

**DATE PRESENTING CLINICAL SIGNS**

3/6/23

History: Recent 2 bouts of soft stool/colitis, responded to metronidazole and probiotics. fecal negative, due to breed and age want to investigate for any structural abnormalities that may explain symptoms.

PATIENT

Tucker Grace

Current Medications: None listed.

Lab Results: cbc/chem 2/6/23 no significant abnormalities. slight borderline lymphopenia.

Date of Previous IntraPet Ultrasound: 12/7/18. See attached,

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Canine

BREED

Swiss Mtn. Dog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

7/3/11

Left kidney is small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No overt neoplasia or mineral is observed. Mild pyelectasia is present. The left kidney measures 4.7 cm long.

WEIGHT

99 Pounds

Right kidney is compensatorily large in size (9.34 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

Left adrenal gland is normal in size (2.74 cm long x 0.77 cm at cranial pole and 0.72 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Hickory VH

Right adrenal gland is normal in size (2.85 cm long x 0.8 cm at cranial pole and 0.79 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. McCourt

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.

INVOICE

21490

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. A 1.5 cm cystic lesion/cyst is noted in the right to mid caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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. 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. There is no evidence of obstruction, foreign material or infiltrative disease.

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

In the caudal abdomen, just cranial to the urinary bladder, there is a 3.2 cm x 3.5 cm heterogenous, primarily hyperechoic structure without definitive origin appreciated in these images. It does not appear to be associated with bowel. It could represent a lymph node, or more likely an omental fat, nodule, mass or other.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Dystrophic left kidney with pyelectasia and compensatorily large right kidney
- A caudal abdominal nodule/mass of unknown tissue origin that appears most likely to be associated with the omentum, such as a nodule, granuloma, fat density or other.

Secondary Findings

- Mild gallbladder debris - 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. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- An incidental hepatic cyst

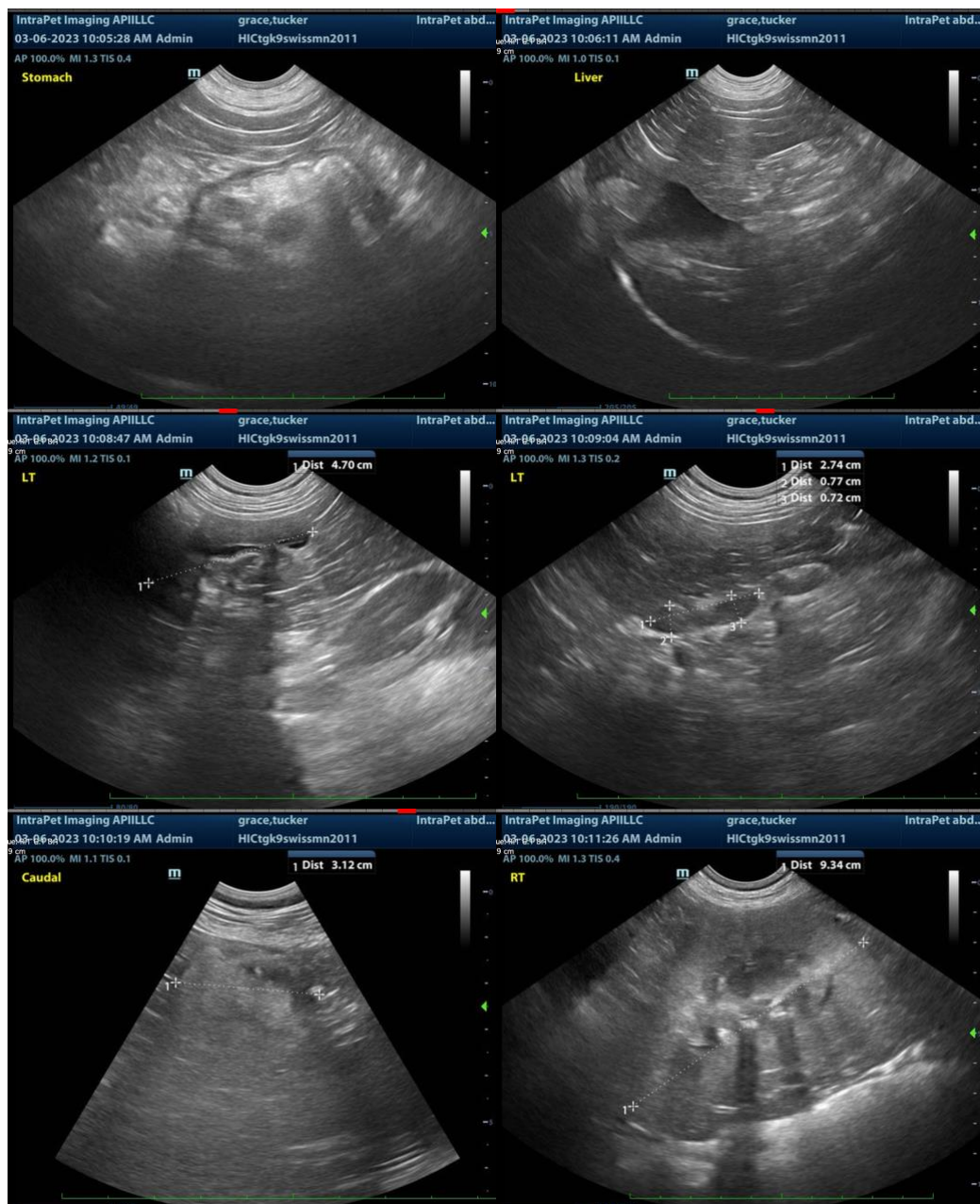
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

