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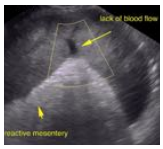
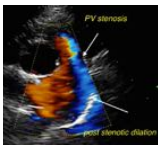
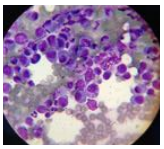
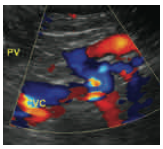





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Eddison Patton

SPECIES

Canine

BREED

English Springer Spaniel

SEX

Neutered male

AGE

19 months

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Millburn

REFERRING VET

Dr. Turowsky

INVOICE

91871

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Several week hx of V/D, more recent regurg. noted after eating. Current meds: Tylan, Proviable.
Abnormal PE/Chem/CBC/UA Results: Diarrhea PCR- Clostridium Perf. USG 1.050. ACTH/CBC/chem wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The apical wall appears somewhat thickened at 0.65 cm as compared to the trigonal wall, but there is no evidence of mucosal irregularity in the area of the trigone, ureteral papilla and visible urethra to a depth of 2.0 cm appears normal. No masses or calculi are observed.

The prostate is normal in size (1.3 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 (5.58 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 (5.5 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 0.52 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.

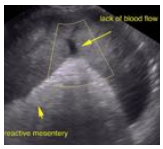
The right adrenal gland is normal in size measuring 0.48 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

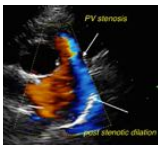
Spleen

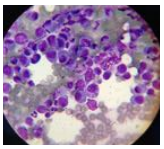
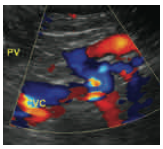
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is heterogenous with increased portal markings. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is





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moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.43 cm and the jejunum is 0.37 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. 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.

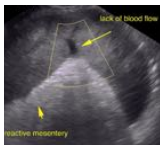
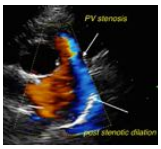
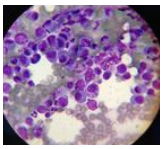
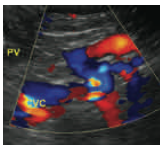
Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The mesenteric lymph nodes are hypoechoic and enlarged with a relatively normal shape measuring 0.76 cm and 1.4 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Moderate mesenteric lymphadenopathy. The moderate lymphadenopathy visualized is most concerning for an inflammatory/infectious process, less likely neoplasia. A FNA with cytology can be considered for further evaluation. Enlarged mesenteric lymph nodes can be a normal finding in young dogs.
- Mildly heterogenous, hypoechoic liver. This is a subjective finding that can be normal for this patient. If liver enzymes are elevated consider an inflammatory process.
- Mild small intestinal wall thickening.
- The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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SECONDARY FINDINGS:

- Thickened apical wall of the urinary bladder. The bladder wall changes can be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out, but is considered unlikely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

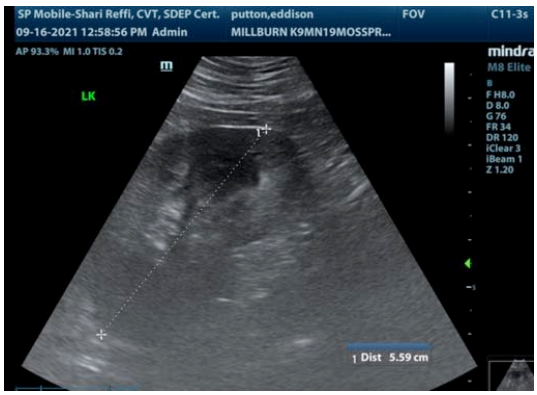
The ultrasonographic lesions observed are relatively mild and non-specific. The most common reason for GI signs particularly diarrhea in younger dogs is infectious disease or dietary intolerance, much less likely is neoplasia or IBD.

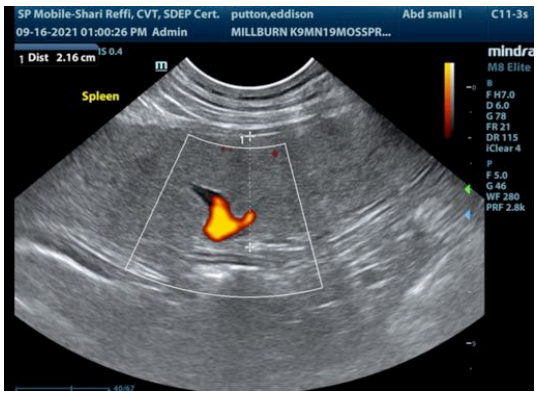
I recommend a GI panel to obtain a qualitative PLI, folate and cobalamin levels to further assess for dysbiosis and TLI to look for exocrine pancreatic insufficiency.

I recommend continuing a probiotic. Consider a diet change to a prescription hydrolyzed protein diet (I like Royal Canin HP) and possibly a trial on Metoclopramide to help with GI motility. Additionally adding fiber to the diet can increase colonic acidity making it less hospitable for Clostridium to grow. I additionally recommend empirical deworming (if not already done).

If not already done I recommend three view thoracic radiographs to evaluate for aspiration pneumonia and look for evidence of esophageal abnormalities. A barium swallow can be considered as well to look for delayed emptying of barium from the esophagus. This could be due to dysmotility, a stricture, megaesophagus or possibly esophagitis secondary to frequent vomiting. I recommend instituting therapy for esophagitis.

