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Clinical Sonography & Telecytology
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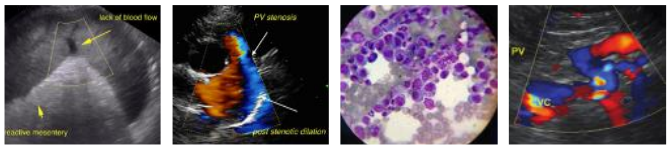

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Rex King

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
11.5 Years

WEIGHT
5.15 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dallas Reynolds, LVT

HOSPITAL NAME
Lone Mtn. AH

REFERRING VET
Dr. Munoz

INVOICE
16738

DATE
8/5/22

PRESENTING CLINICAL SIGNS

History: 2-3 wk history of diarrhea. very watery. owner used other dog's meds from CRAH metronidazole 50mg/ml 1ml po bid. owner states didn't help and wants something stronger no vomiting. diet= SD adult.

Abnormal PE/Chem/CBC/UA Results: MM slightly pale pink. crt=3sec. slight tacky. mm color more pink when later examined Oral Exam: mod tartar grade 3/4 dental dz rectal exam- bloody, mucoid feces cbc - 29.6, Hgb 11.9, Neut 25752, Mon 1480 chem - ALP 216, Precision PSL 255 UA - USG 1.020, Protein 1+ GI Parasite PCR panel - undetected for all Xrays - Findings: 2 radiographs dated August 4, 2022. Orthogonal views of the abdomen. Comparison study dated August 30, 2020. The liver appears to be of normal overall size. The previously visible hepatomegaly is no longer apparent. The spleen, visible portions of the kidneys, and urinary bladder are normal. The stomach contains a moderate volume of gas and fluid. The small intestines are within normal limits for size and have a mildly fluid-filled appearance. The large intestines containing gas and feces. These have a subjectively unformed appearance consistent with the reported diarrhea. Peritoneal and retroperitoneal details are normal. Minimal degenerative changes are at the coxofemoral joints. There is mild thoracic spondylosis deformans. Visible portions of the thorax are normal. Assessment: 1. Fluid-filled appearance to the gastrointestinal tract with no signs of radiopaque foreign bodies or obstruction. There are unformed feces in the large intestines consistent with the reported diarrhea. The appearance of the gastrointestinal tract suggests nonspecific colitis. Diffuse intestinal disease such as IBD is also possible. Otherwise normal abdomen.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.0 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.

Spleen

The **spleen** revealed a focal 0.72 cm micro-cavitated nodule at the splenic hilus. A smaller nodule was noted in the spleen, measuring 0.43 cm. Minor heterogeneous changes were noted elsewhere. Caudal folding of the spleen was noted.

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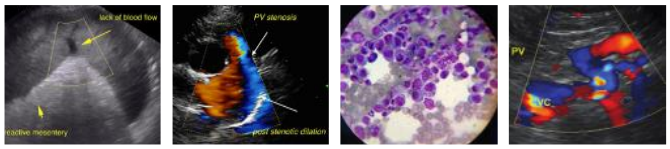

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. A nondisruptive hypoechoic 1.47 cm nodule was noted.

Gastrointestinal

The **stomach** itself was unremarkable. Intestinal luminal stasis was noted, creating a partial obstructive pattern. A portion of bowel thickening was noted with reactive mesentery. Soft stool was noted in the colon.

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 nodes** were enlarged, hypoechoic and irregular. The largest lymph node measured 2.0 cm x 1.5 cm. Reactive mesentery was noted adjacent to the lymph node. Slight areas of free fluid and localized peritonitis was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory bowel GI with regional jejunal thickening and reactive mesentery and stasis, partial obstructive pattern with regional lymphadenopathy.
- Splenic and hepatic nodular changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either ultrasound guided FNA of the mesenteric lymph nodes, splenic nodule and hepatic nodules would be warranted or as a screening procedure, direct exploratory surgery with resection of the affected bowel with culture and histopathology of the lymph nodes. Intestinal necrosis/acute on chronic inflammatory bowel and lymphadenitis versus emerging round cell neoplasia are primary differentials. Prognosis is guarded.

