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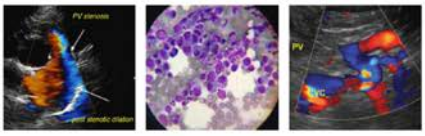

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Lexi Hobbs

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

7 Years 4 Months

WEIGHT

91 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet Practice

INVOICE

38487

DATE

6/8/22

PRESENTING CLINICAL SIGNS

Current Medications: Dasuquin Advanced 1 chew daily; L-thyroxine 0.7mg PO BID Patient History: Daily to every other day vomiting of bile, sometimes food; on and off diarrhea, does get table food. Owner reports excessive drooling before vomiting and usually around an hour after eating. Has lost 3lbs since March. Realized that a fecal has not been done, so will recommend that to owner. Has been vomiting for over a year, getting more frequent these past couple of months. Has had a couple ear infections in the past year.

Abnormal PE/Chem/CBC/UA Results: Abnormal Examination Findings: AD has mild erythema, canal is open; mild tartar upper arcade; left elbow has thickened area of skin with alopecia and hyperpigmentation; abdomen is slightly tense, likely due to being anxious; mild decrease ROM bilateral hips Lab work from 3/2022: Neutrophilia 13509 (2060-10600 u/L), monocytosis 1026 (0-840 u/L)

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 (6.99 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.

The right kidney has a normal shape and size (7.15 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 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 0.80 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. The spleen echotexture is heterogenous and mildly mottled, 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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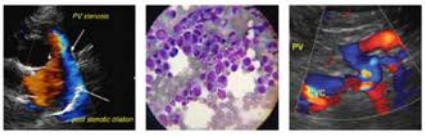

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a slightly increased thickness of 0.83 cm (normal is <0.70 cm) 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. This is a large dog, so I suspect this degree of wall thickness is within normal limits.

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 0.54 cm. Jejunum wall measured 0.45 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent gastric wall – The gastric wall measures as slightly increased. This could be normal for this very large dog due to normal rugal folding, or could be secondary to gastritis, or much less likely a neoplastic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no obvious focal lesions to explain the chronic vomiting and diarrhea reported. In some views, the gastric wall is mildly prominent. This could be artifact due to the large patient size, or due to gastritis. It is not uncommon to not be able to identify a cause for vomiting and diarrhea by ultrasound alone.

- Consider metabolic causes. If routine lab work is normal, then consider a baseline cortisol. Additionally, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to evaluate for exocrine pancreatic insufficiency, subclinical pancreatitis, etc.

If metabolic disease is thought unlikely, then consider primary GI disease such as dietary intolerance/food allergy, GI parasitism, dysbiosis, IBD, and less likely intestinal neoplasia.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- Consider the above mentioned GI panel.
- If there is no response to symptomatic medical management, consider obtaining GI biopsies.

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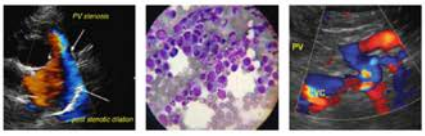

