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Clinical Sonography & Telecytology
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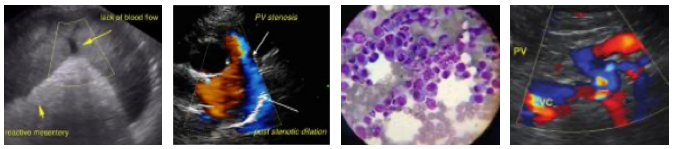

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Eryn Hunter

SPECIES
Canine

BREED
Austr Shepherd X

SEX
Female Spayed

AGE
3 years, 6 mos

WEIGHT
7 kg

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dallas Reynolds, LVT

HOSPITAL NAME
Lone Mountain AH

REFERRING VET
Dr. Taylor Parker

INVOICE
12504

DATE
3.23.23

PRESENTING CLINICAL SIGNS

History: BCS 1/5. Presents with history of diarrhea >2 weeks, limited hx previously due to being at local animal shelter. Was dewormed, went through course of metronidazole and probiotics. Not putting on weight; however, has only been on appropriate diet the last 2 weeks. CBC/Chem WNL. GI panel pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney has a normal shape and architecture with a slightly irregular margin (consistent with prior infarct) and measures 6.10 cm, perhaps even on the larger size, given the size of the patient. There is decreased corticomedullary distinction and normal echogenicity. There are at least 2 cortical cysts in the kidney (the largest measuring 0.54 cm x 0.36 cm at the caudal pole). There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is slightly misshapen from the irregular margin (consistent with prior renal infarcts) and measures 6.30 cm, perhaps even on the larger size given the size of the patient. The overall shape is normal and architecture is normal. There is decreased corticomedullary distinction and normal echogenicity. There are numerous cysts within the kidney, the largest measuring 0.48 cm x 0.56 cm (many more cysts than the left kidney).

Adrenal Glands

The left adrenal gland is normal in size at cranial pole 0.40 / caudal pole 0.40. The left adrenal gland has normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.40 cm thick. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is a moderate amount of echogenic debris suspended throughout the gall bladder. The cystic and common bile ducts are not visible.

Gastrointestinal Tract

The gastric lumen is significantly distended with fluid and what appears to be ingesta. The deeper portions of the stomach could not be evaluated, including the pyloric outflow tract. The stomach wall is of normal wall thickness (0.35 cm) with some variability due to rugal folds. There is normal gastric wall layering.

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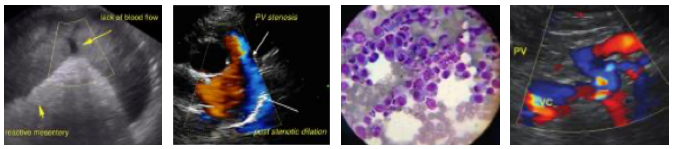

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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. There is distinct wall layering throughout. There is mild to moderate mucosal speckling throughout the small intestines. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The colon measured normal at 0.13 cm with normal wall layering. The sections of colon are visualized with incompletely-formed feces throughout.

Pancreas
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum
There is a small volume of anechoic effusion caudally in the abdomen, and a scant volume surrounding the small intestines. There were mildly enlarged mesenteric and colonic lymph nodes. The colonic lymph nodes were cystic. The lymph nodes are hypoechoic. In the caudal abdomen, between the bladder and the colon, there is an abnormal structure (1.58 cm x 1.36 cm) that is of mixed echogenicity and is slightly complex-looking with mottled hyper- and hypoechoic areas. It is difficult to determine the exact orientation of the structure with the images provided (whether it is cranial to the bladder, or more caudal towards the pelvic inlet).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Small intestinal mucosal speckling, consistent with chronic enteropathy and diarrhea
- Abnormal structure in the caudal abdomen
- Moderate chronic degenerative changes to the kidney

Secondary Findings

- Moderate gall bladder sludge
- Significant volume of gastric contents.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are changes to the small intestine that are consistent with a chronic enteropathy. Though the intestines measure normal diffusely, there is some mesenteric and colonic lymphadenopathy that is considered most likely to be reactive, and effusion that all suggest gastroenterocolitis. Pending GI panel, continue the diet trial and anti-diarrheal therapy (e.g., added fiber, Montmorillonite clay, probiotics, etc.). Consider a baseline cortisol. If there are ongoing symptoms despite these therapies, then intestinal biopsies (endoscopic or surgical) could be considered. There is a large volume of ingesta and fluid within the stomach precluding adequate evaluation of the gastric mucosa and pyloric outflow tract. If the patient was not fasted, this suggests ileus/gastric apnea. Consider follow-up ultrasound when fasted if there are concerns about upper intestinal symptoms.

The changes to the kidneys are moderate and suggestive of chronic kidney degeneration. Consider routine monitoring of renal values and urinalysis. Consider Ursodiol therapy for the gall bladder sludge, though it is considered incidental.