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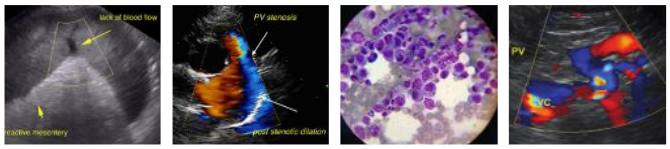

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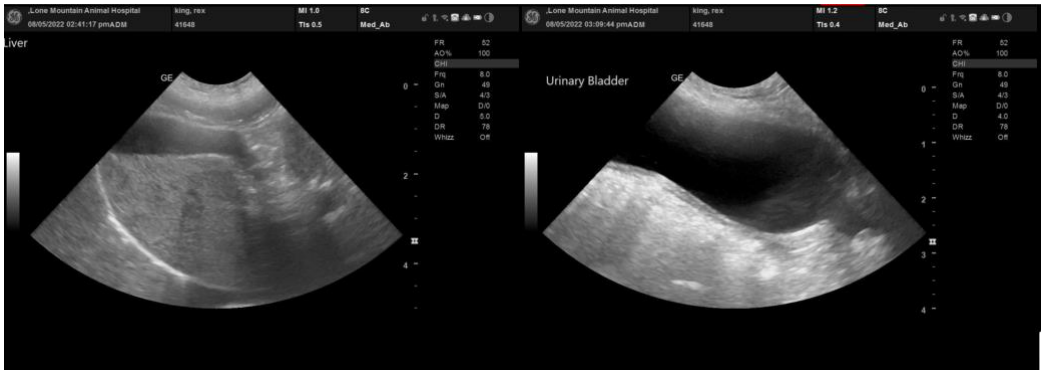

