

**DATE**

3/21/22

PRESENTING CLINICAL SIGNS

Weight loss at first, now also diarrhea. Presented here for exam/update vaccines. Weight loss noted at visit was 52.6lbs 5/28/20. Vaccines done, sent out labwork. 2 days after vaccines ++ diarrhea (watery, some blood/mucous), no issues in past after vaccines.

PATIENT

Current Medications: Interceptor Plus year round, Bravecto 12 week year round. Started 3/15/22- Metronidazole 250mg BID x 7 days, Provable.

Aphra Soeun

Lab Results: Neutrophils sl decreased 2688 (2940-12,670), otherwise Chem/CBC/HWTT WNL.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Border Collie Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

SEX

Spayed Female

The left kidney is within normal limits in size for the patient's weight (6.03 cm) and the capsule is smooth. However, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Punctate, mineralizations of the diverticulae are present, in addition to small nephroliths. Pyelectasia is absent. The surrounding mesentery is not hyperechoic.

AGE

11/5/15

WEIGHT

46 lbs

The right kidney is within normal limits in size for the patient's weight (6.30 cm) and the capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Punctate, mineralizations of the diverticulae are present, in addition to small nephroliths. The pelvis measures 2.5 mm; there are no signs of an obstruction. The surrounding mesentery is not hyperechoic.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Both kidneys have nice blood flow.

Adrenal Glands

The left adrenal gland measures 0.53 cm at the caudal pole, 0.47 cm at the cranial pole and 1.57 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

HOSPITAL NAME

Essex Middle River VC

The right adrenal gland measures 0.56 cm at the cranial pole, 0.53 cm at the caudal pole and 2.54 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

REFERRING VET

Dr. Hicks

Spleen

The spleen is within normal limits in size and architecture. The echotexture is diffusely "lacey", which may be due to artifact, i.e., the sensitivity of the ultrasound machine. Very mild splenitis cannot be excluded, while neoplasia is much less likely. The spleen is otherwise within normal limits in size and the capsule is smooth. No abnormalities are observed in its overall architecture or vasculature.

INVOICE

97011

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The very mild hyperechogenicity is a non-specific change, which may be suggestive of a vacuolar hepatopathy, which may occur due to stress (chronic illness). Differential diagnoses include immune-mediated hepatitis with a secondary bacterial infection are considered unlikely.

A trivial amount of echogenic material is visualized within the gallbladder, which is considered clinically insignificant. The biliary system is otherwise within normal limits.

Gastrointestinal

The gastric wall and pylorus are normal in thickness. A moderate amount of food and gas are present within the stomach lumen. This may be suggestive of delayed gastric emptying if Aphra was fasted.

A large amount of gas and ingesta are present in the duodenum and in the remainder of the gastrointestinal tract.

The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The descending colon is within normal limits in thickness and wall layers are well defined. Soft stools are present. The transverse colon in the region of the spleen is mildly to moderately thickened at 0.29 cm and up to 0.33 cm, however, definition of the wall layers is well preserved. It contains quite bit of ingesta. There are no obvious signs of a mass, foreign body, or an obstruction.

Pancreas

Within normal limits regarding echogenicity and echotexture. There is no evidence of hyperechogenicity of the mesenteric fat; active pancreatitis is considered unlikely.

Other

Lymph nodes: No abnormalities are observed.

