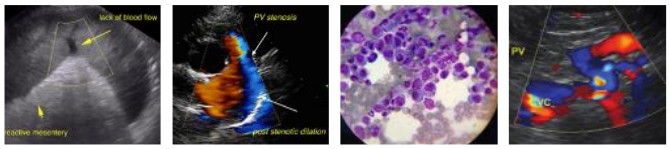
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Finch Adams

SPECIES

Canine

BREED

Collie Mix

SEX

Neutered Male

AGE

7 Years

WEIGHT

52.8

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amy Murphy, CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Kate Self, DVM

INVOICE

22418

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Patient presented 04/18/23 for anal incontinence and scooting. Frank blood expressed from anal sacs and treatment for anal sacculitis initiate client states there have been recurrent issues with "soft serve" stool and anal gland issues. Recommended abdominal imaging if signs continue. Pet presents todays for imaging.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.90 cm. The left kidney measured 5.76 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits. The left adrenal gland measured 1.93 cm in length and 0.54 cm at the cranial pole and 0.56 cm at the caudal pole.

Spleen

The spleen was normal in size with a slightly mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

Liver

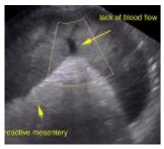
The liver is subjectively normal in size with slightly rounded lobes and otherwise normal structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

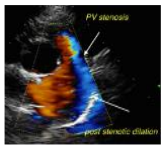
The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

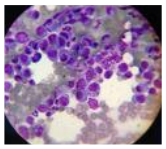
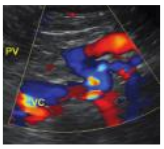
Gastrointestinal

The stomach contains a small amount of ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.





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Sections of colon are visualized with soft feces and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid.

ULTRASONOGRAPHIC FINDINGS

- Normal colon
- Splenic parenchymal changes with smooth capsule
- Rounded liver lobes
- Gall bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colon is ultrasonographically normal with no signs of mural disease to explain soft stool. Soft stool is likely contributing to decreased emptying of anal glands and subsequent anal sacculitis. Colonic wall is of normal thickness with no cause of described clinical signs. Current chem/lytes/CBC/UA is recommended. GI panel (TLI/PL/cobalamin/folate/cortisol), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered. Colonoscopy may reveal pathology not visible on ultrasound. Increasing dietary fiber and decreasing consumption of wet food in order to bulk stool may help reduce incidents of anal sacculitis.

Splenic changes are a common benign age related change, or may represent reaction to immune stimulation, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

Liver changes are mild and may represent a variation of normal, may be a benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Current chemistry panel is recommended to evaluate liver enzyme values. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.

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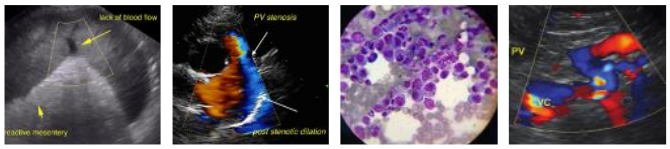

