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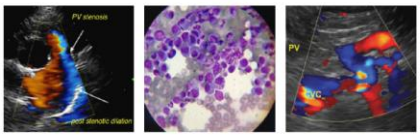

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Jaxx Sunderland

SPECIES

Canine

BREED

Mastiff Mix

SEX

MN

AGE

8yr

WEIGHT

119lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rachel Runnells RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Lyle

INVOICE

12651ag

DATE

01/10/2023

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea. Has previously had surgeries for a foreign body and gastric and duodenal ulcers (due to NSAIDS most likely).

Abnormal PE/Chem/CBC/UA Results: Slightly anemic, low thyroid, elevated SDMA, and slightly elevated neutrophils.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 7.5 cm in length

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.67 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent discrete non-disruptive hypoechoic splenic nodules were present, an example measuring 0.59 cm in diameter. Nodules are most likely consistent with nodular changes i.e., hyperplasia, hematopoiesis or similar. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.8 cm width. Mild gastric distension with minor retained primarily anechoic fluid was present. No evidence of significant gastric distention or foreign material.

The small intestine presented intact wall layering with mild altered muscularis/mucosa ratio owing to segmentally prominent muscularis layer and generalized prominent to mildly hyperechoic submucosa. .

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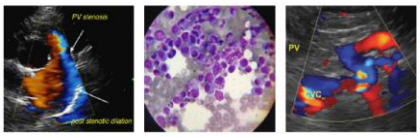

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The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.61 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses or peritoneal effusion was present.

Focal, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 3.2 cm x 0.87 cm.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory gastroenteropathy pattern suspect IBD
- Associated intermittent benign/reactive mesenteric lymphadenopathy
- Subjective discrete non-specific splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes which suggest inflammatory criteria i.e., IBD. No evidence of overt visceral neoplastic criteria or active pancreatitis was present. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), limited antibiotic trial to minimize adverse effects of normal GI flora and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies likely required if GI signs continue despite empirical therapy.

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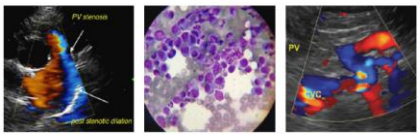

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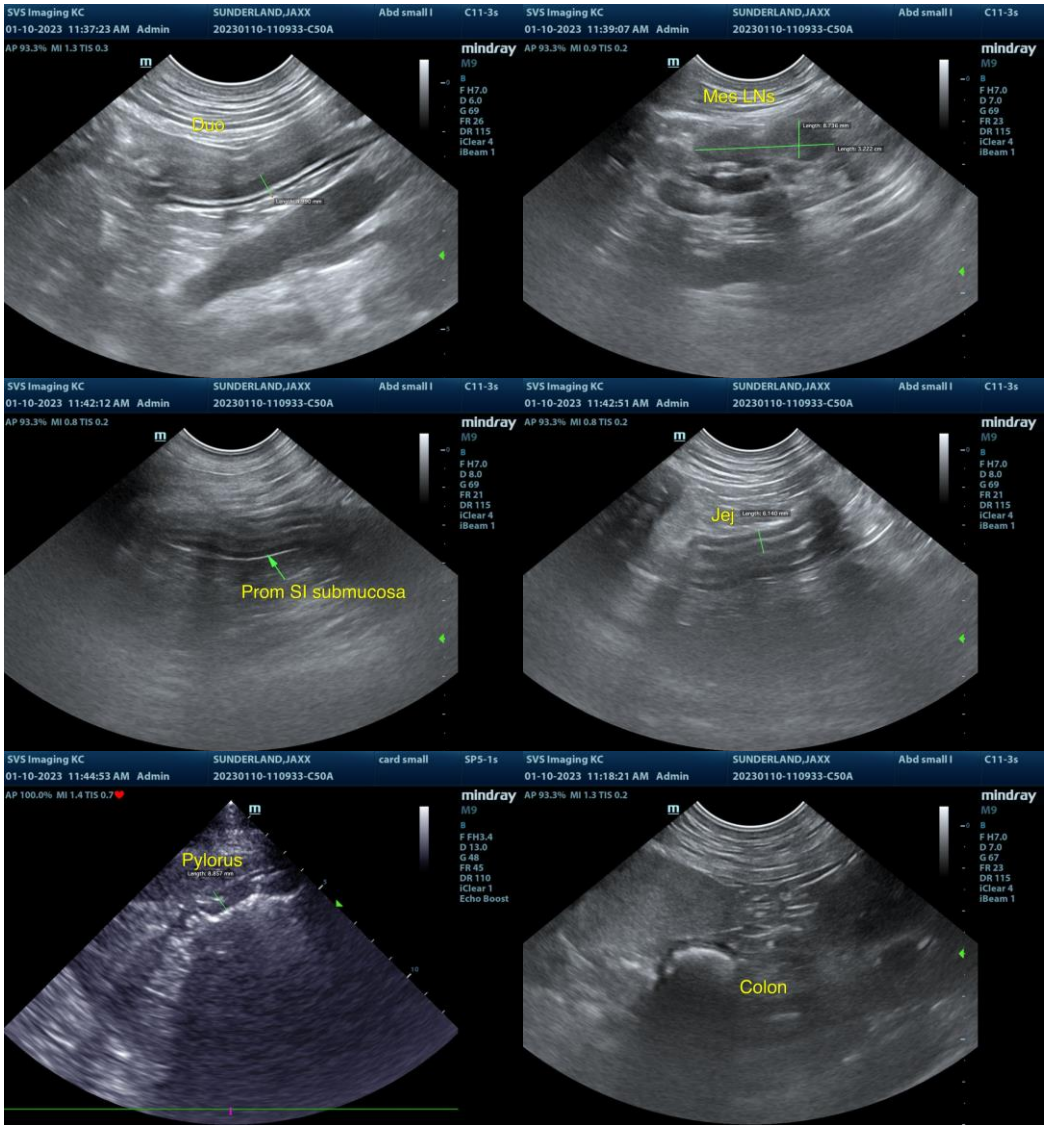