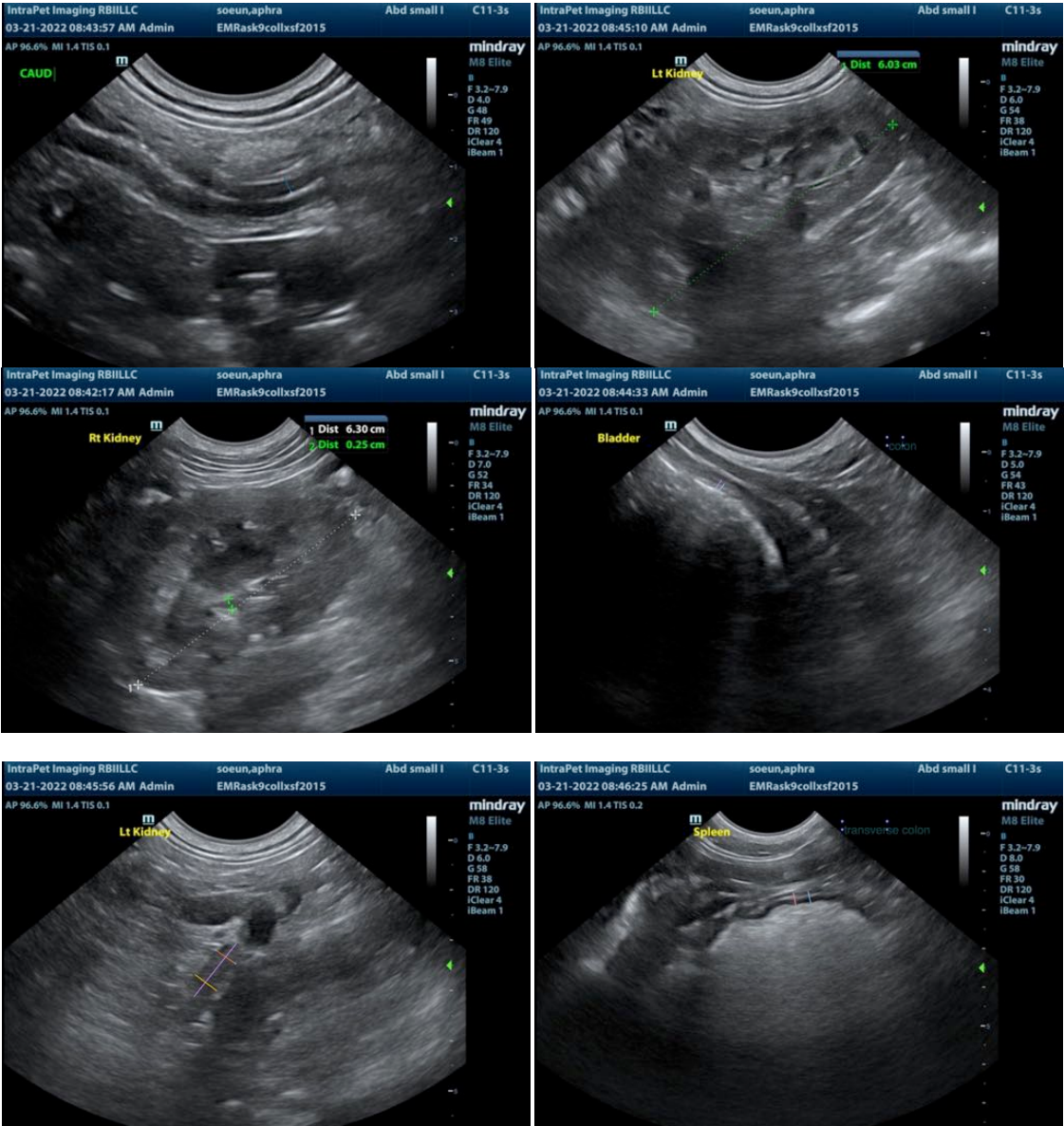
Abdominal effusion is not visualized.

