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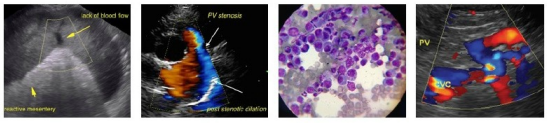


Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Dexter Daley

SPECIES

Canine

BREED

Norwich Terrier

SEX

Neutered Male

AGE

10y

WEIGHT

18lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Donner Truckee Veterinary Hospital

REFERRING VET

Dr. Vannini

INVOICE

10304

DATE

7/11/2023

PRESENTING CLINICAL SIGNS

Presented for acute onset vomiting and bloody diarrhea 7/7/23. Recheck with persistent bloody diarrhea 7/11/23 despite metronidazole administration since 7/11/23. Rx: cerenia x 4d. metronidazole 125mg bid, proviable bid. Diet change from JFFD (just food for dogs) to i/d turkey on 7/7/23.

Abnormal PE/Chem/CBC/UA Results: Keyscreen PCR fecal negative - 7/7/23 CBC/CHEM 17 lytes wnl - 7/7/23 cPL in house snap positive - 7/7/23

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 prostate is normal in size (0.82 cm) and shape for this neutered 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.

The left kidney has a normal shape and size (4.05 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 (3.97 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 0.47 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.

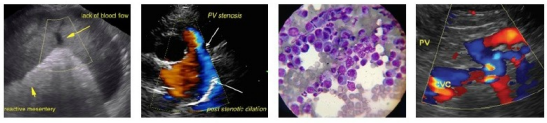
The right adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined hypoechoic nodules



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visualized throughout the hepatic parenchyma, generally varying in size from 0.5 cm to 1 cm. A larger nodule is visualized measuring 1.88 cm.

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. The duodenum measured as normal (0.5 cm in wall thickness), and the jejunum measured as normal (0.3 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and is normal in appearance, thickness, and wall layering. The distal descending colon at the level of the urethra appears somewhat irregular and thicken measuring at 0.4 cm with intact wall 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

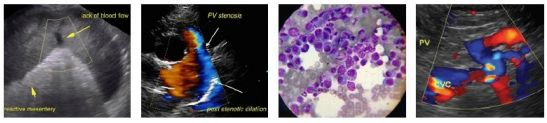
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent lymph nodes visualized in the abdomen. The gastric and pancreatic duodenal lymph nodes are prominent. Occasional clusters of mesenteric lymph nodes are visualized, one mesenteric lymph node is visualized at 0.48 cm. The omentum is generally of normal echogenicity.

PRIMARY FINDINGS

- Heterogenous liver with ill-defined hypoechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.
- Subjectively irregular / thicken distal colon. Findings could be consistent with colitis (infectious inflammatory, etc.) less likely neoplastic disease.
- Occasional prominent mesenteric lymph nodes. 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

No focal lesions are visualized associated with the GI tract to explain the vomiting and bloody diarrhea



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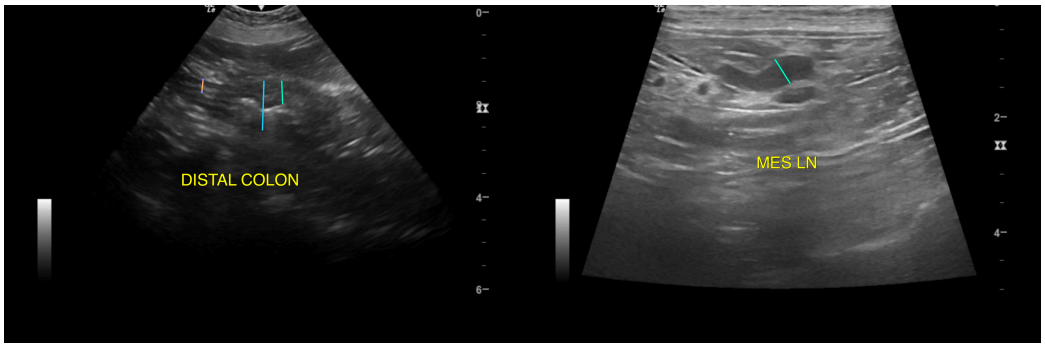
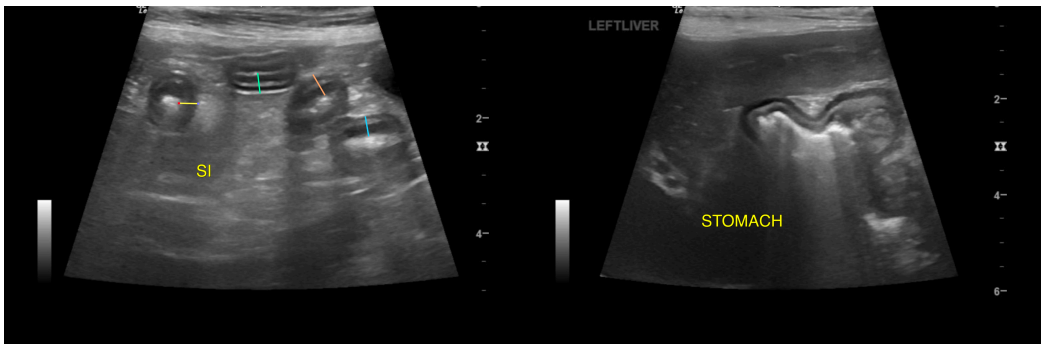
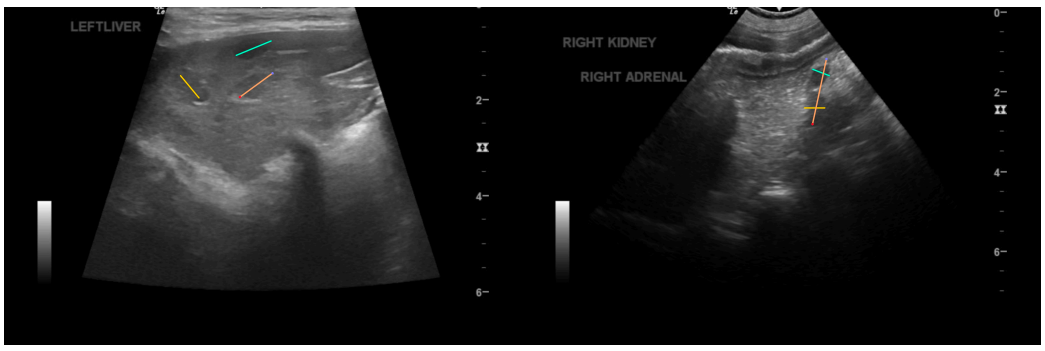
reported. This sounds most consistent with acute hemorrhagic diarrhea syndrome but appears to be persisting longer than expected. There is some subjective thickening of the distal colon with intact wall layering. This is most consistent with colitis, although infiltrative disease cannot be ruled out. If the patient is stable consider continued treatment for acute hemorrhagic diarrhea with a novel protein / hydrolyzed protein prescription diet, and probiotic therapy.

