

**DATE**

6/6/22

**PRESENTING CLINICAL SIGNS**

Lifelong history of severe diarrhea with blood. No vomiting. No significant exam findings other than severe brachycephalic airway disease. Rectal exam normal other than full anal glands. Strict PPVD HA food trial x7weeks (at this point) with initial firming of stools x 3 days, then back to no response. Negative fecal PCR. No response to Metronidazole, Tylosin, or Sucralfate and Provable Forte. Full GI panel completed and labs.

**PATIENT**

Bizzy Bone LaRane

Current Medications: Tylosin, Provable forte capsules 1 sid given trazodone 75mg 1 hr prior to drop off for u/s, on monthly heartguard.

**SPECIES**

Canine

Lab Results: GI Panel: folate off the scale, rest WNL. CBC/chem/T4- wnl

fecal PCR = all neg

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Gabapentin and Trazodone PO.

Stat Report: Not requested.

**BREED**

French Bulldog

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**SEX**

Intact male

**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.

**AGE**

5/15/21

Prostate is normal in size for an intact male. It has a normal homogenous echotexture and is hyperechoic in echogenicity, normal for intact male. There is no testicular pathology noted.

**WEIGHT**

Left kidney is normal in size (4.26 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 (3.96 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (1.77 cm long, 0.29 cm at cranial pole and 0.38 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**HOSPITAL NAME**Heart and Paw of Fells  
Point

Right adrenal gland is normal in size (2.2 cm long, 0.32 cm at cranial pole and 0.37 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**REFERRING VET**

Dr. Kraselski

**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.

**INVOICE**

30863

**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 is moderately distended with anechoic bile and gravity dependent echogenic sediment. 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 gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

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***

Reactive mesenteric and sublumbar lymphadenopathy is noted.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

- There is not an ultrasonographically visible explanation for this patient's hematochezia. Ultrasound findings are reactive lymphadenopathy, which is considered a normal variant for a patient of this age.
- 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.

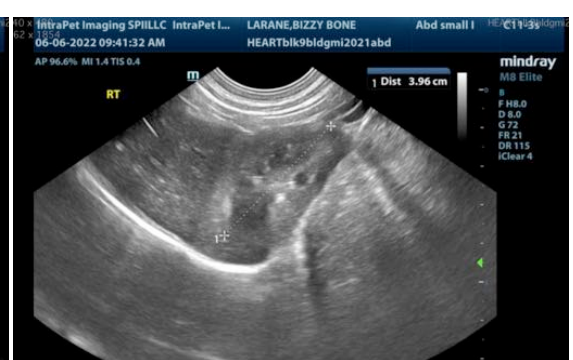
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

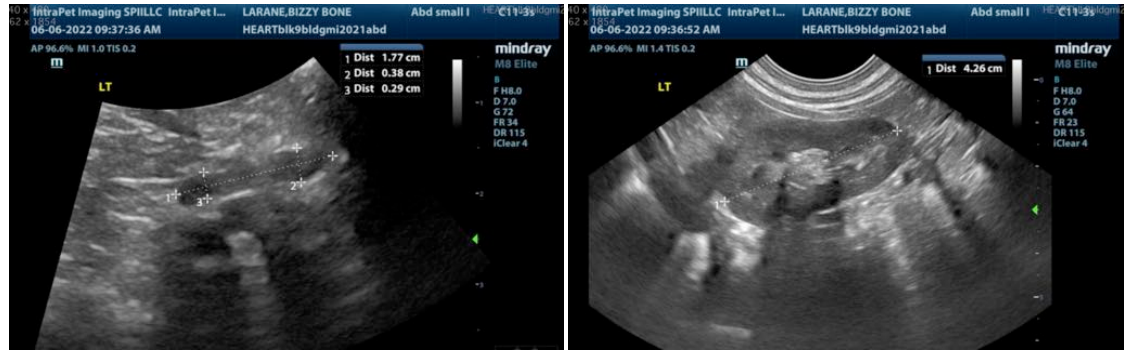
Given the reportedly very high folate a top differential for this patient's recurrent hematochezia especially given the young age is a bacterial overgrowth. If this patient was receiving Metronidazole or Tylosin at or around the time of the fecal PCR panel submission a recheck of the fecal PCR enteropathogen panel to Texas A&M GI laboratory is recommended when the patient has been fully off of antibiotics.

Other empirical therapeutic recommendations include deworming with a 5 day course of Panacur if not recently administered.

A different antibiotic such as Enrofloxacin given the large bowel nature of the problem could be considered to address the bacterial colitis.

Given the patient's initial response to diet it could be that a different novel or hydrolyzed protein diet needs to be tried for a longer time. Other trial and error diet options include a high fiber diet or the addition of fiber to the hydrolyzed or novel protein diet. Ultimately colonoscopy may be necessary to definitively diagnose and therefore manage the recurrent hematochezia.





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.

**Beth Johnson, DVM DACVIM**

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