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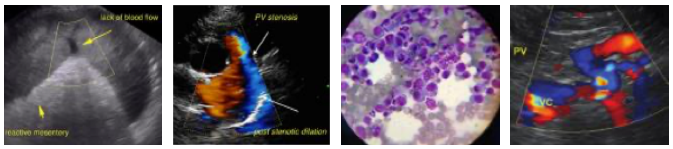

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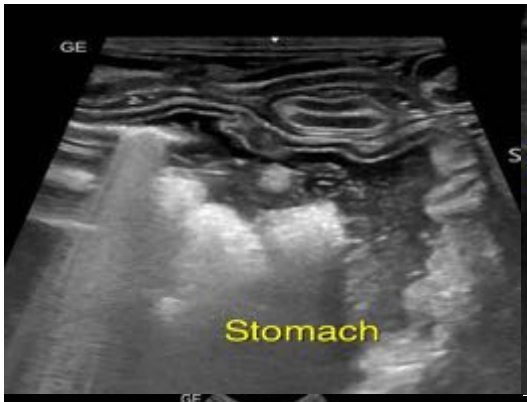
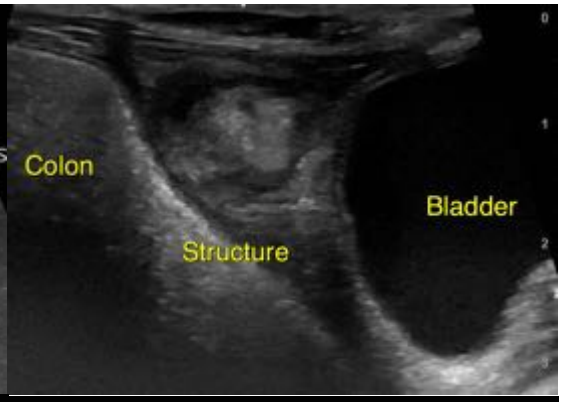
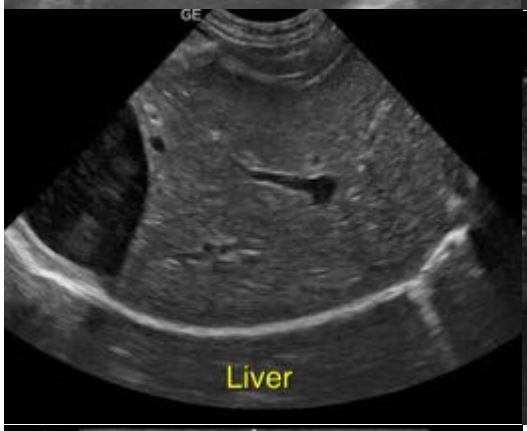
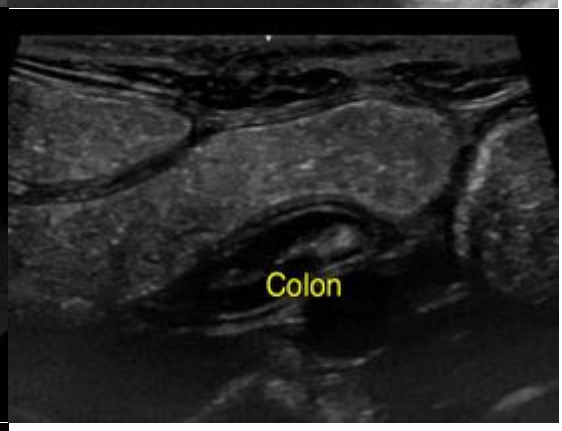
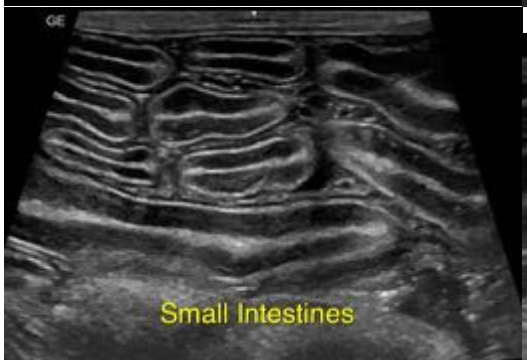
There is an abnormal structure in the caudal abdomen sandwiched between the colon and bladder. It is difficult to determine the exact location and location of this structure (whether it is more caudal into the pelvic inlet, or cranial to the bladder). Considerations would be uterine stumps/cervix, enlarged reactive lymph nodes (though this structure does not have a typical appearance of a lymph node) or a nodule (e.g., emerging neoplasia, granuloma, hematoma, saponified fat, etc). Fine-needle aspirate for cytology and possibly culture could be considered. This structure does not appear overtly inflamed and may not be related to the presenting complete of diarrhea and failure to gain weight. Given that this structure may be completely incidental, a repeated ultrasound in several months to recheck this structure could be considered.

