

**DATE PRESENTING CLINICAL SIGNS**

4/12/23 H/O discharge from vulva, acting lethargic, not eating since last 2 days. Chronic colitis. Lots of frank blood on rectal.

PATIENT

Zola Dozier Current Medications: None.
Lab Results: Elevated HCT, CPL normal, liver and kidney function normal.
Radiographs: See attached report.
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

French Bulldog

Urinary System

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.

SEX

Intact Female

AGE

6/8/21

The right kidney is normal in size (4.27 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

10.61 kg

The left kidney is normal in size (4.02 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 (1.85 cm long x 0.53 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Banfield Towson

The left adrenal gland is normal in size (1.65 cm long x 0.44 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Chadha

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.

INVOICE

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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.

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 colon is mildly thick distally in the descending colon, measuring 0.30 cm thick with a slightly irregular wall but normal intact layering and soft stool suspected.

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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

Both ovaries are visualized without evident ovarian pathology. The uterus is mildly fluid distended at the level of the uterine body. Additionally, in the left mid abdomen adjacent to the spleen, there is a mildly fluid distended tubular structure that is believed to be likely the left uterine horn. A fluid-filled bilobed can't be definitively ruled out but is considered much less likely.

ULTRASONOGRAPHIC FINDINGS

- Mildly thick distal colon – consistent with this patient's history of colitis with underlying etiologies including differentials such as parasitic disease, infectious disease, benign inflammatory disease, and even less likely but possible infiltrative neoplasia.
- Mildly fluid distended uterus – early or emerging hydro- or pyometra can't be ruled out. This finding should be interpreted in combination with heat cycle timing as well as supporting clinical signs, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding this patient's colitis and hematochezia, if this is an acute episode, recommendations include an overall general metabolic evaluation (CBC, chemistry panel with electrolytes, coagulation panel, urinalysis and fecal exam if not recently evaluated) followed by supportive/symptomatic medical management of clinical signs (possibly HGE) including anti-emetics, gastroprotectants (including sucralfate), a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur, +/- metronidazole or tylosin and if tolerated a short term course of a bland, easy to digest or possibly fiber responsive diet.

If, however, there is any chronicity, then in addition to the above, further evaluation is warranted beginning with:

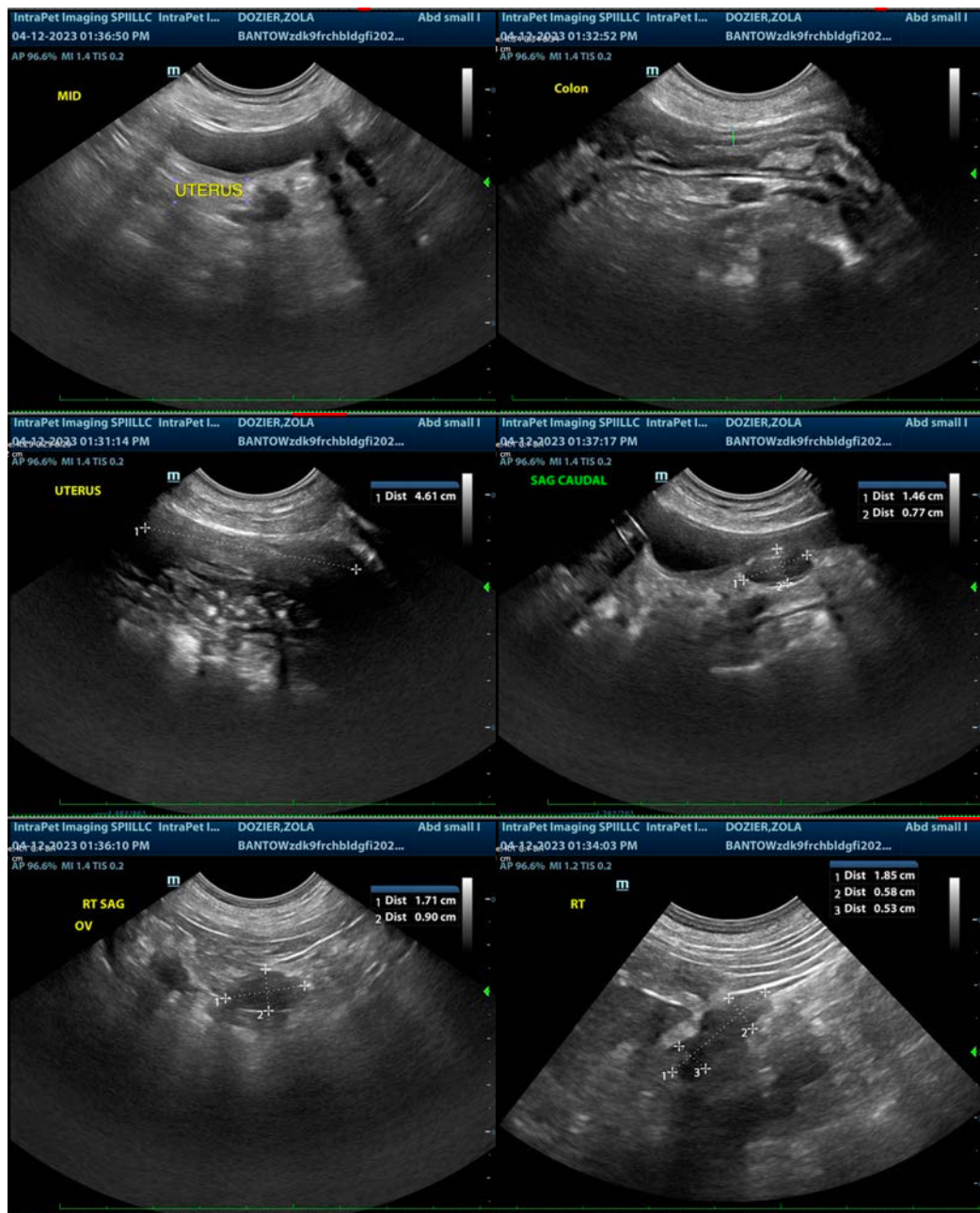
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

