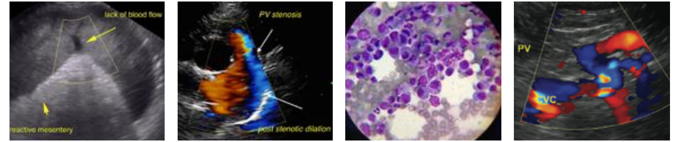

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1-800-838-4268 info@sonopath.com

PATIENT

Georgia Klotz

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

13 years

WEIGHT

26.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Gira/Sabadilla VC

INVOICE

40107

DATE

10/17/22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea and weight loss responsive to Metronidazole and Tylosin. Intestinal diets - no effect
Abnormal PE/Chem/CBC/UA Results: Normal ALB levels , borderline elevation of ALP, borderline low Cholesterol . Fecal PCR C. perfringens Enterotoxin positive C. perfringens Alpha Toxin positive Canine Enteric Coronavirus

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.02 cm. The right kidney measured 6.9 cm.

Adrenal Glands

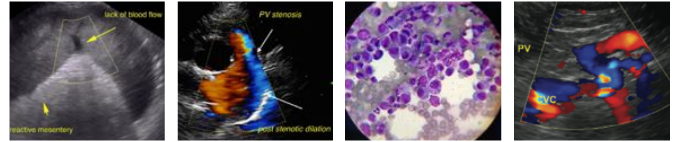
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.49 cm at the caudal pole and 0.72 cm at the cranial pole. The right adrenal gland measured 0.78 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The spleen was folded on itself cranially and caudally. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris,



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yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. Gallbladder polyps were noted. No adjunctive inflammation was noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Descending colonic wall was thickened, yet there was no loss of mural detail. The mesenteric lymph nodes were reactive and measured 1.6 x 0.5 cm.

Pancreas

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

Free Abdomen

Sublumbar lymph nodes are reactive and measured up to 1.06 cm in width.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

Gallbladder polyps and sludge.

Minor colitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is recommended as a preventative. There was no evidence of direct cause of weight loss in this patient. Occult parasitism, dietary intolerance and maldigestion are all potentials in this case. Colonoscopy can be considered for further definition. No organs represent neoplastic criteria. Hydrolyzed diet, clinical trial of Enrofloxacin and Clindamycin over a 10 day period is recommended to treat enterotoxins along with continuation of probiotics and broad spectrum anti-parasitic protocol as well as geriatric, hydrolyzed diet. Pancreatic enzyme supplementation may also prove effective.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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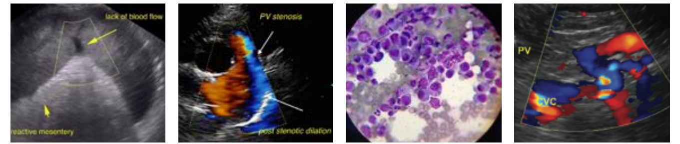

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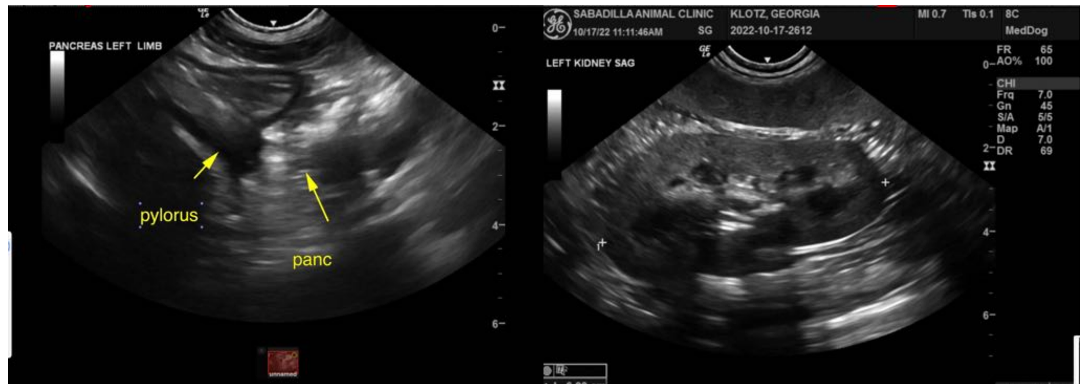

