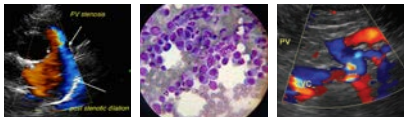
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

10/28/22

PATIENT

Peaches Tighe

SPECIES

Canine

BREED

Bassett Hound

SEX

Spayed Female

AGE

4/24/18

WEIGHT

56.6 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Harvey

INVOICE

42469

PRESENTING CLINICAL SIGNS

Diarrhea 10/9 while boarding at kennel with private indoor/outdoor access and did not socialize with other dogs and a small amount of blood noted in the stool. O picked P up on 10/11, P ate well but then started with liquid, bright red, stool, very gelatinous. Went to AEH. CBC NSF. Metro and Proviable TGH. Some improvement but then D returned. Recheck 10/19. Extended metro course, Diagel, EN canned. O feels Diagel helped a lot for about 2 days, then diarrhea started to worsen again. Eating EN well. No blood or mucus in stools anymore. P acting like normal self at home. No urgency to diarrhea, can hold it all night and wait until O lets her out.

Current Medications: Diagel, Metronidazole 500mg 1 PO BID for 5 days
Lab Results: Chem NSF.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.66 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.65 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.57 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent colonic lymph node measuring 0.71 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent colonic lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal other than a prominent colonic lymph node, which is likely reactive.

There are many possible causes of diarrhea, many of which cannot be diagnosed by ultrasound alone. Consider such differentials as food allergies/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, IBD, and less likely GI neoplasia.

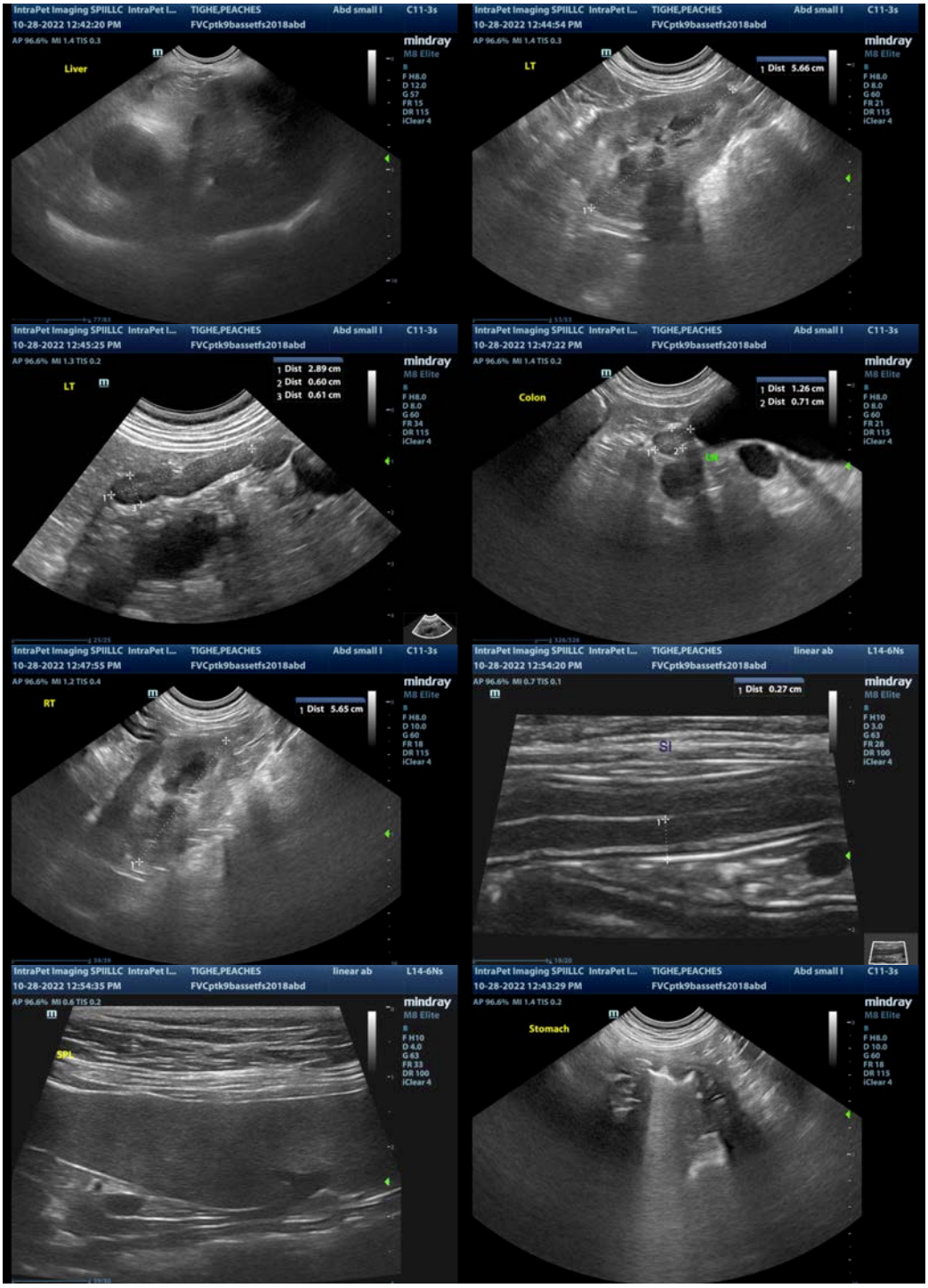
- Options for dietary therapy include a novel protein/hydrolyzed protein diet (this should be strictly adhered to for at least 4-6 weeks), or you could consider an ultra low-fat diet. Additionally, you can experiment with the addition of fiber. Some dogs will improve the consistency of their stool on fiber, but others it can worsen.

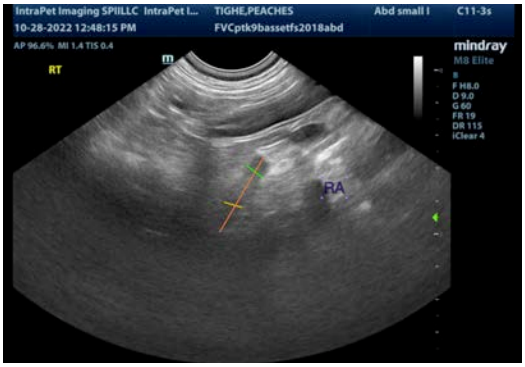
- Continue chronic probiotic therapy long-term.

- Consider discontinuation of antibiotics including Metronidazole in case this is promoting dysbiosis.

- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

- Recommend empirical deworming and screening protozoal parasites.
- If symptoms persist and you're concerned about the possibility of dysbiosis, you could consider a fecal transplant, as this is a fairly easy procedure to perform, and some dogs will respond well to it.





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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