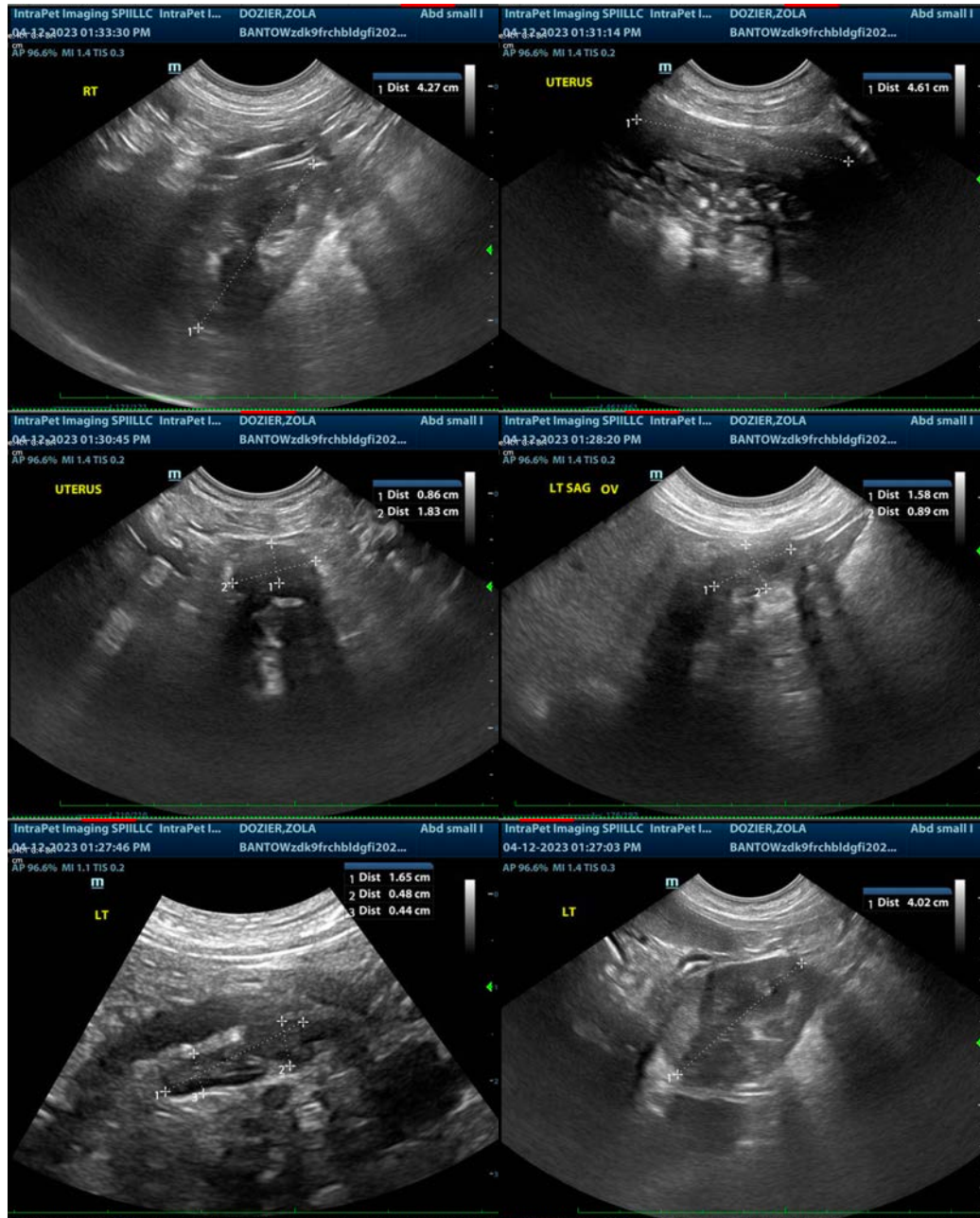
A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

Ultimately, if clinical signs persist, and a diagnosis is not reached, further evaluation of the GI tract via upper and lower endoscopy for visualization and biopsies may be warranted.

Additionally, given this patient's clinical signs and mildly fluid distended uterus, an ovariohysterectomy should be considered. If an ovariohysterectomy is not possible or is declined, close monitoring of the uterus is recommended for progression.





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.

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