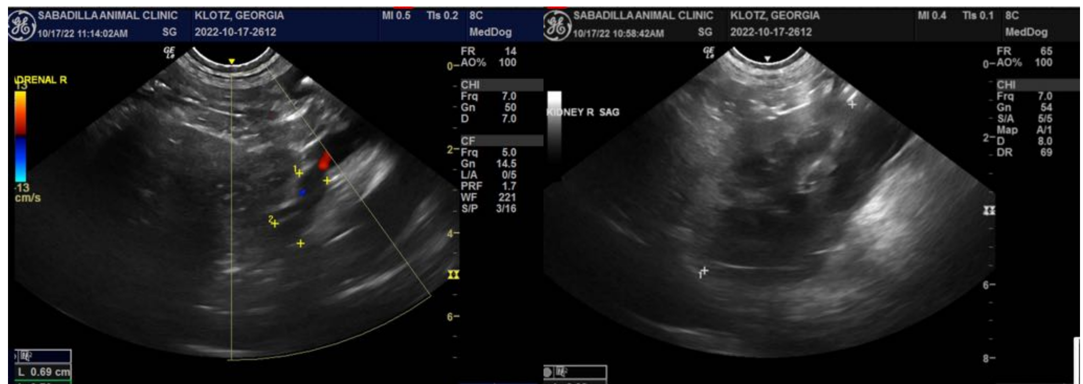

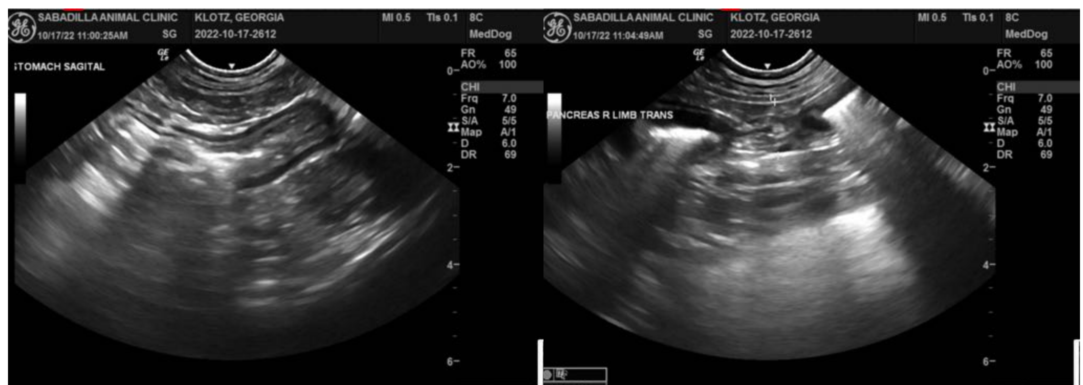

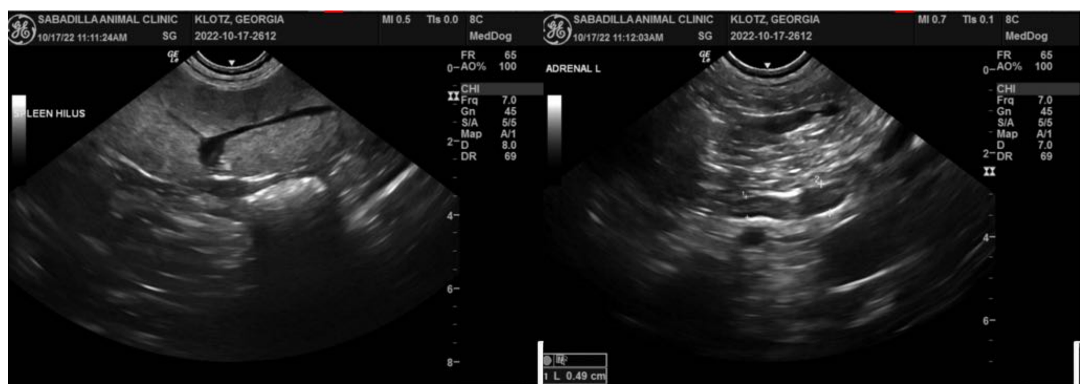

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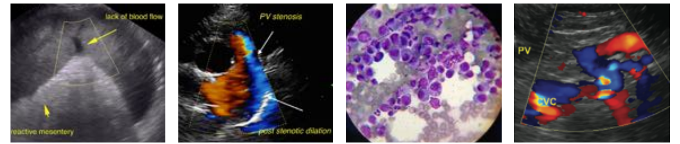

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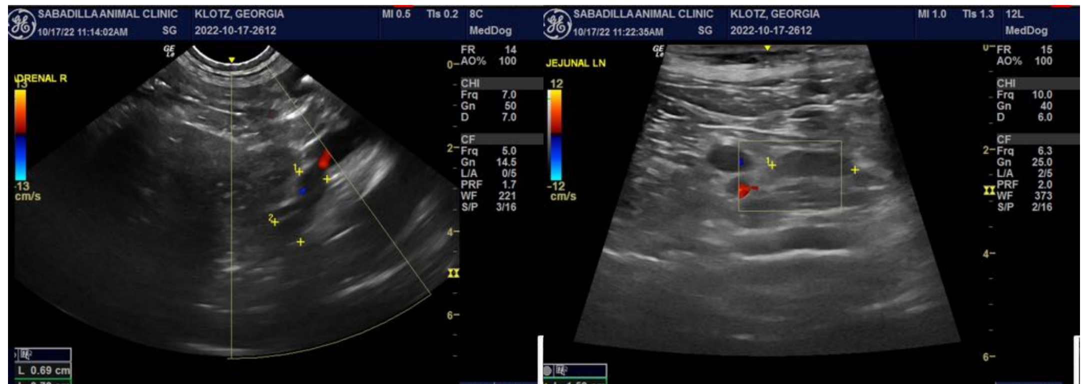

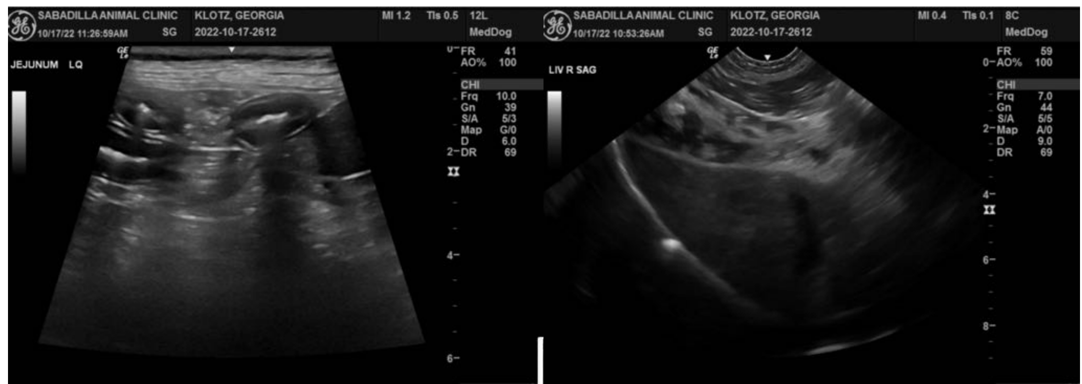

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com