Additionally, if appropriate consider screening for GI parasitism and empirical therapy. A GI panel could be considered to the University of Texas looking for evidence of underlying pancreatic inflammation, dysbiosis, or exocrine pancreatic insufficiency. If symptoms become chronic (lasting over 2 weeks) then a colonoscopy may be indicated.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.







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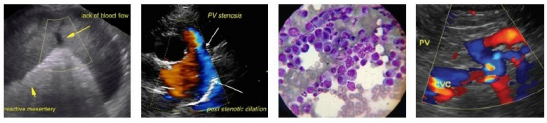

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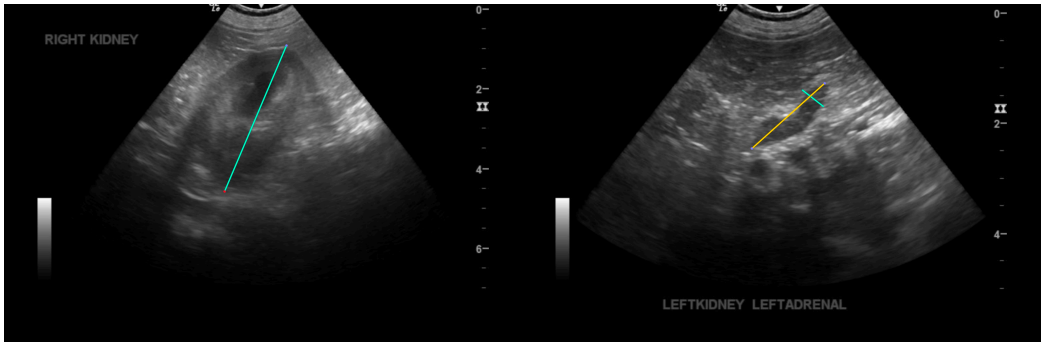

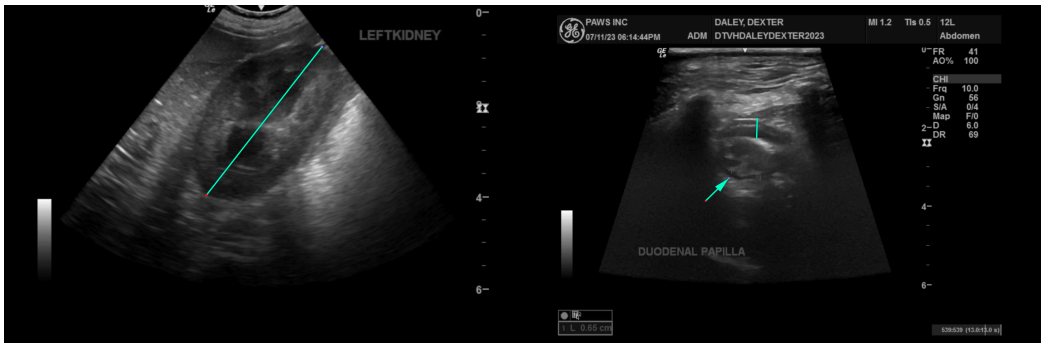

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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