IMAGING PERFORMED BY

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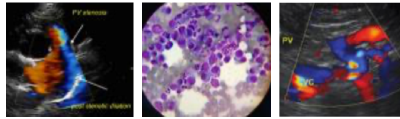

SonoPath
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DATE

7.6.2023

PATIENT

Laylee Dholakia

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

7/6/2013

WEIGHT

14.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Kalwa

INVOICE

13594

PRESENTING CLINICAL SIGNS

PC: Chronic intermittent bloody diarrhea 3 week Still eating, normal behavior, no vomiting History: - Eye infection/scratched cornea- Rx abx + itch medication. Side effect of medication was diarrhea. - P started with Diarrhea ~3 weeks ago- immediately stopped drug. Continued eye meds - Started Abx for diarrhea- able to give for 7-8 days- not able to finish "full course" Ran away, stopped tolerating it. Stool improved with abx - After episode of little blood, irritation. Gave probiotic + yogurt- firm BM- then diarrhea- then wnl for 4-5 days - Monday saw rDVM for anal gland expression and to have nails grinded - Difficult to express the anal gland- had rDVM express it on Monday the 3rd. Saw rDVM and told to monitor the diarrhea - Since then diarrhea with blood - Diet: Salmon/ sweet potato/ brown rice- jinx- has pre and probiotics - KNOWN CHICKEN ALLERGY- NO CHICKEN- picky eater, loves her kibble. knows she has chicken allergy bc she took it away and reintroduced it- C/S were itching. - Seasonal allergies - Hx of anxiety- adopted at 8 months old- O approves anxiety meds if needed - Eating well - No change in behavior- still excited - No vomiting at all except once when given abx - yesterday not wanting to use steps - No hx of GI issues except allergies - increased frequency of needing anal glands expressed - Felt warm past 2-3 days

Current Medications: None listed.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (4.00 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. Pinpoint nonobstructive mineralization is noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.64 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. Pinpoint nonobstructive mineralization is noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.64 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 (0.53cm 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 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.

Gastrointestinal
The stomach contains mild fluid. 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 (0.26 cm) and the jejunum measured as normal (0.22 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. The distal colon wall measures 0.14 cm.

Pancreas
The pancreas is prominent and slightly hyperechoic in the right limb, as compared to the surrounding isoechoic 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

Primary Findings

- Prominent hyperechoic right limb of the pancreas - The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

- Moderate gall bladder debris - The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

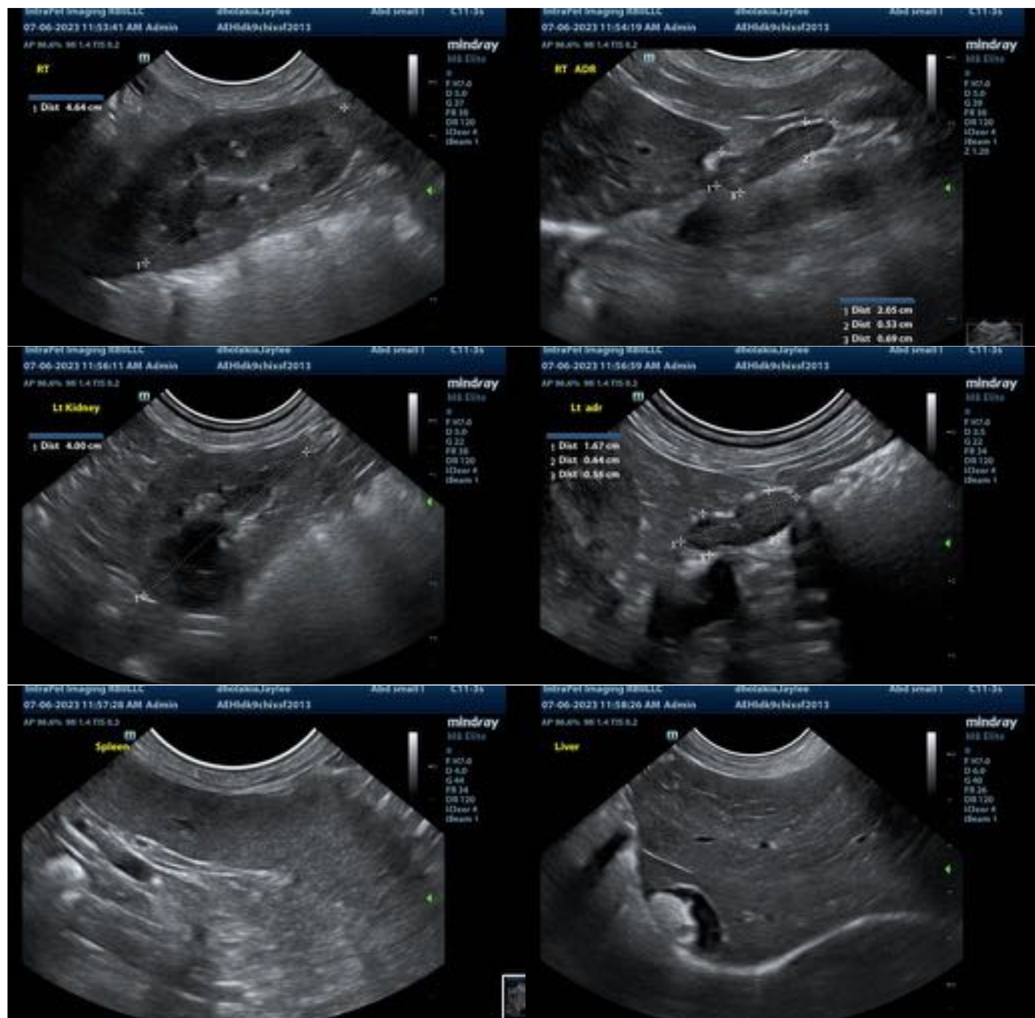
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild and seem unlikely to be associated with the hematochezia reported. Based on the history, I'd be concerned about stress colitis or bacterial overgrowth, but other differentials are possible (IBD, neoplasia, GI parasitism, acute hemorrhagic diarrhea syndrome, etc.)

- 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.
- Consider screening for Addison's if clinically appropriate.
- Recommended chronic probiotic therapy.
- If dysbiosis is strongly suspected, you could consider a fecal transplant.

If symptoms become chronic with no response to therapy, then a colonoscopy could be considered.

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



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.

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