

**DATE PRESENTING CLINICAL SIGNS**

4.20.2023 Chronic diarrhea, started after dog ate tennis ball (non-obstructive) in early February. Dog is responsive to Metronidazole but have been attempting diet trial for past week with acute worsening. No weight loss or vomiting, normal attitude and appetite. Screening labs done March, NSF.

**PATIENT**

Remi Donohue

Current Medications: Metronidazole 500mg BID intermittent.

Lab Results: 3/13/23 NSF. Fecal negative 2/8/23.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV: 0.6ml Torb.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Neutered Male

**AGE**

4-20-23

**WEIGHT**

65.4lbs

**INTERPRETED BY**

Jessica Midence,  
DVM, DACVIM  
(SAIM)

**HOSPITAL NAME**

Everhart VH

**REFERRING VET**

Dr. Notarangelo

**INVOICE**

12815

**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 prostate measures appropriate for the neutered status of the dog. The parenchyma appears homogenous.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.76 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.84 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (cranial pole 0.61 cm / caudal pole 0.56 cm). The left adrenal gland has normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size at (cranial pole 0.46 cm / caudal pole 0.57 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

**Spleen**

The splenic echotexture is mildly mottled 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal Tract***

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The majority of the jejunum measures normal, but a few loops did measure at the upper end of normal (at 4.70 cm) or mildly thick (at 0.50 cm) with normal wall layering diffusely. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon measured normal (0.23 cm thick) with incompletely formed fecal material. No observed focal or generalized colon wall thickness or loss of layering.

### ***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***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The mesenteric lymph nodes are very mildly enlarged and hypoechoic (the largest measuring 1.20 cm in length / 5.30 cm in width). The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

