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SVS Mobile Imaging KC 816 - 401 - 5010
svsimagingkc@gmail.com

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-836-4266 info@sonopath.com SonoPath.com

PATIENT

Sassy Wooton

SPECIES

Canine

BREED

Beagle

SEX

FS

AGE

12 yr

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. John Lyle

INVOICE

13065

DATE

1/13/22

PRESENTING CLINICAL SIGNS

1/3/22: Having diarrhea for several weeks. On I/D Biome, enrofloxacin from previous vet and no change. Also had Albon and probiotics. Abd tense, rectal: full AG, lumpy colon. Rads: cardiomegaly, interstitial pattern, gassy GI, spondylosis. RX Metronidazole and panacur (finish enrofloxacin and stay on I/D Biome). 1/12/22: still having urgency to defecate, straining, producing blood droplets. 1/13/22: having diarrhea all day long at vet office.
Abnormal PE/Chem/CBC/UA Results: Idexx superchem 1/3/22: ALK 223 (5-131), Potassium 5.7 (3.6-5.5), NA/K ratio 26 (27-38), Precision PSL 165 (24-140), T4 0.7 (0.8-3.5), Free T4 20.6 (8-40). Neutrophils 10,875 (2,060-10,600). Rest WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to a lack of urine distention. Full evaluation of the urinary bladder walls was limited owing to the lack of urine distention, yet no overt evidence of mural pathology was present. Minimal anechoic urine was present with no sediment or calculi noted. The urethra was normal In size and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

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 5.9 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited mild prominent subjective size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.9 cm width in the cranial pole and 0.89 cm width in the caudal pole. The right adrenal gland measured 0.8 cm width in the cranial pole and 0.75 cm width in the caudal pole.

Spleen

The spleen was normal in overall size with mild asymmetrical to echogenic medial capsule contour. Subtle generalized splenic parenchyma heterogeneity was present with a solitary nonhomogeneous to mixed echogenic, non-expansive nodule in the subjective cranial medial splenic parenchyma, measuring 1.5 cm in diameter. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic,

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irregular to interrupted rim visible between the nondependent sludge and inner wall. No evidence of peripheral gallbladder inflammation was present.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.35 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.40 cm. The jejunum wall width measured 0.43 cm.

The colon, primarily the descending colon and colorectum, exhibited intact yet mild to moderate subjective prominent wall layering with a primarily empty lumen containing mild semi-formed to nonformed fecal matter. The descending colon wall width measured 0.35 cm. Other visualized areas of the proximal and transverse colon were empty exhibiting intact and overtly normal wall layering.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Colitis - subjective mild to moderate
- Overtly normal stomach and small bowel
- Subjective mild prominent yet nonspecific adrenal glands
- Vacuolar hepatopathy pattern - subjectively benign
- Moderate gallbladder debris and mucus - possible early gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the splenic nodule was suggestive of a benign nodular process such as mixed echogenic myelolipoma, hyperplasia, hematopoiesis, previous infarction or similar. The potential for neoplastic criteria is considered unlikely, yet cannot be definitively excluded. Sonographic monitoring of the splenic nodule +/- ultrasound-guided FNA, using a 25-gauge needle and assuming normal clotting status, is recommended.

Given the prominent yet Intact wall layering noted primarily in the descending colon and colorectum. The potential for neoplastic criteria is considered unlikely. Diet responsive colitis, infectious colitis, and Immune-mediated colitis may be possible with neoplasia considered a less likely differential diagnosis. Ideally, colonic endoscopy with biopsies are recommended for a definitive diagnosis.