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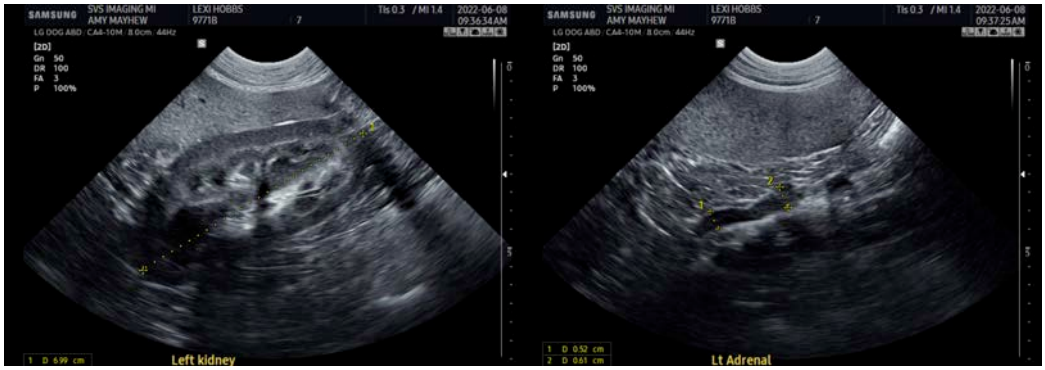
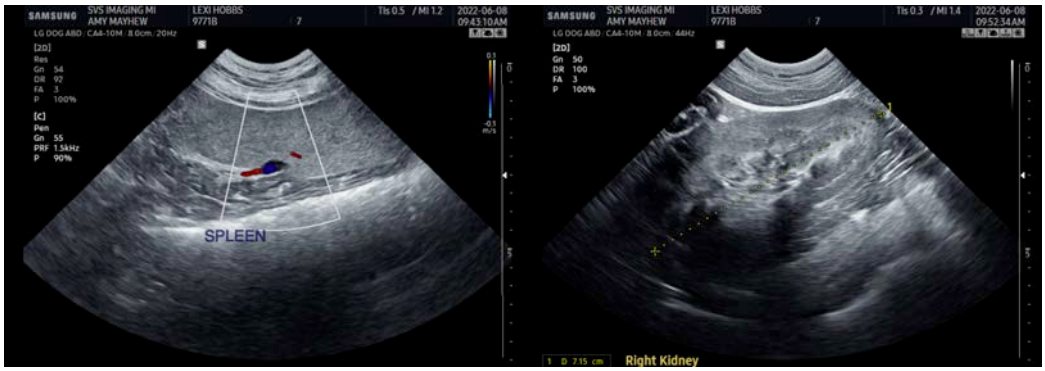
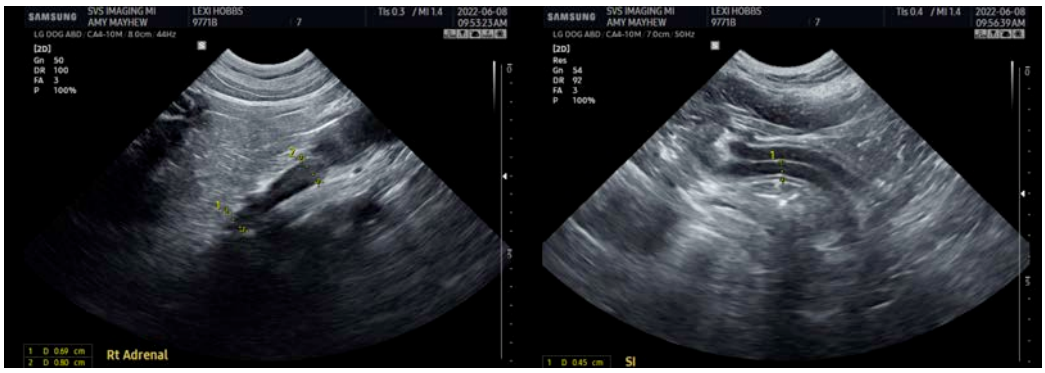
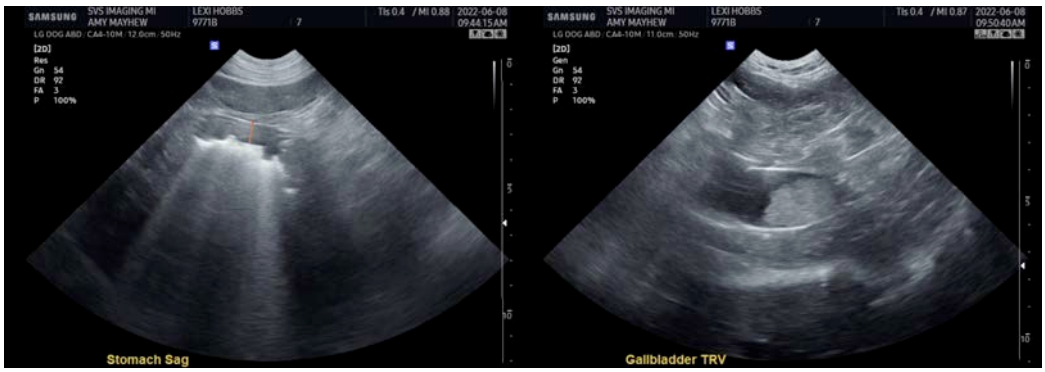
The spleen is mildly mottled. This can be normal for some German Shepherd dogs. A fine needle aspirate could be considered.

Recommend 3-view thoracic radiographs to evaluate the esophagus and other intrathoracic structures.









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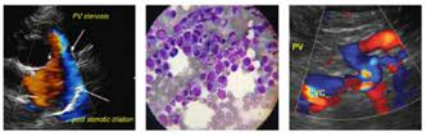

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com