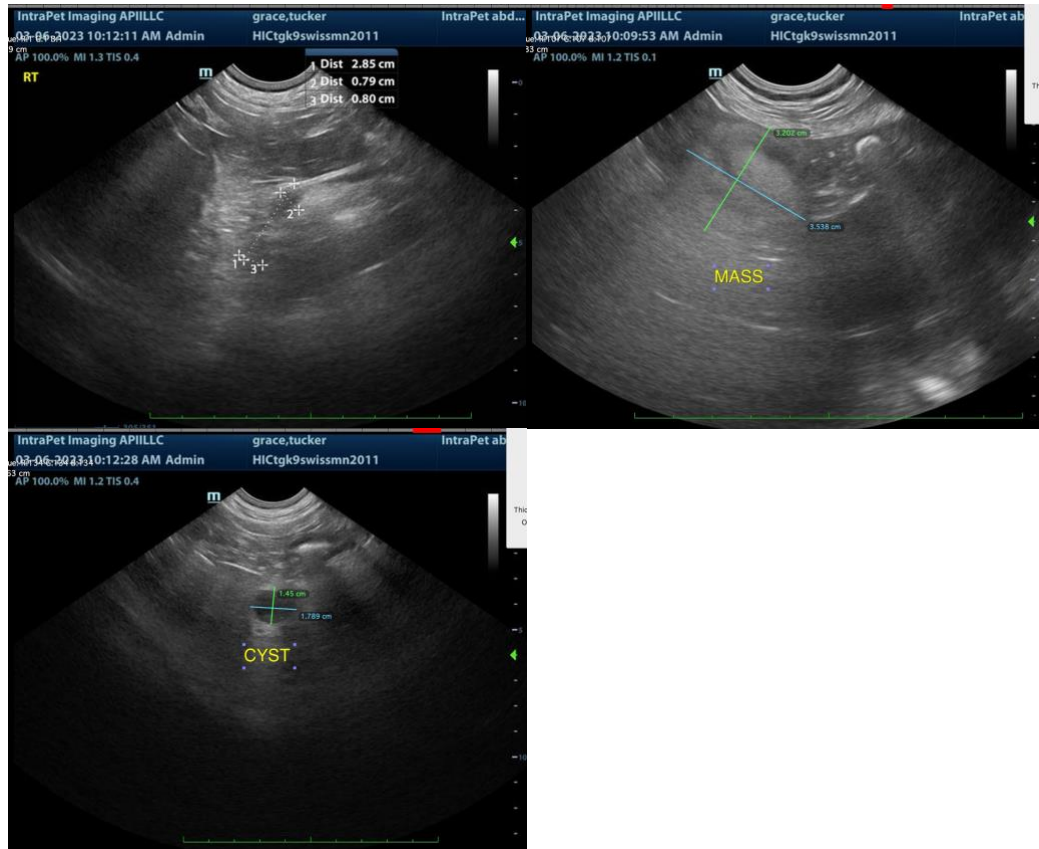
Given the appearance of this patients kidneys, if not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Given the reported recurrent diarrhea, further evaluation of digestion and absorption is recommended, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function.

Additionally, further evaluation of the caudal abdominal structure is recommended. It is of unknown association and possibly no association to the diarrhea, but considerations could include either fine needle aspirate of the structure, if patients coagulation panel is appropriate, versus more advanced imaging, such as an abdominal CT scan, etc.

Additionally, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated. In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is a long-term course of probiotics, such as Visbiome or Provable, to see if that prevents the recurrence of the soft stool.





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.

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