

**DATE PRESENTING CLINICAL SIGNS**

10/6/21 Diarrhea since came home at 8 weeks old, waxing and waning, sometimes attitude is diminished also.
Current Medications: Probiotics, Flagyl 250 mg 1 SID, Baytril 22 mg 1 BID x7 (started today for skin issue), Blue Buff. HF diet.

PATIENT

Teo Carlson Lab Results: Attached
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Dexdomitor IV.
Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED *Urinary System***

Goldendoodle

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.

SEX

Intact Male

The prostate is normal in size (0.9 cm) and shape for this male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

6/22/21

The left kidney has a normal shape and size (5.1 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

19.2 Pounds

The right kidney has a normal shape and size (5.21 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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.

HOSPITAL NAME

Animal Medical Center
of Dulaney Valley

The right adrenal gland is normal in size measuring 0.28 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.

REFERRING VET

Dr. Chrest

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.

INVOICE

26114

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 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. Duodenum wall measured 0.43 cm. Jejunum wall measured 0.28 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 liquid shadowing 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. A mild mesenteric lymphadenopathy is present with a cluster of prominent lymph nodes near the mesenteric root measuring 0.66 cm and 0.63 cm in diameter. The omentum is of normal uniform echogenicity.

Other

The left and right testicle were visualized and appear normal.

ULTRASONOGRAPHIC FINDINGS

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is a normal finding in a young dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

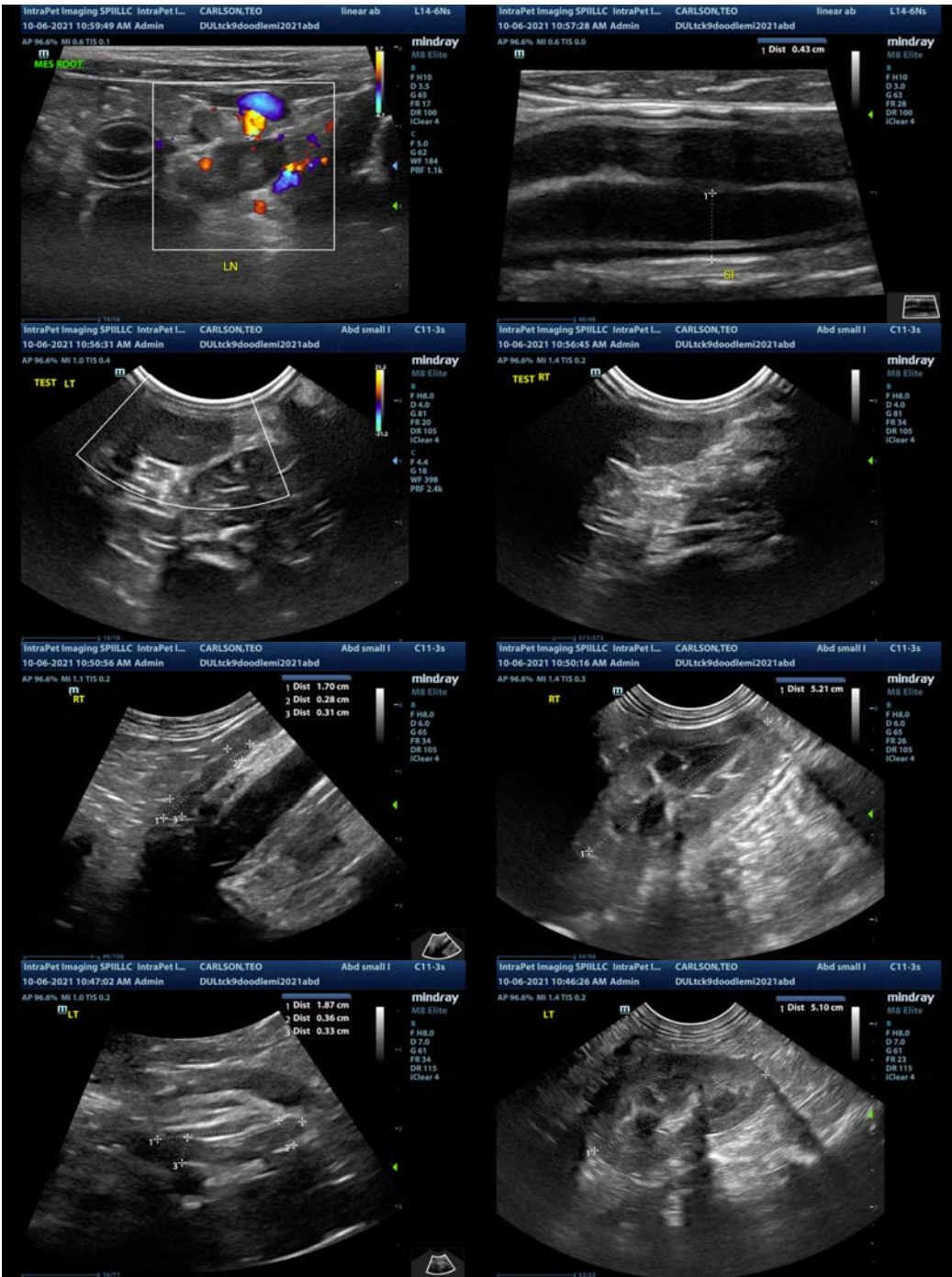
Today's scan was relatively normal for a young dog. No focal lesions were observed to explain the diarrhea reported. Many causes for diarrhea cannot be definitively diagnosed by ultrasound alone.