The mesenteric lymph nodes are very prominent, but this is likely relatively normal for a young dog. If there is no evidence of improvement over time a FNA can be considered as well as obtaining biopsies with upper and lower GI endoscopy.





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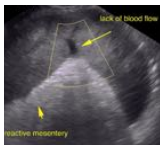
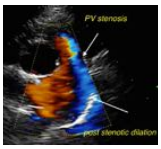
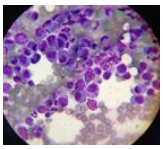
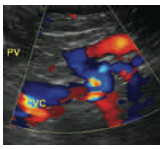

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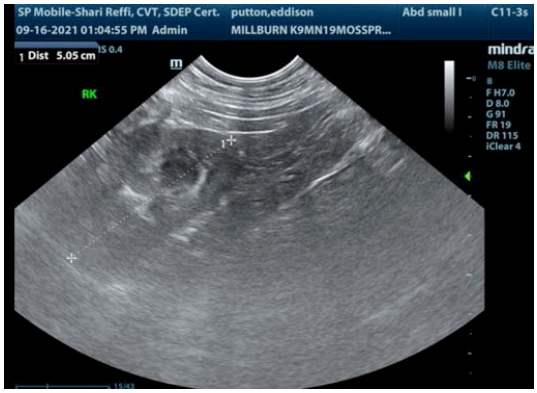

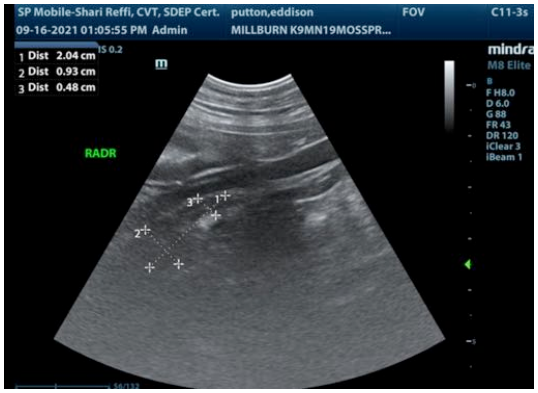

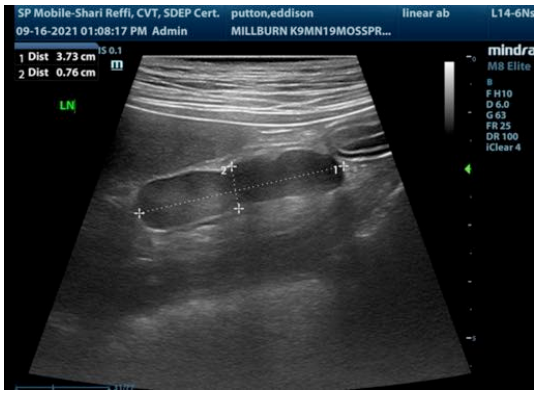

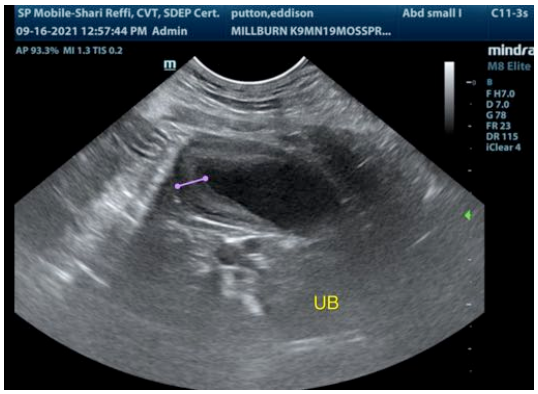

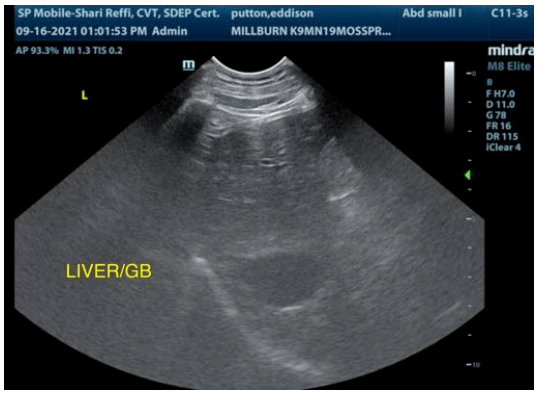

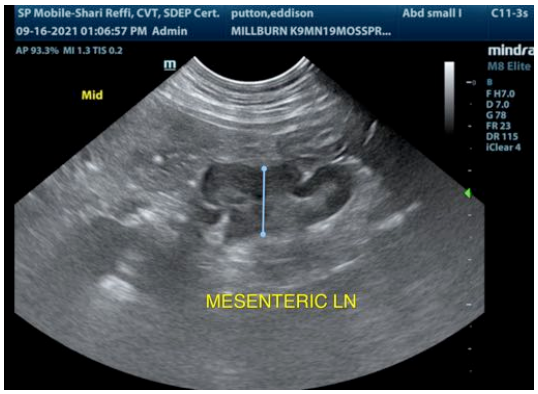

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com