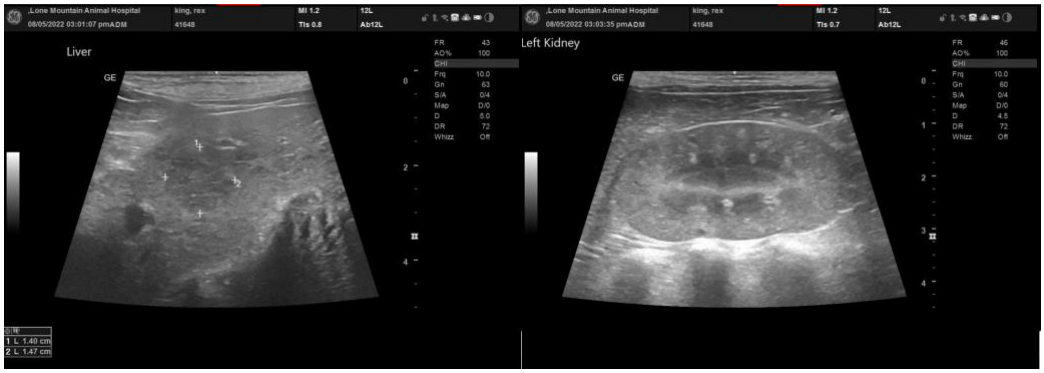

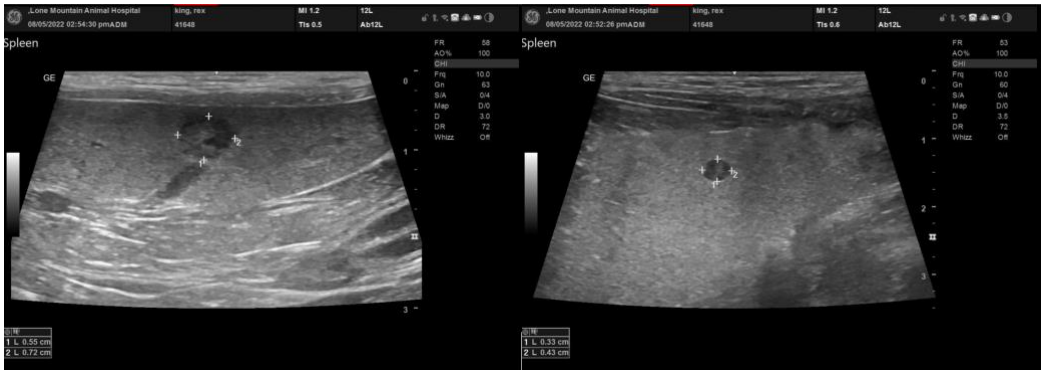

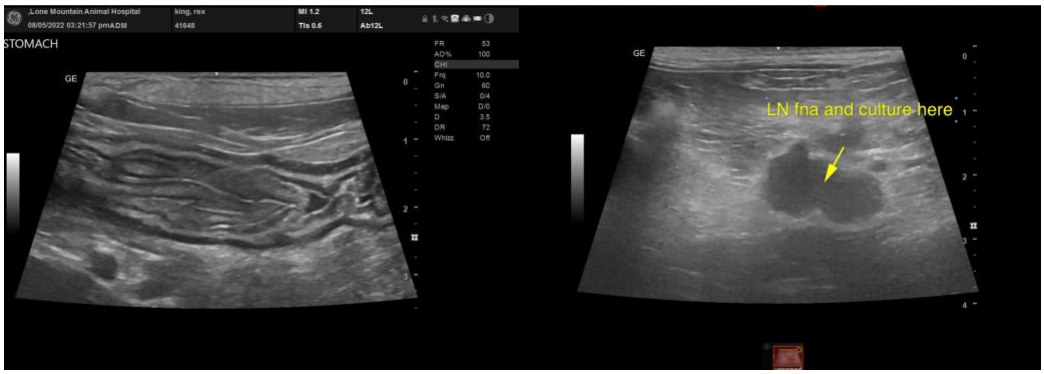

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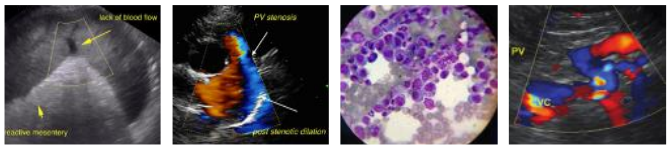

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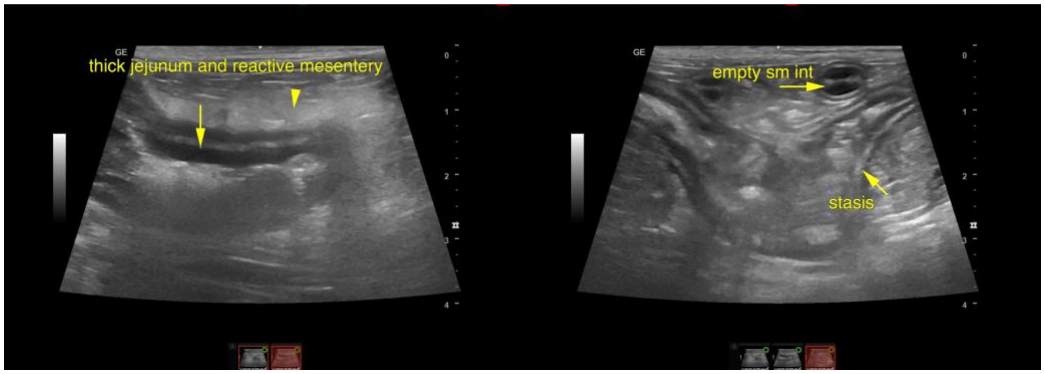

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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