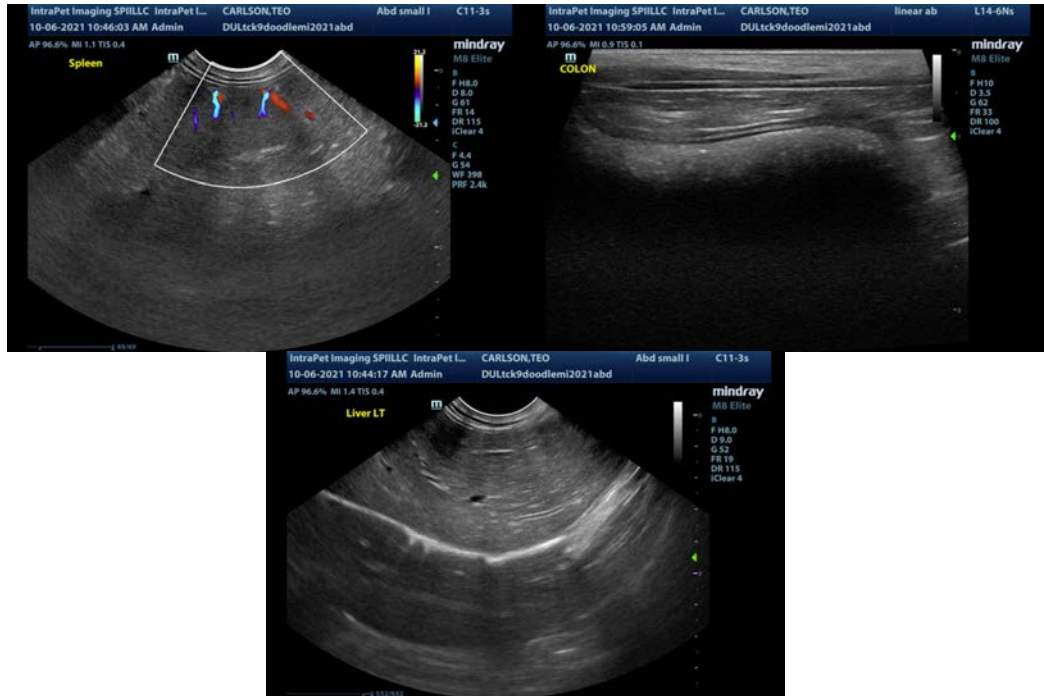
- Recommend blood work, a liver function test, and an ACTH stimulation test to rule out Addison's, a shunt not seen on today's ultrasound, etc.
- Additionally, recommend a GI panel with PLI, TLI, folate and cobalamin to look for evidence of exocrine pancreatic insufficiency and dysbiosis.
- If metabolic causes are ruled out, consider primary GI causes such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and much less likely intestinal neoplasia.

In a young dog like this, once metabolic causes are ruled out and parasitic causes (with testing and empirical treatment), then dietary sensitivity or dysbiosis is most likely, particularly if this is a patient who has taken systemic antibiotics previously.

- Consider diet trial with novel protein/hydrolyzed prescription diet.
- Recommend starting a probiotic and limiting systemic antibiotic whenever possible.

- If symptoms are progressing despite taking these measures, you could consider endoscopic biopsies, but in a dog this young, IBD and neoplasia are much less likely differentials.





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.

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