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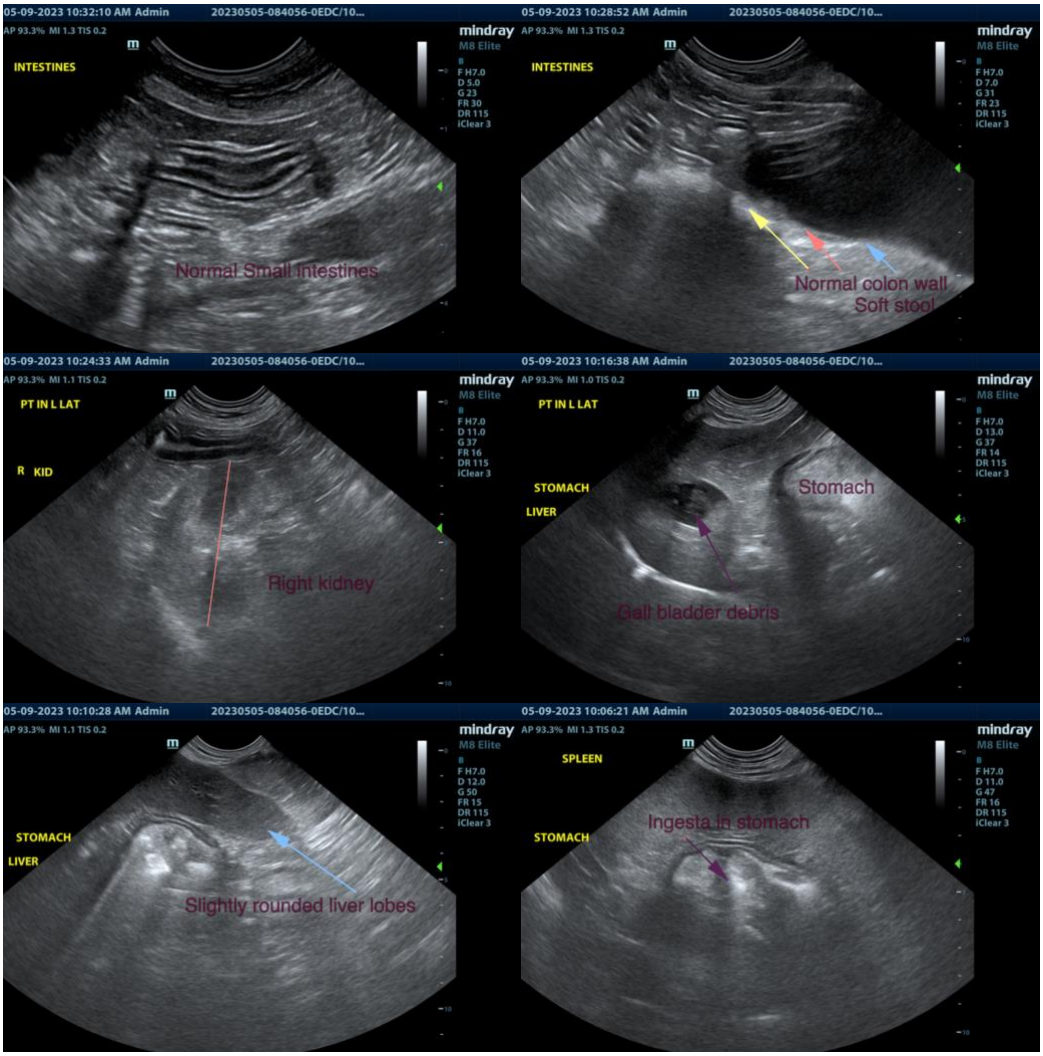

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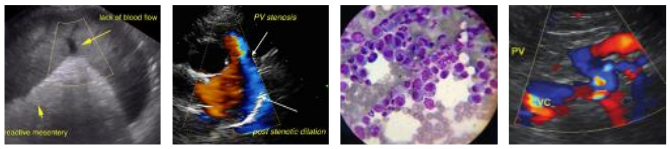

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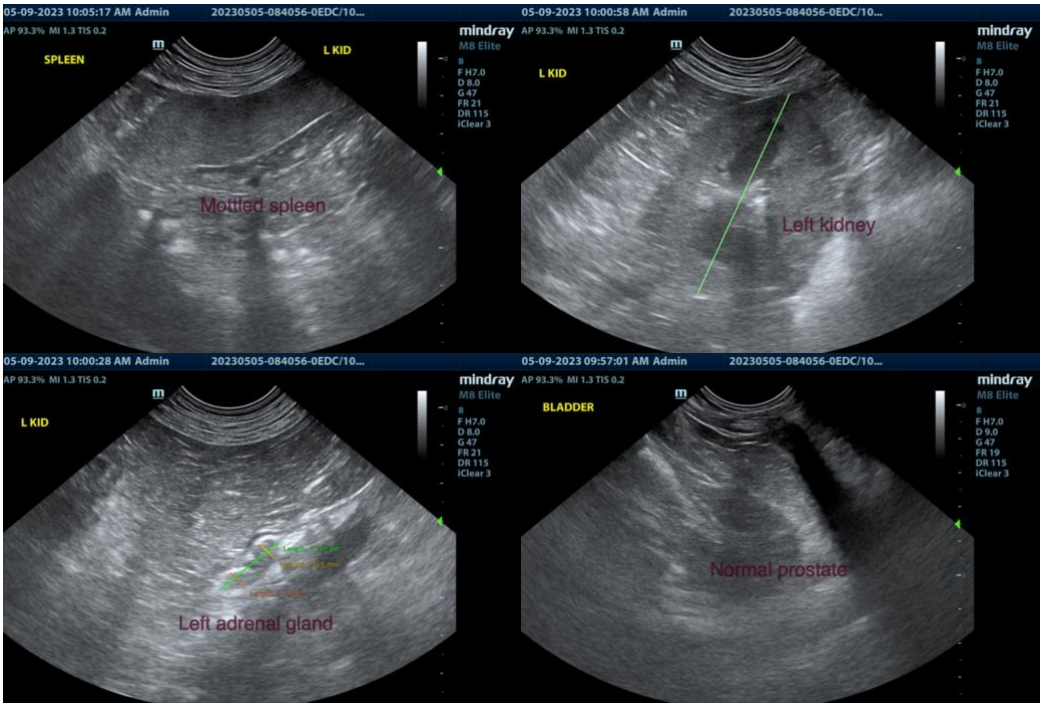

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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