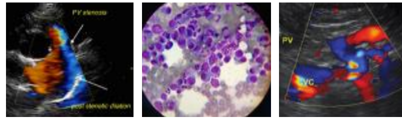
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/19/23

PATIENT

Zelda Handelman

SPECIES

Canine

BREED

Airdale

SEX

Spayed Female

AGE

11/4/12

WEIGHT

52.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Stevenson Village VH

REFERRING VET

Dr. Dreizen

INVOICE

23493

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, slightly improved with diet and medical management, but has not resolved. Soft formed stools in the morning that turns into liquid by evening. History of Valvular Heart Disease Stage B2 treated with pimobendan & heart based tumor (managed by CVCA).

Current Medications: Metronidazole 500mg 1/2 tab bid, Propectalin tablets 2.5 tab tid, Visbiome 2 cap sid Pimobendan 10mg bid, Synacore supplement, Carprofen 50mg q24 PRN (O had not been giving when diarrhea started, arthritis got really bad recently and he started giving sparingly)
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 were 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 6.11 cm. The right kidney measured 6.11 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 2.72 cm x 0.74 cm at the caudal pole and 0.72 cm at the cranial pole. The right adrenal gland measured 4.01 cm x 0.67 cm at the caudal pole and 0.58 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. Slight focal thickening was noted at the ileocecal junction, measuring up to 1.0 cm. Fluid filled colonic lumen was noted.

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

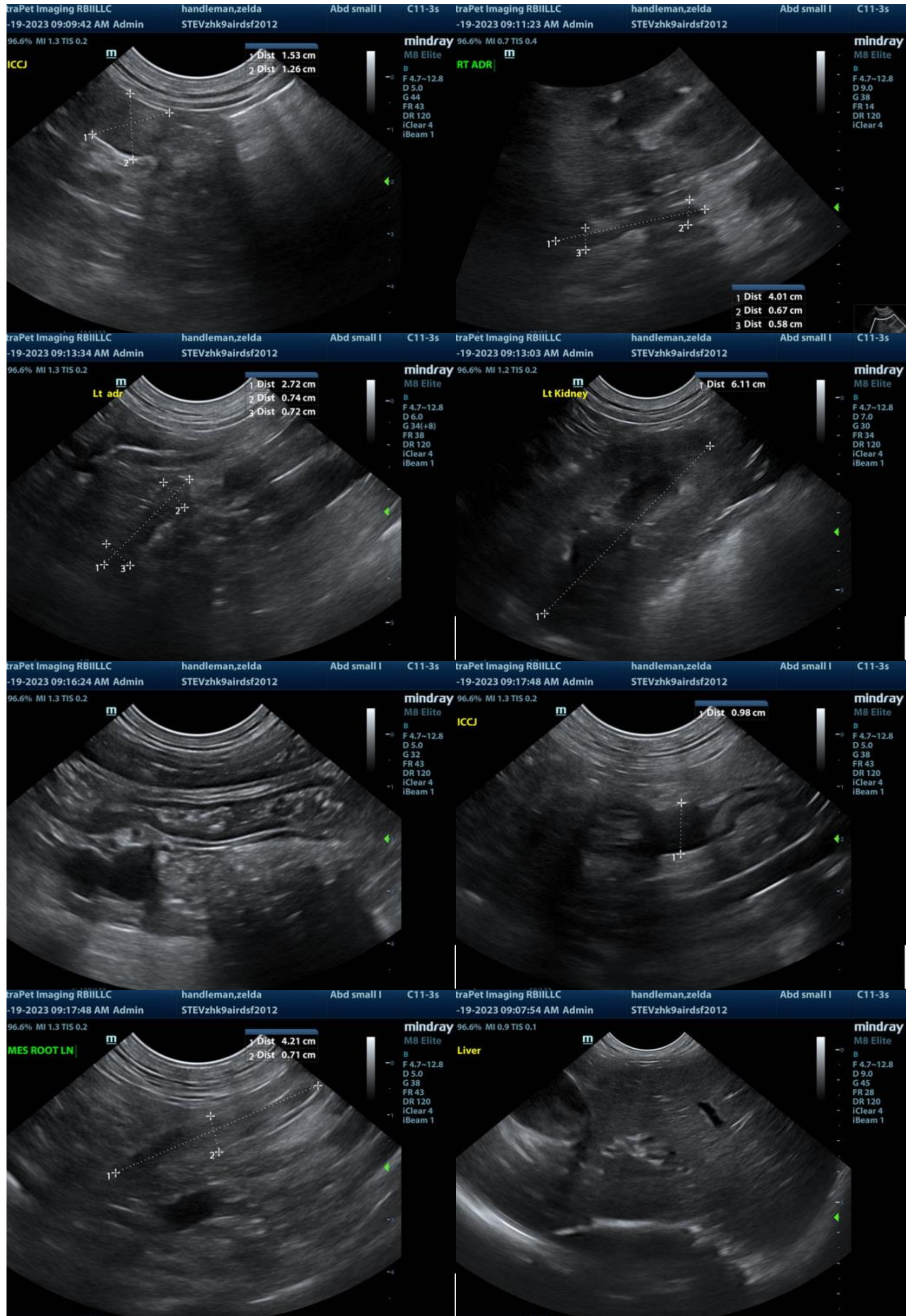
The mesenteric **lymph node** (an example measured 4.2 cm x 0.71 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. A mesenteric lymph node at the ileocecal junction measured 1.5 cm x 1.26 cm, somewhat rounded.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy
- Enterocolitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Maldigestion panel may be appropriate. Treatment for Baytril responsive colitis may be appropriate with enrofloxacin/clindamycin or enrofloxacin/metronidazole combinations. Fiber supplementation and probiotics may be appropriate.



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.

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