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Clinical Sonography & Telecytology
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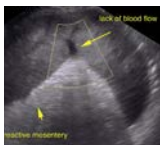
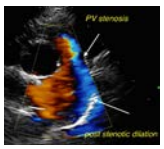
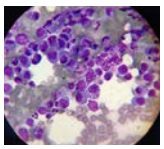
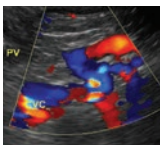

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Blue Nash

SPECIES

Canine

BREED

Dach

SEX

Neutered Male

AGE

18 Months

WEIGHT

6 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Natasha Stanley

HOSPITAL NAME

Viking Vet Hospital

REFERRING VET

Dr. Hayley Dixon

INVOICE

44139

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Bloody stool off/on for 6 months. no current meds. Previous rDVM tried metronidazole/fortiflora/amoxi with no response, chews at feet and dry ceruminous debris Was cryptorchid for neuter

Abnormal PE/Chem/CBC/UA Results: pending CBC/Chem/T4/cobalamin/folate/TLI w/ Idexx GI panel. Negative for giardia several times from previous vet. Nov 2022 Pre-op lab work WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no sediment or uroliths. The ureters were not visible, which is normal. The bladder trigone were normal. The pelvic urethra was visualized to a depth of 1 cm and was normal in thickness and tone.

The **iliac trifurcation** was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. The medial iliac lymph nodes were visualized and found to be normal in size, shape and echogenicity.

Both **kidneys** were subjectively normal in size for breed and body weight. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no evidence of pyelectasia or renoliths. The renal perfusion and vascularity were normal on power doppler. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The **right adrenal gland** was clearly visualized and found to be normal in size and shape for breed. The capsule was smooth with no evidence of capsular expansion. The echogenicity and echotexture was normal. The right adrenal gland measured 0.4 cm at the cranial pole and 0.9 cm at the caudal pole.

The **left adrenal gland** was indistinctly visualized but appeared normal in size and shape with normal echogenicity.

Spleen

The **spleen** was normal size and shape with a smooth capsule contour. The spleen was in a normal position. The parenchyma had a finely textured and homogenous echogenicity. The vasculature was normal in structure, with no evidence of thrombus on power doppler examination.

Liver

The **liver** was normal in size and shape with a smooth capsule contour. The liver lobe edges were appropriately sharp. The parenchyma had a normal coarse and homogenous texture. The hepatic and portal vasculature were normal in size and volume. The portal vein was clearly visualized, with no evidence of intra or extra-hepatic shunting. There were no visible focal lesions, masses or inflammation present.

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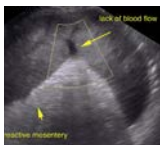
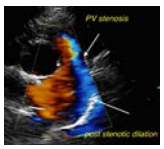
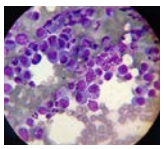
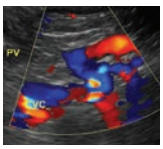

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The **gallbladder** was normal in size and shape. The gallbladder wall was thin and echogenic, with no sign of luminal or surrounding inflammation. The gallbladder contained a minor amount of sludge, within normal limits. The cystic duct and common bile duct were visualized and found to be normal in size and shape.

Gastrointestinal

The **stomach** was contained suspected ingesta with normal size, shape, and position. The stomach wall was normal in thickness and maintained appropriate layering. The **small intestine** displayed normal curvilinear patterns throughout, with normal wall thickness and layering. Normal peristalsis was present. The descending **colon** wall was thickened, measuring 3 mm in width, primarily due to mucosal hypertrophy. The mucosal layer was hypoechoic. Wall layering was maintained. The ascending and transverse colon walls were mildly thickened. The colon contents appeared unformed and echogenic.

Pancreas

The left limb, body and right limb of the **pancreas** were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

Free Abdomen

No peritoneal effusion was noted. Mild mesenteric reactive lymphadenopathy was visible.

ULTRASONOGRAPHIC FINDINGS

- Colitis – descending colon primarily
- Mild mesenteric lymphadenopathy – reactive pattern
- Structurally normal gastrointestinal tract otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In a young dog, causes of colitis would include dietary indiscretion, parasites, food intolerance/allergy, bacterial or fungal infections. Considering the longer duration of symptoms in this dog, I would recommend prophylactic deworming, despite negative fecal testing, with Fenbendazole 50 mg/kg PO SID for 5 days, repeated monthly for 3 months. A high quality probiotic, such as Visbiome, can be helpful. A hydrolyzed protein diet can be considered as well.

The pending GI panel will help to evaluate small intestine and pancreatic function.