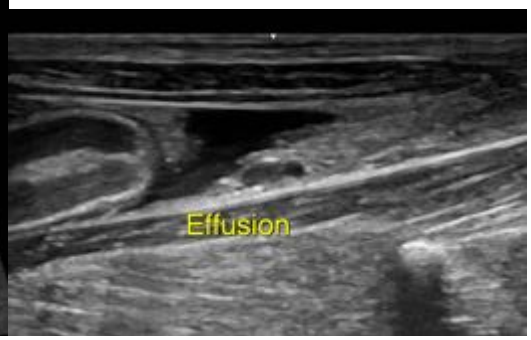












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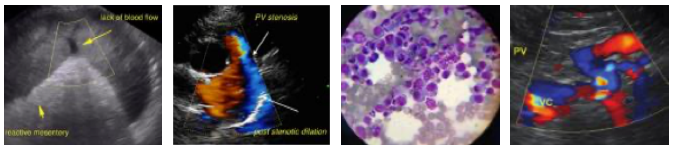

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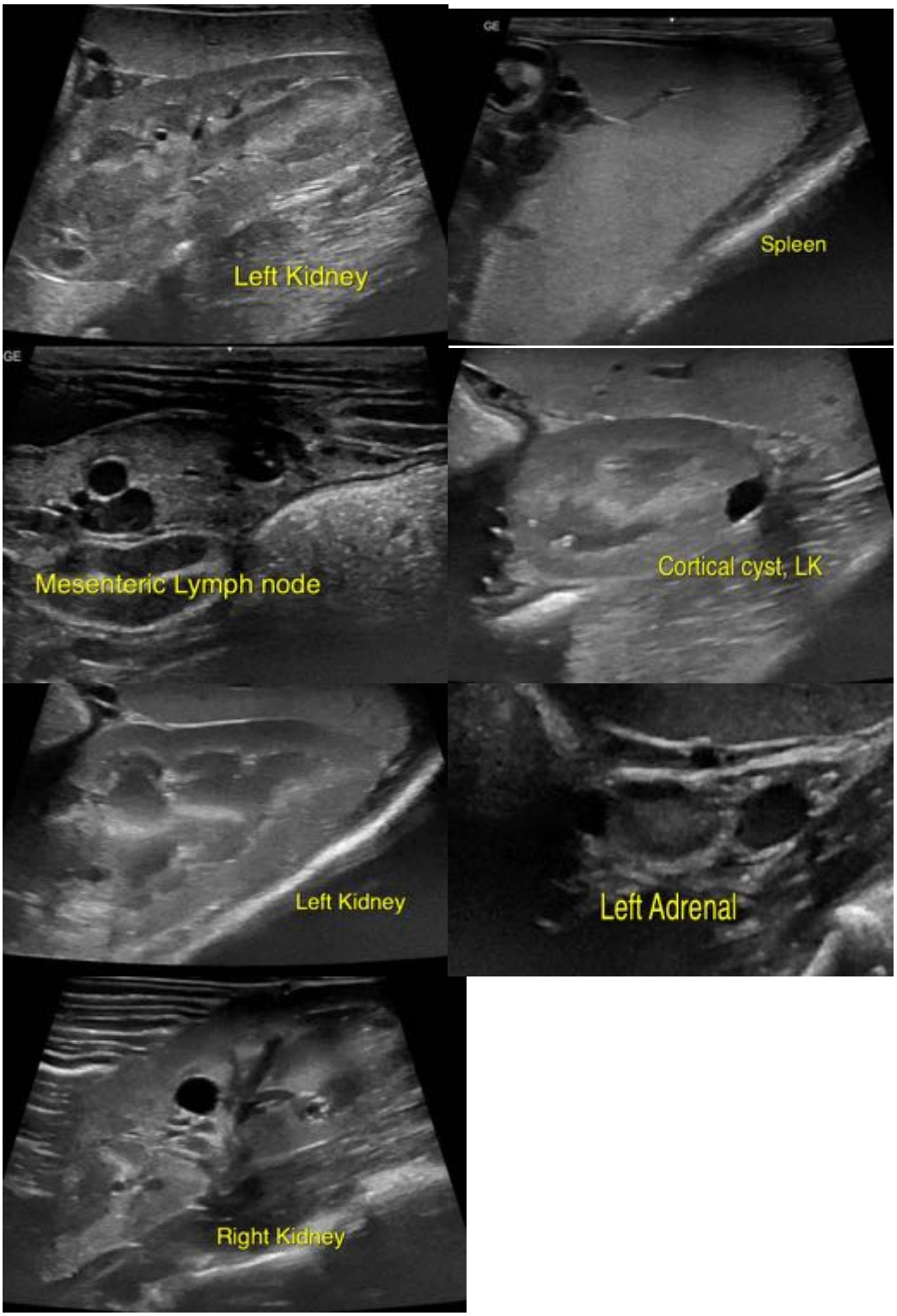

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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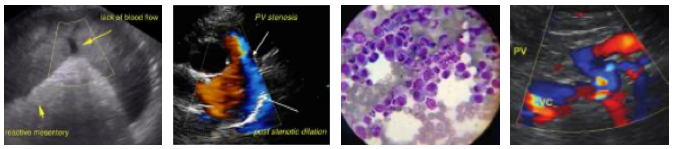

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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