IMAGING PERFORMED BY

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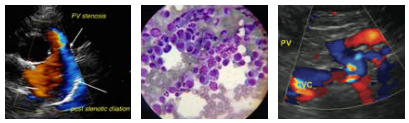

SonoPath
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DATE
8/13/21

PATIENT
Pearl Guyton

SPECIES
Canine

BREED
Border Collie

SEX
Spayed Female

AGE
3/1/20

WEIGHT
28.6 lb

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

HOSPITAL NAME
Jacksonville VH

REFERRING VET
Dr. Kablis

INVOICE
91206

PRESENTING CLINICAL SIGNS

History: 2-month history of not eating well - Owner must hand feed ground beef and rice, still doesn't eat well. Occasional vomiting- mostly froth /bile. On and off loose stools; hx of ear infections.
Current Medications: Cerenia 1.3ml (given on 8/10), Famotidine 10mg SID.
Lab Results: GHP NSF, CBC EOS 2.73 (previously dewormed and rec recheck fecal), cPL normal.
Radiographs: rads largely insignificant- gas/ ingesta small amount throughout GI tract.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

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 (5.55 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 (4.43 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 0.38 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 0.45 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 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 gallbladder 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 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 and the jejunum measured as normal (between 0.32, 0.3, 0.26 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. Sections of the colon are visualized with non-formed fecal material.

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 is a (mild/moderate severe) lymphadenomegaly present (rare prominent mesentery lymph nodes were visualized measuring 0.5 cm, 0.75 cm. The omentum is of generally normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mild gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Prominent mesenteric lymph nodes can be very common in young dogs and are likely normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no significant ultrasonographic lesions visualized associated with the reported diarrhea and gastrointestinal issues. This is not uncommon as many causes for GI signs cannot be definitively diagnosed by ultrasound alone.

- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, Gi panel (TLI/PLI, folate, cobolamine.)

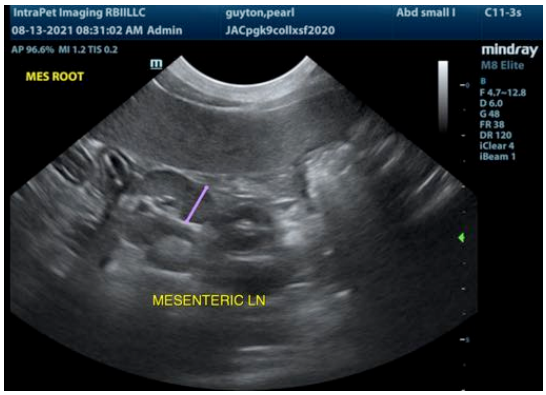
- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

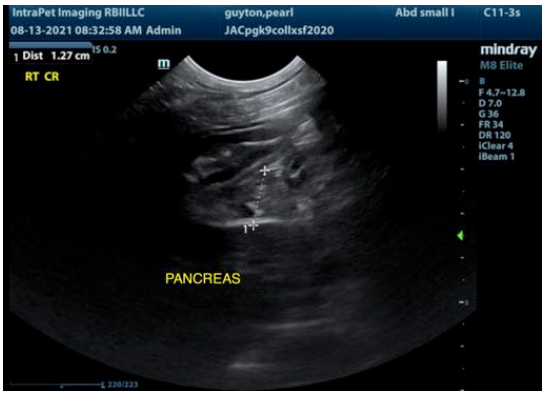
In patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

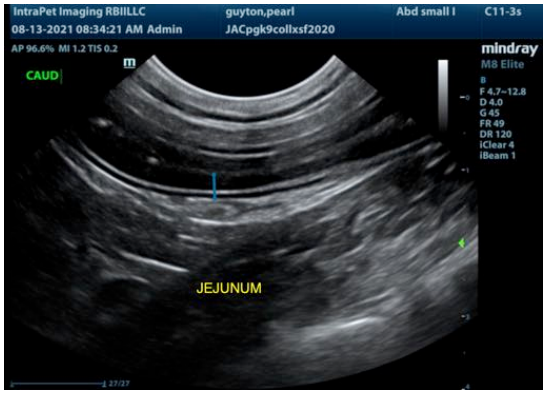
- Recommend diet trial with a novel protein/hydrolyzed prescription diet

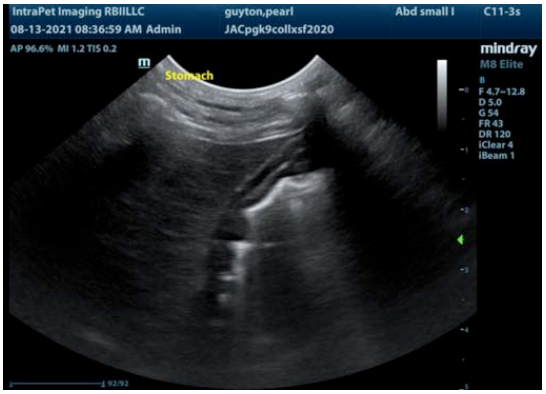
- Recommend Gi panel for evaluation of B12 levels etc.. (start empirical B12 while waiting for results)
- If symptoms are progressing consider obtaining GI biopsies