Although much more common in young Boxers and French Bulldogs, an additional condition to consider would be Granulomatous Colitis. It has also been called Histiocytic Colitis. This condition tends to be refractory to most commonly used therapies. Definitive diagnosis would require colonic biopsies and FISH testing.

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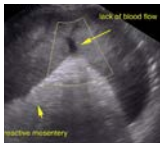
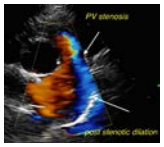
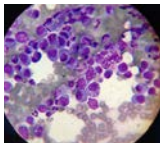
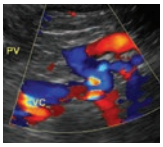

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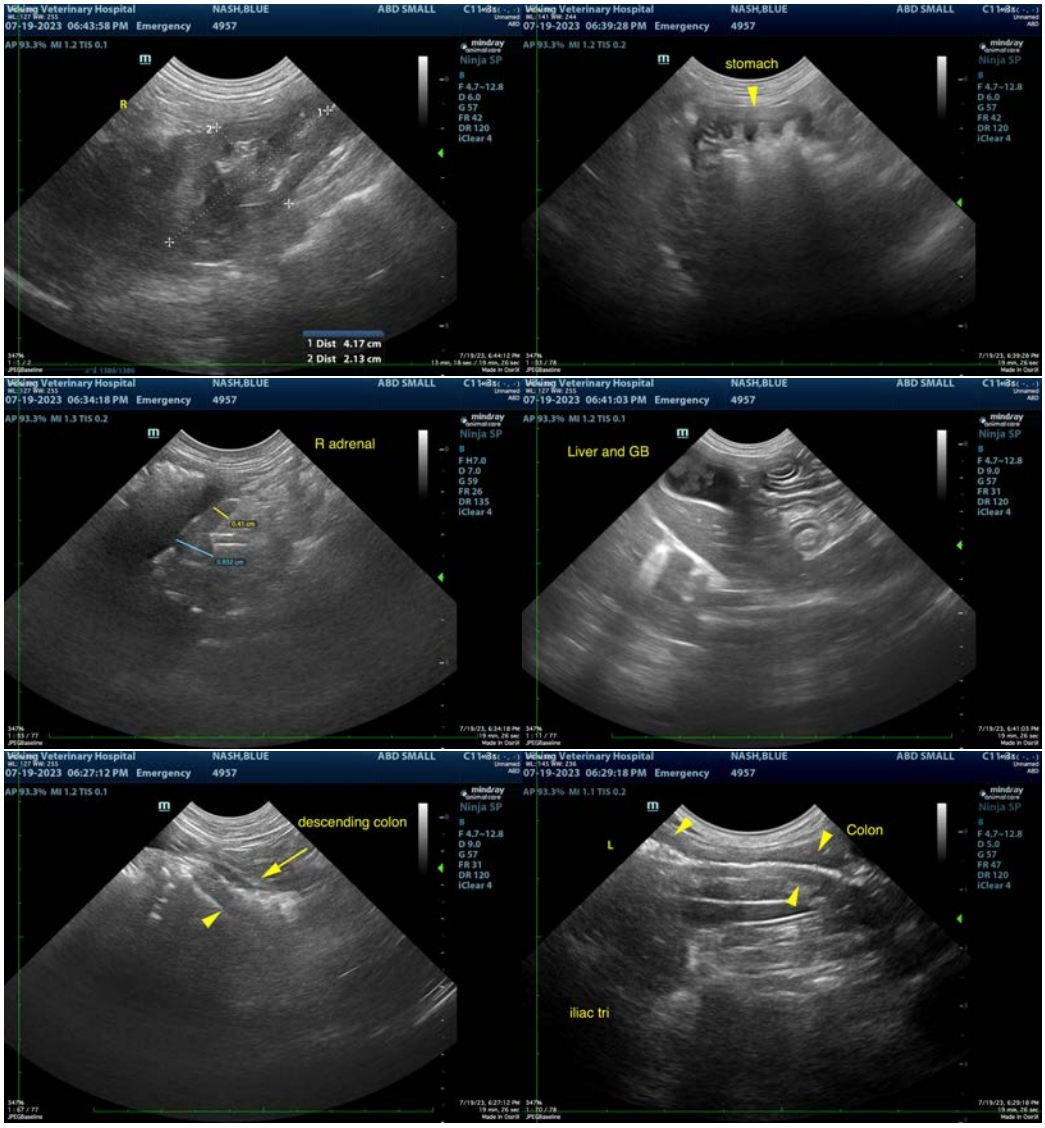

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com