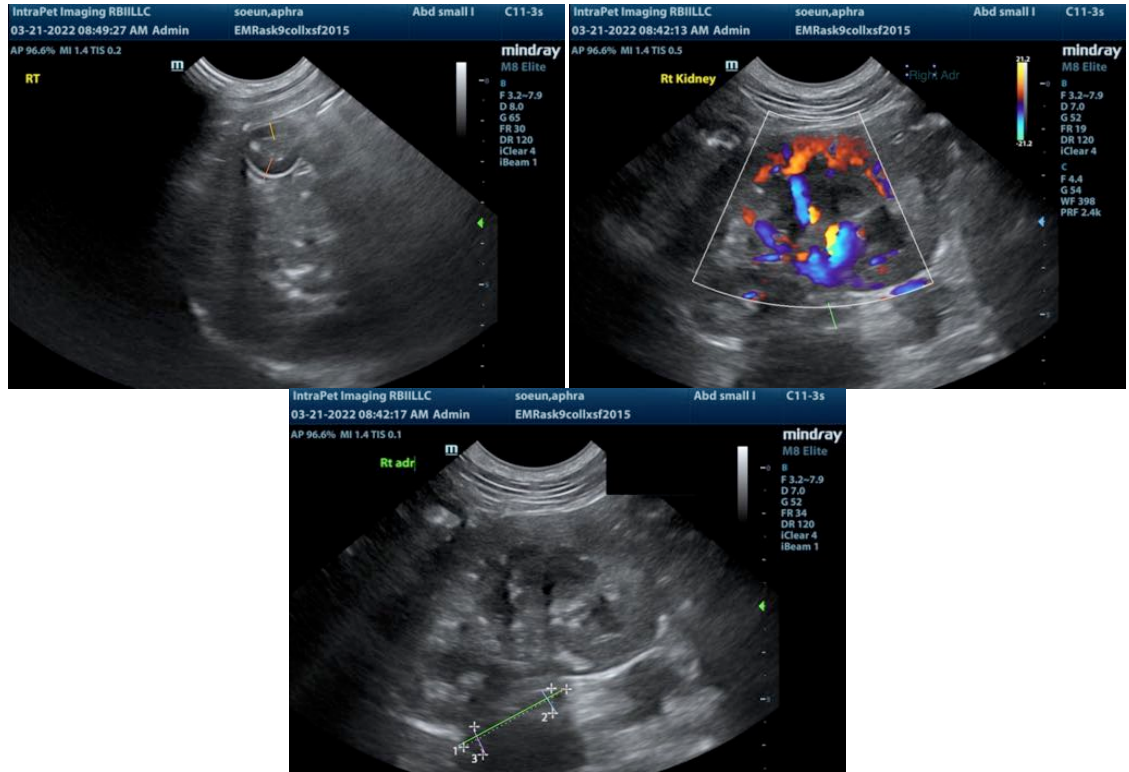
ULTRASONOGRAPHIC FINDINGS

- The gastric changes may be due to gastritis or underlying inflammatory bowel disease. A moderate amount of food and gas are present within the stomach lumen. This may be suggestive of delayed gastric emptying if Aphra was fasted. Underlying inflammatory bowel disease could also explain the changes observed in the GI tract. The colonic changes may be due inflammation caused by the diarrhea; however, underlying inflammatory bowel disease cannot be excluded. Infiltrative disease, such as lymphoma, or other round cell neoplasm, is considered less likely, but cannot be excluded with certainty.
- Border collies are predisposed to cobalamin deficiency. Therefore, a cobalamin, folate and TLI are recommended as EPI may also be contributing to a malabsorptive disorder, weight loss and diarrhea.
- A baseline cortisol is highly suggested as a lack of a stress leukogram was noted on the CBC.
- Mild degenerative changes with mineralizations and small nephroliths are present bilaterally. There are no obvious signs of an obstruction.
- The gallbladder is most likely clinically insignificant; however, a re-evaluation of the history for signs of gastroesophageal reflux is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- As mentioned above, border collies are predisposed to a cobalamin deficiency, therefore, a cobalamin, folate and TLI are recommended as EPI may also be contributing to a malabsorptive disorder, weight loss and diarrhea.
- A baseline cortisol is highly suggested as a lack of a stress leukogram was noted on the CBC.
- If results do not support any of the above differential diagnoses, and there is no improvement in Aphra's clinical signs, endoscopy with biopsies may be necessary. However, a food trial with an hypoallergenic or hydrolyzed protein diet and deworming with fenbendazole should be administered prior to pursuing further diagnostic tests. Fenbendazole is still recommended even if receiving year round deworming medications.





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.

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