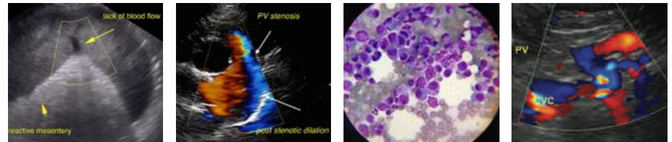
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Niko Finger

SPECIES

Canine

BREED

Italian Greyhound

SEX

Neutered male

AGE

11 ½ years

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassels Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Lezcano

INVOICE

91282

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: P has hx of recent recurrent gastroenteritis. P is off HW prevention and fecal have not shown any parasites. P seemed to respond to symptomatic treatment but did need hospitalization (vs outpatient treatment). In 7/29 p has dark black stools; alb and glob were also low normal. That appears to have resolved. A prophy deworming has not been done yet. P dx w syalocele in 3/21 and has been on soloxine for many years.
8/17: in house, Idexx: miniChem + lytes: ALT: 208, PCV: 52/7.2 8/16: presented for recheck doing well, Antech CBC: WNL, miniChem: Alb; 4.0, glob: 2.2, creat: 0.8, BUN: 36, ration: 45 7/31: doing worse, not responding to outpatient care: PCV/TP: 60/7.0, Idexx: miniChem: creat 1.1, ALT: 170 rad consult: normal thorax, abd: dec abd serosal detail r/o small volume of peritoneal effusion, peritoneal inflammation or pancreatitis 7/29: presented ill, Antech: CBC: Hct: 54, Chem: alb: 2.7, glob: 1.9, cortisol: 2.8 3/2021: p presented and work up for sialocele Antech: CBC: Hct: 58, Chem: alb: 3.9, glob: 2.3, creat: 0.7; UA: SG: 1.036, 2+ prot, quiet sediment

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 (0.69 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.

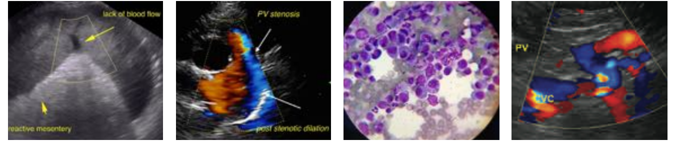
The left kidney has a normal shape and size (4.49 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.02cm). Overall echogenicity is slightly hyperechoic with poor 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 0.3 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 0.35 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.



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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 (0.38 cm) and the jejunum measured as normal (0.34 cm). Visualized peristalsis appears appropriate. There is a focal area of small intestine that appears somewhat corrugated and irregular. Wall thickness and layering in this area appears relatively normal.

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.

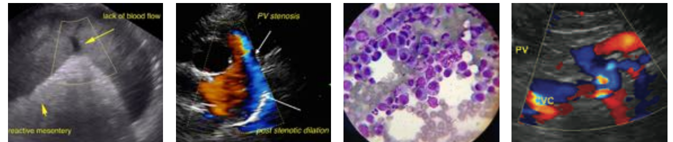
Free Abdomen

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

PRIMARY FINDINGS:

- Focal area of corrugated bowel with intact layering. The findings are non-specific and most consistent with focal enteropathy/enteritis.



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- Mildly decreased corticomedullary distinction. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Moderate gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

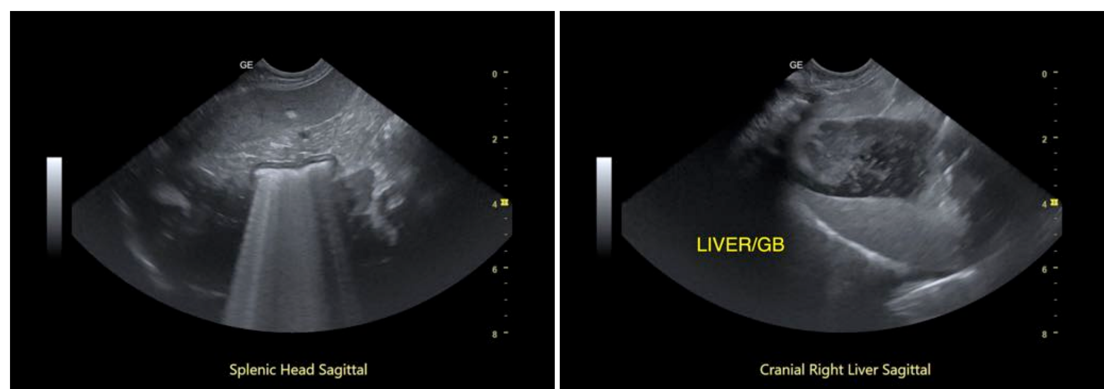
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings on today's scan are relatively mild and non-specific. There is an area of small intestine that appears slightly corrugated and irregular. This can be seen with focal intestinal disease or irritation/inflammation. Additionally, there is a fair amount of gallbladder sludge, but there is no inflammation around the gallbladder thickening of the gallbladder wall. Therefore, I feel that this is less likely to be a significant finding. If metabolic evaluation is relatively normal for possible causes of GI signs then consider primary gastrointestinal disease such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