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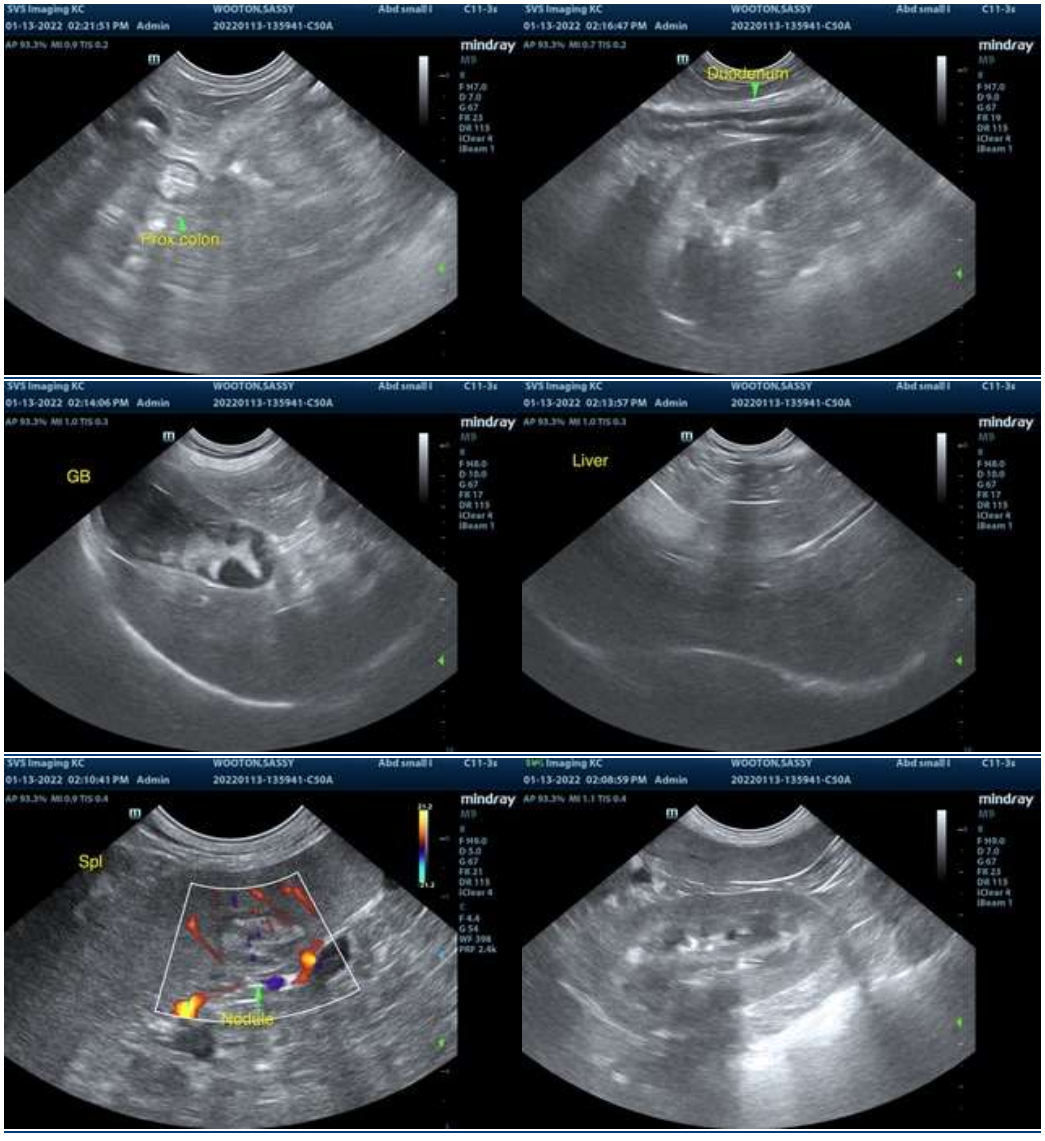
Novel source protein diet or hydrolyzed diet, high colony count probiotic, and / or alternative antibiotic protocol such as Tylosin may prove beneficial. If biopsies are not possible, a Prednisone trial could be considered with an assessment of clinical response, yet not advised If a potential for biopsies. Potential for underlying enteropathy may be considered if concurrent weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com