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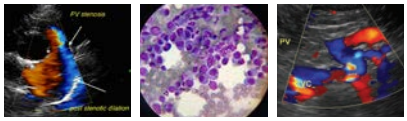
IntraPet.com



SonoPath
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DATE

6/30/22

PATIENT

Tilly Tabor

SPECIES

Canine

BREED

Coonhound

SEX

Spayed Female

AGE

5/1/19

WEIGHT

53.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Bottaro

INVOICE

39162

PRESENTING CLINICAL SIGNS

P has a history of chronic bloody diarrhea. P was recently switched to a hypoallergenic diet. Stools are no longer bloody but now very hard. P also had an acute onset of urinary incontinence.

Current Medications: Visbiome, Cefpodoxime 150mg SID.
Lab Results: SDMA 24, mild eosinophilia. Maldigestion profile pending.
Radiographs: Stool appears to be very firm in colon.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The right kidney is normal in size (5.81 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 (5.45 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 (1.91 cm long x 0.63 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.24 cm long x 0.41 cm at the cranial pole and 0.56 cm at the caudal pole), shape and contour. 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.

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 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 (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

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

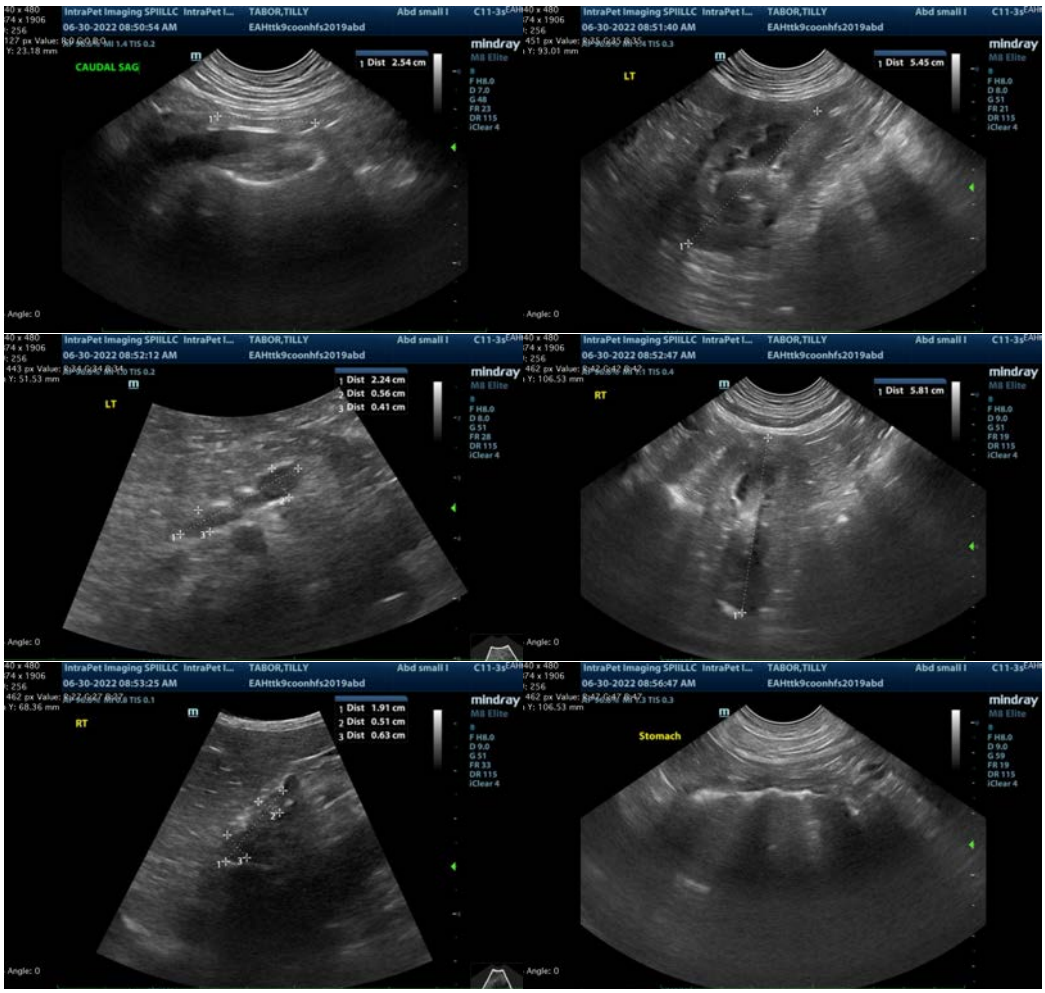
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. Likely secondary to the reported chronic colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The top differential for this patient's reported eosinophilia is likely food allergy, given the reported chronic diarrhea that resolved with transition to a hypoallergenic diet. However, other differentials include parasitic disease and/or hypoadrenocorticism, and therefore recommendations include a fecal exam, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease, and a baseline cortisol followed by a full ACTH stimulation test to rule out hypoadrenocorticism if the baseline cortisol is <2.0. In the meantime, empirical deworming with a 5-day course of Panacur is recommended.

- If the now reportedly hard stool is a clinical problem, meaning the patient is straining, or uncomfortable, panful, etc., then a different novel or hydrolyzed protein diet could be tried.

- Given this patient's reported urinary incontinence, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended. If this patient has any polydipsia, it is possible that PU/PD has resulted in a previously subclinical spay incontinence, now being clinical, in which case the PU/PD should be addressed. If this patient is not PU/PD, the top differential in a young female dog is spay incontinence, and medical management is recommended.



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
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