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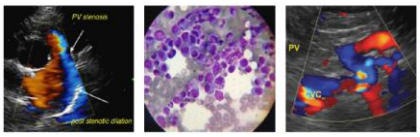

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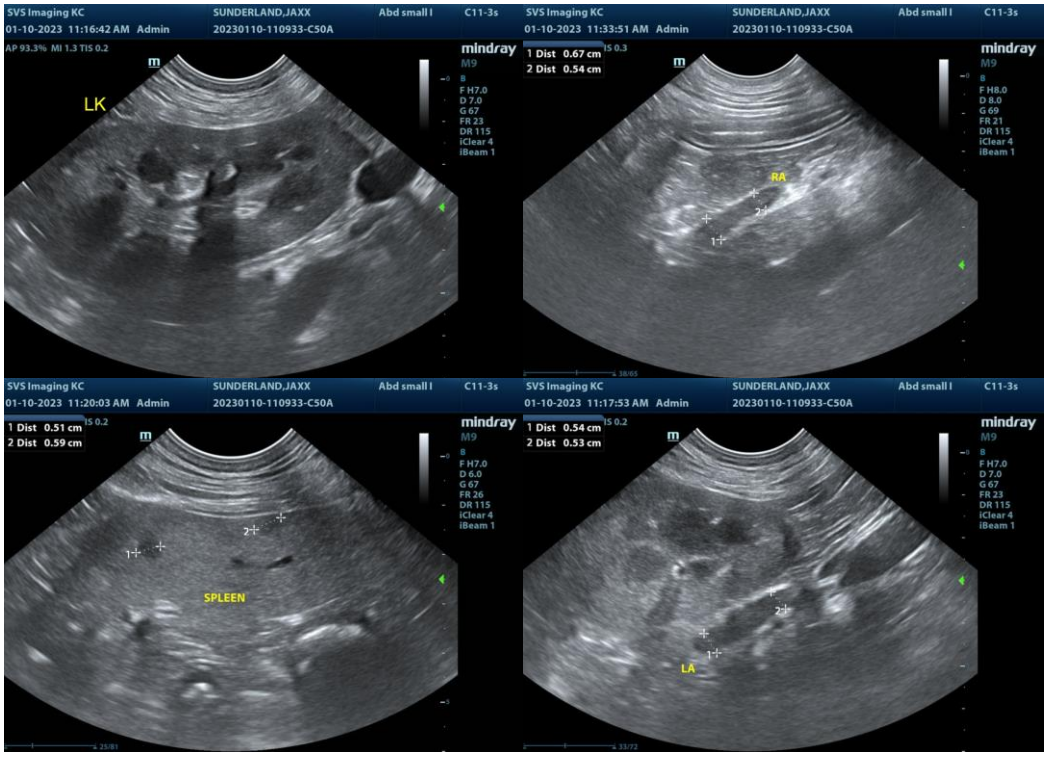

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com