapoo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

The area of the prostate is examined without evident prostatic pathology.

AGE

1 Year

The right kidney is normal in size (4.64 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.

WEIGHT

11.4 kg

The left kidney is normal in size (4.94 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 BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (2.44 cm long x 1.0 cm at the cranial pole and 0.37 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

The left adrenal gland is normal in size (1.85 cm long x 0.34 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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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.

REFERRING VET

Dr. Collins

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.

INVOICE

44793

DATE

2/7/23

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.



PATIENT

Arlo Jones

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.

SPECIES

Canine

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

BREED

Pancreas

Cockapoo

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.

SEX

Neutered Male

Free Abdomen

AGE

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

1 Year

There is no apparent lymphadenopathy noted in these images.

WEIGHT

11.4 kg

ULTRASONOGRAPHIC FINDINGS

- Relatively unremarkable/normal abdomen without visible ultrasonographic cause for the patient's diarrhea.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the description of this patient's clinical signs, large bowel diarrhea sounds at least partially present. Recommendations include a fecal exam if not recently evaluated, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function, and a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease.

IMAGING PERFORMED BY

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In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a probiotic such as Visbiome or Provable. Diet change reportedly has not helped. However, the type of diet was not specified. Options could include a hydrolyzed protein diet if not already tried and/or a different brand of hydrolyzed protein diet, as some patients respond to one brand but not another, or a fiber response colitis diet, or potentially a low-fat diet, etc. based on trial-and-error response.

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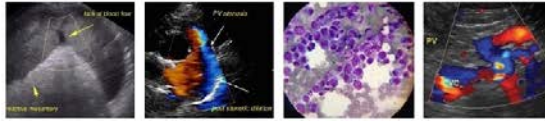
Ultimately, pending results, upper and lower endoscopy/colonoscopy may be necessary for biopsies and a definitive diagnosis. However, given the patient's age, parasitic or infectious disease or food allergy, etc. are considered higher differentials and can be ruled out less invasively as recommended above first.

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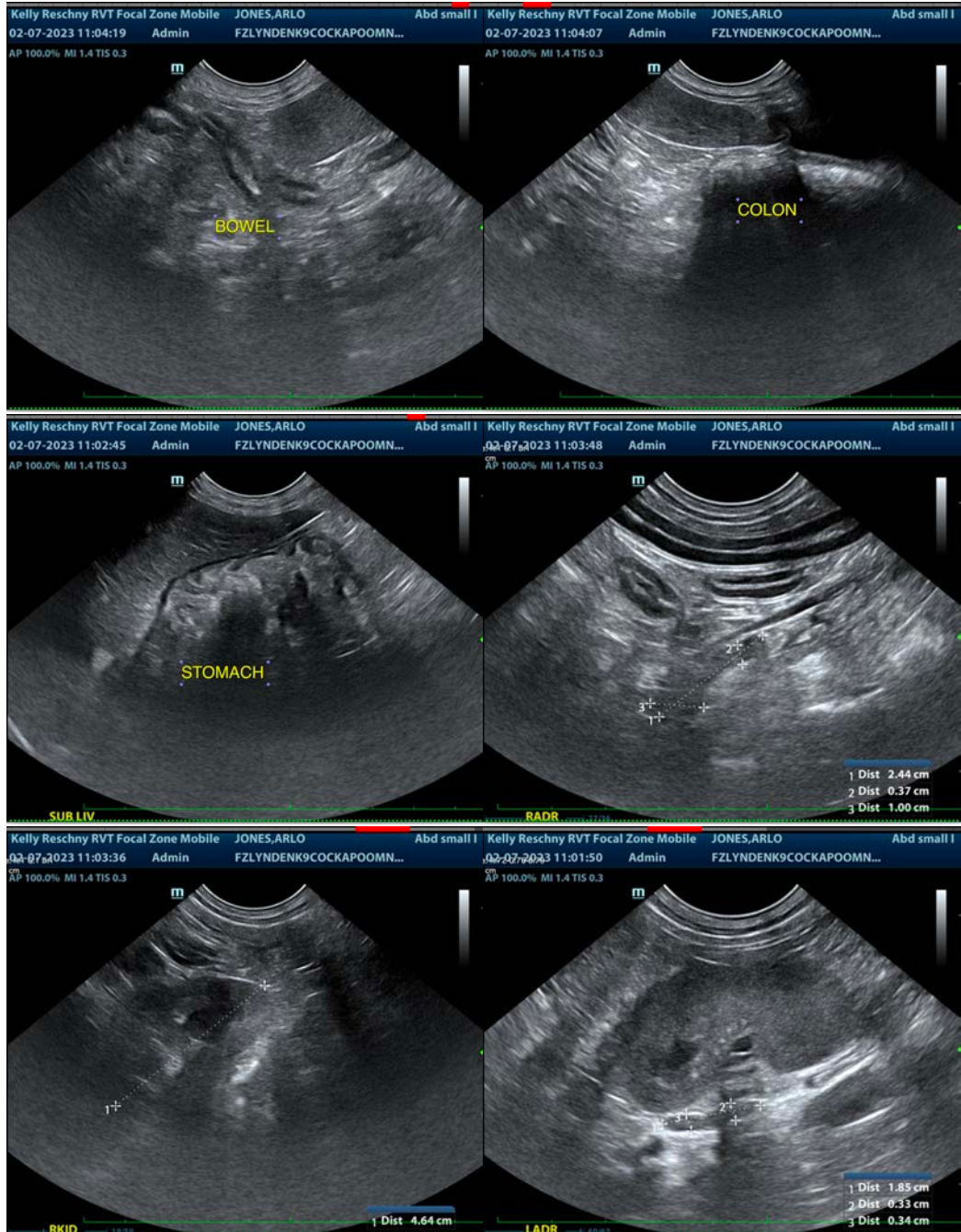
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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