In older 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

With the reported symptoms of possible GI ulceration also consider acid reducing medications +/- Sucralfate and treatment for Helicobacter. If history is appropriate you can consider testing for Leptospirosis and liver function test due to the ALT elevation.



Splenic Head Sagittal

Cranial Right Liver Sagittal

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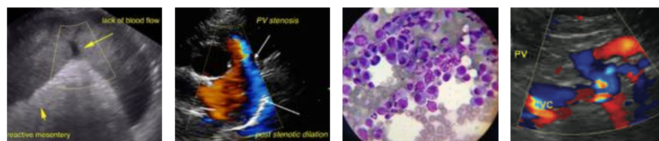

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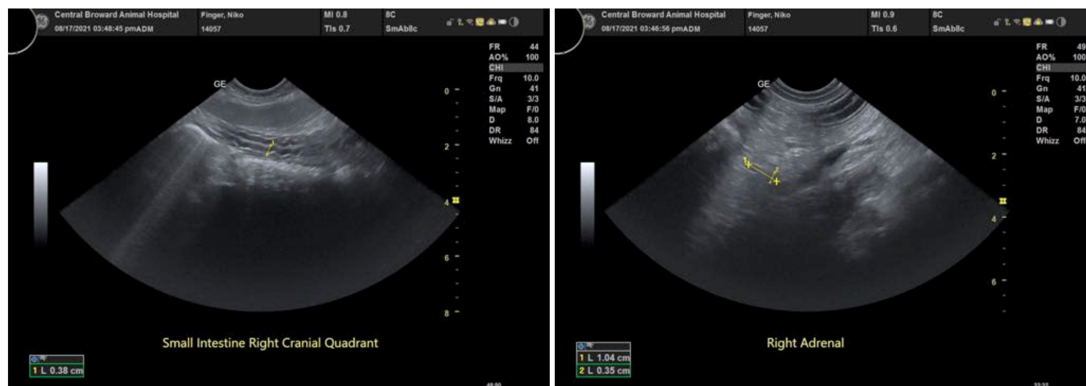

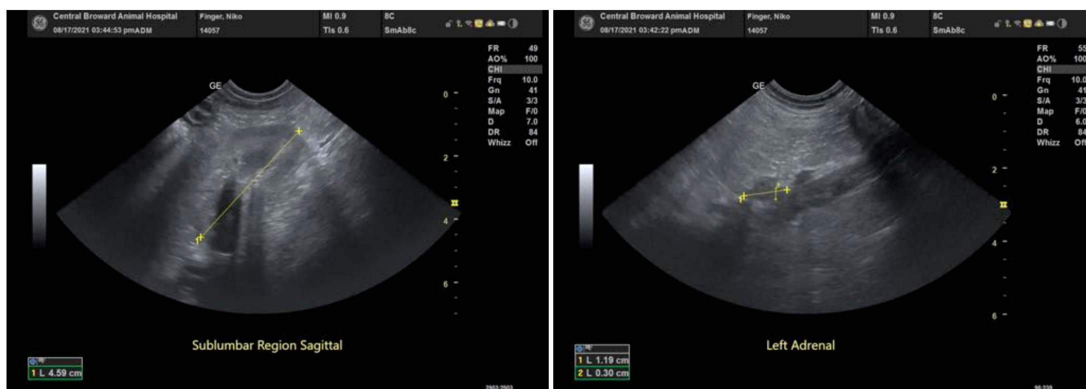

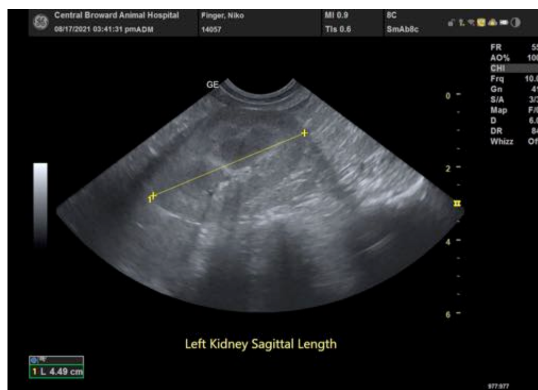

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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