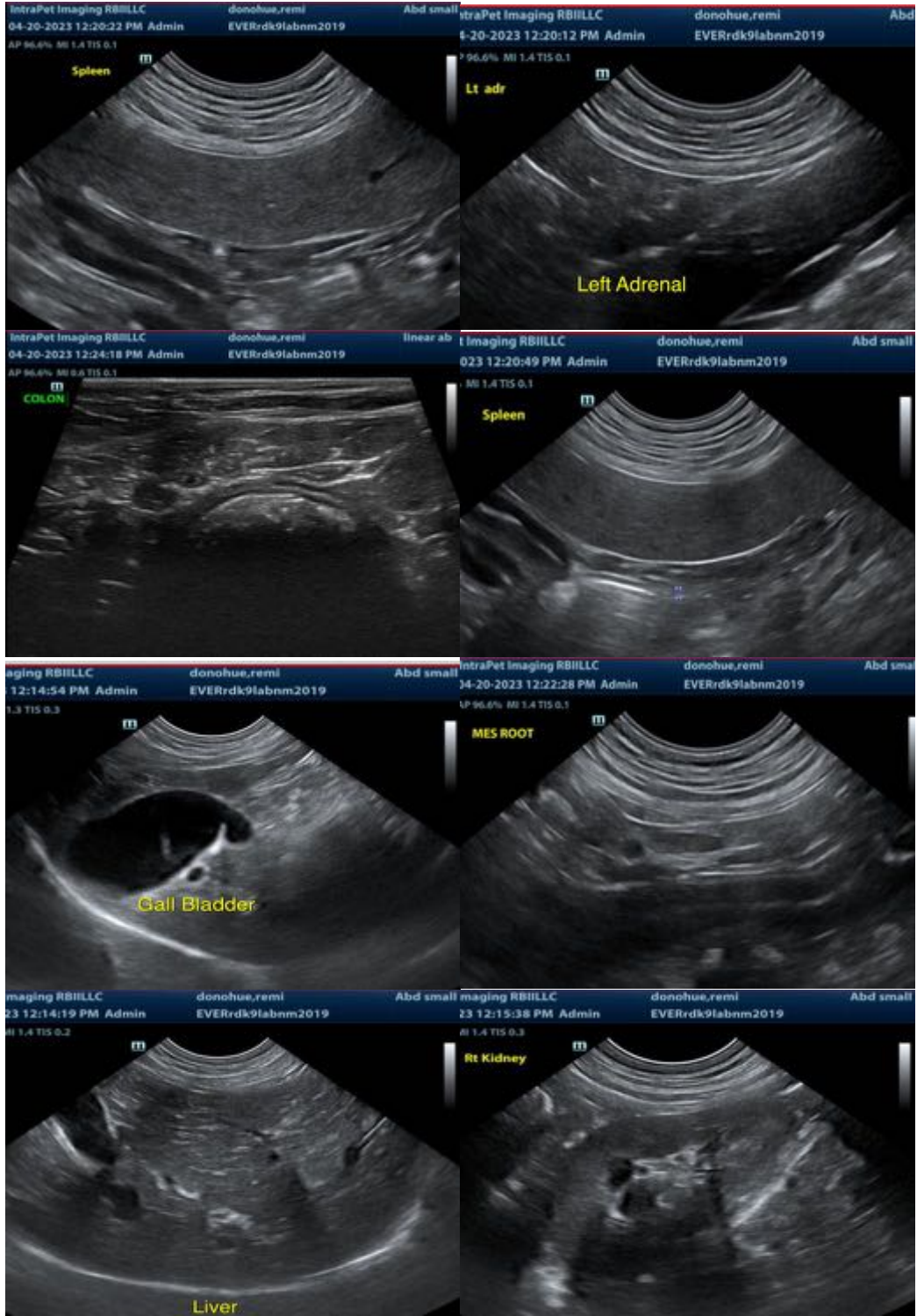
### ***Findings***

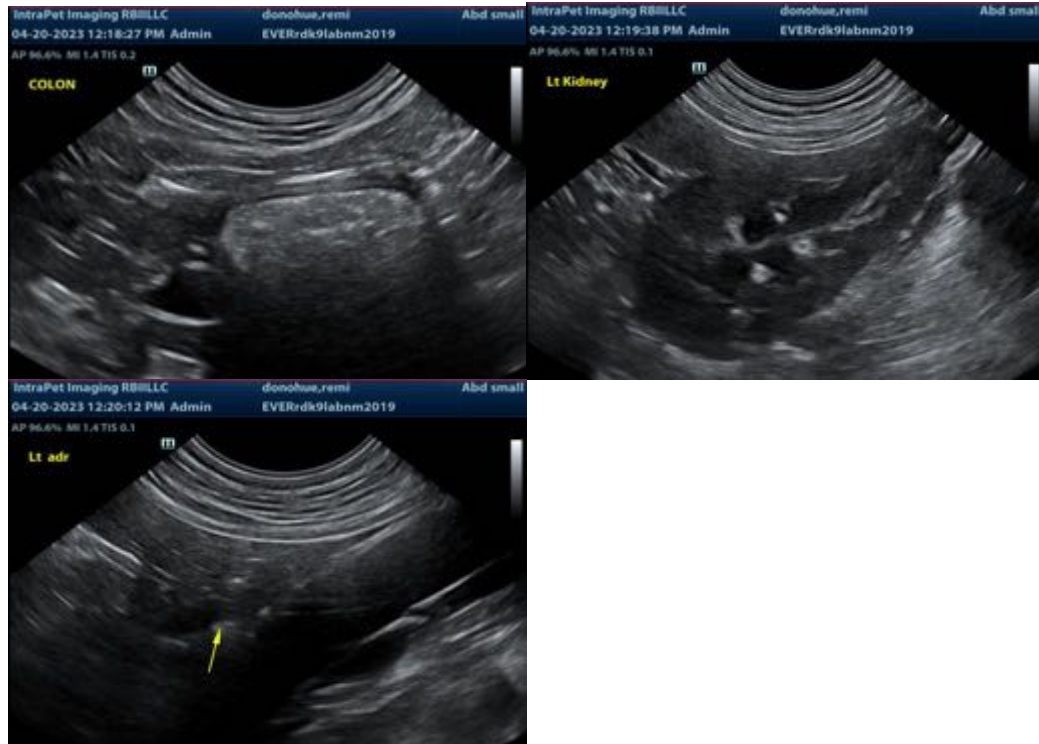
- Mildly thickened small intestines with reactive lymph nodes
- Incompletely formed feces in the colon

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes to the small intestines would be consistent with either chronic or acute enteritis, though the changes are very subtle. The colon looked normal, other than incompletely formed feces. Consider a GI panel, trying other diets such as Hills Animal Biome or a novel protein, hypoallergenic or low-fat diet (such as Royal Canin and Gastrointestinal Low-fat).

Consider empiric deworming despite a negative fecal baseline cortisol, to rule out hypoadrenocorticism, and consider fiber supplementation, Montmorillonite clay, or probiotics. If there is still no resolution in diarrhea). Consider referral for endoscopy/colonoscopy.





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.

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