



PATIENT PRESENTING CLINICAL SIGNS

Patch Charlebois Presented May 23 for soft stools and vocalizing while defecating. Anal glands expressed - both full and normal content. Seemed to resolve. Seen again June 23 for diarrhea with blood in it, panting, vocalizing while defecating, not eating and vomiting. Treated with Metronidazole, Probiotics and Cerenia but no response. Switched to Tylosin with minimal improvement. Rectal exams all normal.

SPECIES

Canine

BREED

Shih Tzu

Abnormal PE/Chem/CBC/UA Results: Bloodwork June 13, 23 WBCs M1 increased with M1-2 Neutrophilia, ALP M1 elevated, cPLi normal, Comp Diarrhea panel normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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.

AGE

9 Years

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

WEIGHT

7.5 kg

The left kidney has a normal shape and size (4.19 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (4.5 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.

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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.

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The right adrenal gland is normal in size measuring 0.74 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. Visconti

Spleen

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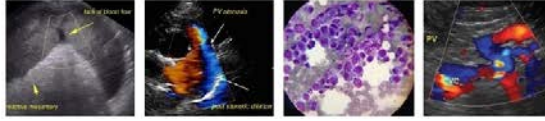
The visualized areas of spleen appear relatively normal in size but have a slightly irregular capsule. Splenic parenchyma appears of normal echogenicity and echotexture. The spleen is not visualized in its entirety.

DATE

6/22/23

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.



PATIENT

Patch Charlebois

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.

SPECIES

Gastrointestinal

Canine

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.

BREED

Shih Tzu

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 measures 0.29 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

AGE

9 Years

Sections of colon are visualized with formed fecal material and gas shadowing distally. The distal colon appears thickened and irregular, measuring approximately 0.62 cm with reduced detail of wall layering.

WEIGHT

7.5 kg

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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

- Thickened, irregular distal colon – Findings could be consistent with severe colitis, infiltrative disease, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distal colon appears prominent with thickened, irregular wall. The gas in the colon in this region shadows and makes visualization of the prostate challenging. Findings are concerning for distal colonic disease, but concurrent prostatic disease cannot be ruled out. Recommend a digital rectal exam to evaluate the prostate. Consider such differentials as GI parasitism, dysbiosis, inflammatory/autoimmune disease, etc.. infiltrative neoplasia would be a significant concern. Consider:

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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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 chronic probiotic therapy.

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If symptoms are persistent, consider further evaluation with a colonoscopy. Recommend a urinalysis to further evaluate for concurrent prostatic inflammation.



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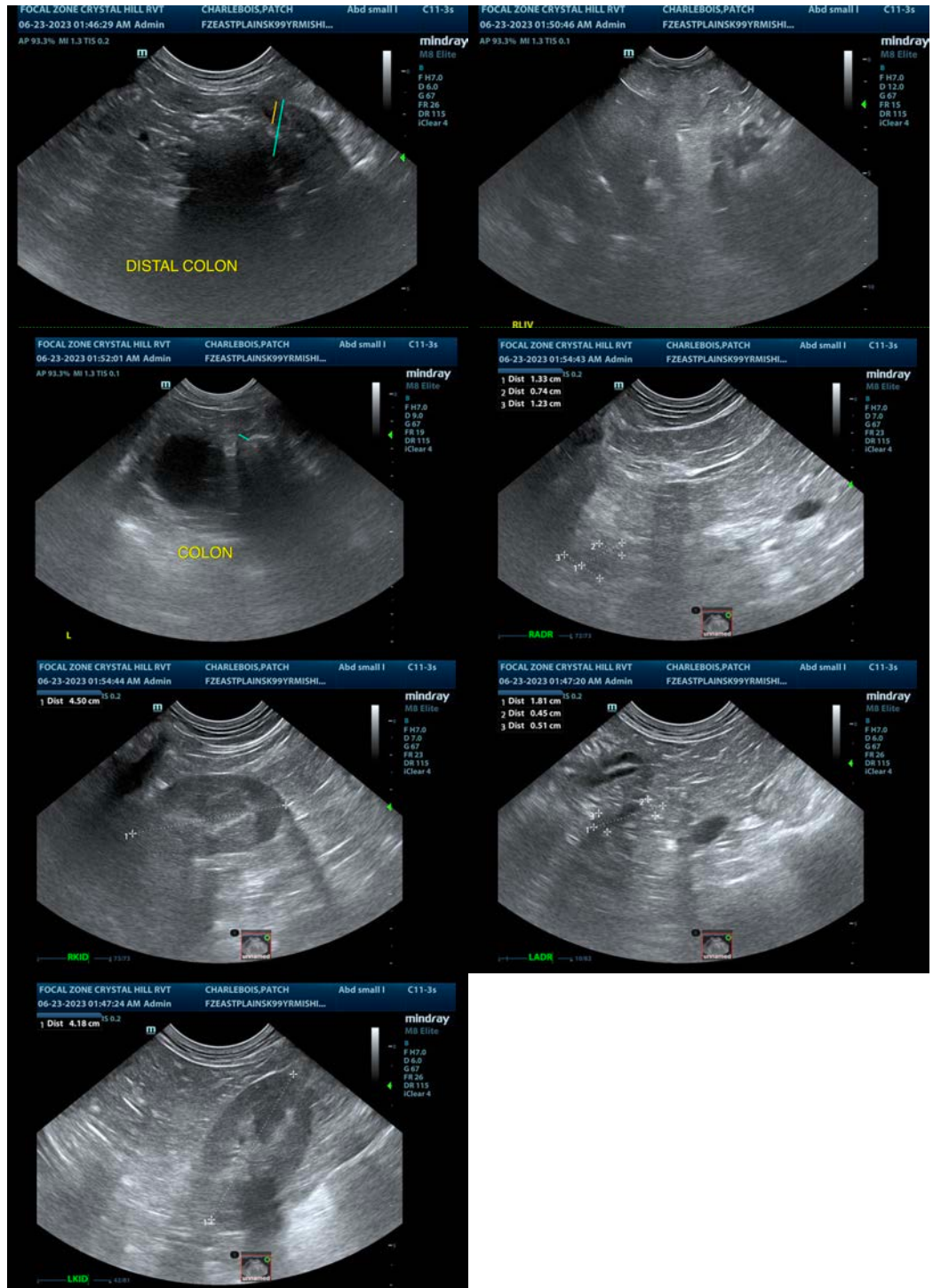
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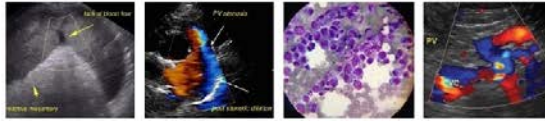
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PATIENT

Patch Charlebois

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.

SPECIES

Canine

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.

BREED

Shih Tzu

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