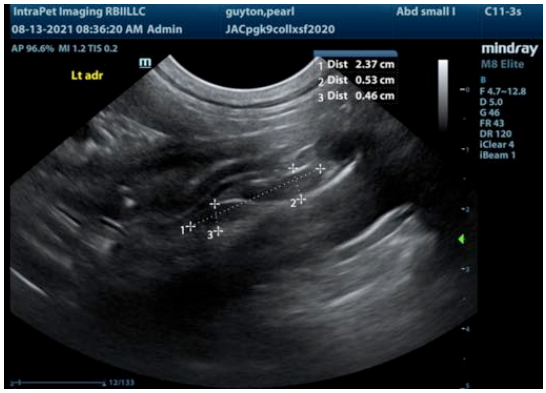
I would be particularly interested in ACTH due to the eosinophilia reported. In dog's this young dietary sensitivity, dysbiosis (especially if there has been extensive antibiotic use) , GI parasitism (but it appears you have already addressed this)and food allergy are the common. I recommend starting a probiotic. If the patient will not eat a commercial prescription diet then consider consultation with the veterinary nutritionist. Many of the University's offer this consultation service for a fee (I have used University of Tennessee in the past and have been very happy) to help formulate a home cooked that is nutritionally balanced and hypoallergenic. If symptoms continue to persist I would recommend referral to a veterinary internists for possible GI endoscopic biopsies and consultation regarding a possible fecal transplant If dysbiosis is suspected.







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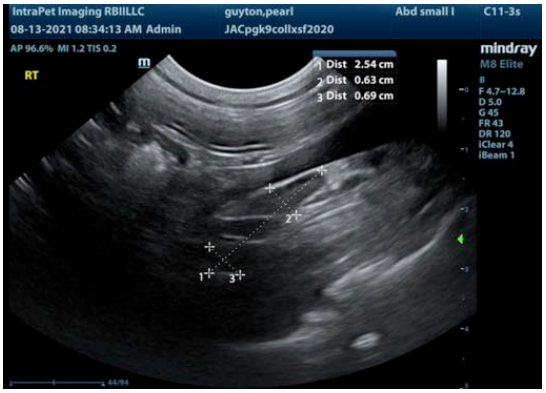
3 Dist 0.46 cm
mindray
M8 Elite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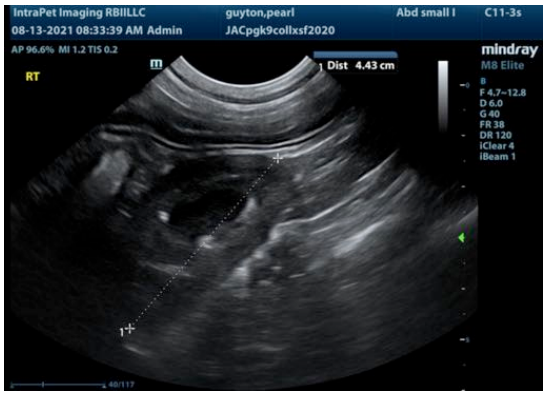
3 Dist 0.69 cm
mindray
M8 Elite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RT
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mindray
M8 Elite


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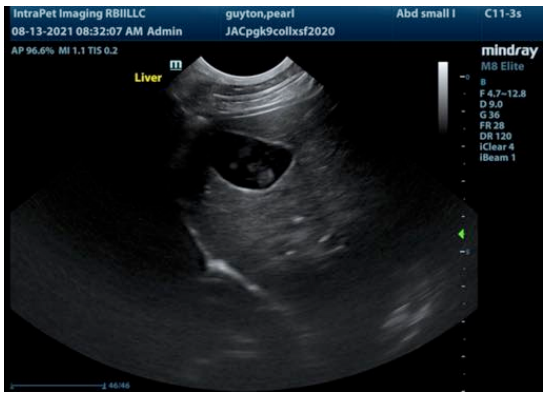
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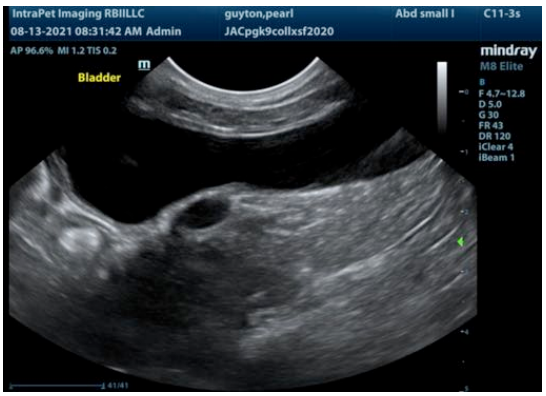
Liver
mindray
M8 Elite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Bladder
mindray
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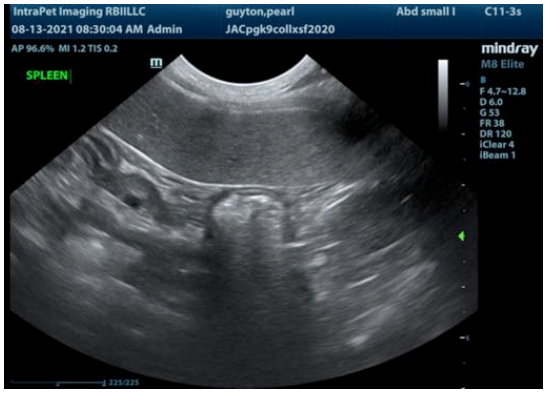

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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