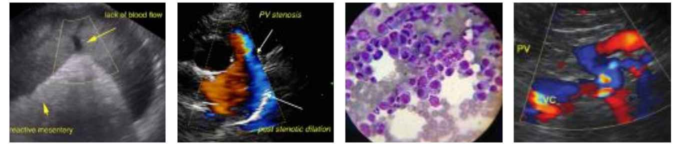
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Nelly Scasserra

SPECIES

Canine

BREED

Poodle

SEX

FS

AGE

10yr

WEIGHT

5.05kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins Pet Hospital

REFERRING VET

Dr. Black

INVOICE

12721ag

DATE

01/17/2023

PRESENTING CLINICAL SIGNS

Straining to have BM but colon is empty on radiographs... - Abdomen distended, Mass felt on right flank caudal to abdomen, No pain on palpation. - Grade 4/6 heart murmur

Abnormal PE/Chem/CBC/UA Results: ProCyte Dx (January 16, 2023 11:12 PM) Test Results Reference Interval RETIC 136.4 K/µL 10 - 110 HIGH PLT 562 K/ µL 148 - 484 HIGH PCT 0.61% 0.14 - 0.46 HIGH Catalyst Dx (January 16, 2023 11:23 PM) Test Results Reference Interval ALB 42 g/L 23 - 40 HIGH ALKP 283 g/L 23 - 212 HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 4.4 cm in length. The right kidney measured 4.08 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present based on caudal pole width and body weight. The left adrenal gland measured 0.76 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.67 cm width at the cranial pole.

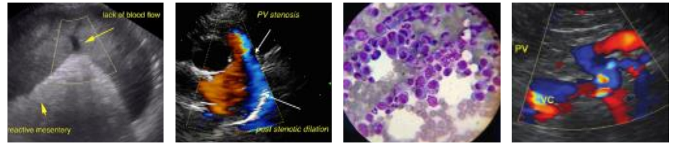
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver presented mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. Focal to intermittent well demarcated non-disruptive hyperechoic parenchyma nodule present, likely focal hyperplasia or lipogranuloma. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent mobile echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal



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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 measured 0.30 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mildly increased duodenal mucosal echogenicity and prominent to hyperechoic jejunal submucosa were present. Mildly prominent ileum walls extending caudally to the level of the ileocolic junction were present. Slight invagination of the ileocolic junction into the proximal colon lumen was present, not consistent with definitive intussusception and is likely normal patient variant. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.24 cm width. The ileum wall measured 0.28 cm width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to possible non-formed fecal matter was present in the colon lumen with lumen dilation. The proximal colon wall measured 0.17 cm in width.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild ileocolitis pattern, possible low grade generalized inflammatory enteropathy/IBD. The small intestine exhibited subtle mural changes which may suggest inflammatory criteria however potential for age/patient intestinal variant is possible
- Mild hepatopathy exhibiting parenchyma heterogeneity-nonspecific, suggestive of probable. vacuolar hepatic changes
- Mild gallbladder debris (non-mucocele)
- Heterogenous pancreas- may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible
- Mild chronic renal changes
- Bilateral prominent adrenal glands-nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for ileocolitis +/- inflammatory enterocolopathy with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If persistent diarrhea or straining to defecate, sonographic reassessment of the area of the ileocolic junction is recommended.

Adrenal testing could be considered if clinical signs consistent with Cushing's syndrome are present given the bilateral prominent adrenal glands, hepatic presentation and presence of thrombocytosis.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial if evidence of increasing cholestasis.

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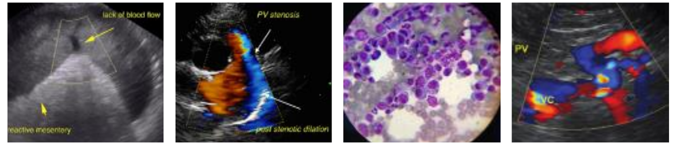

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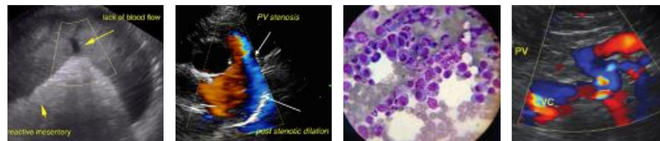

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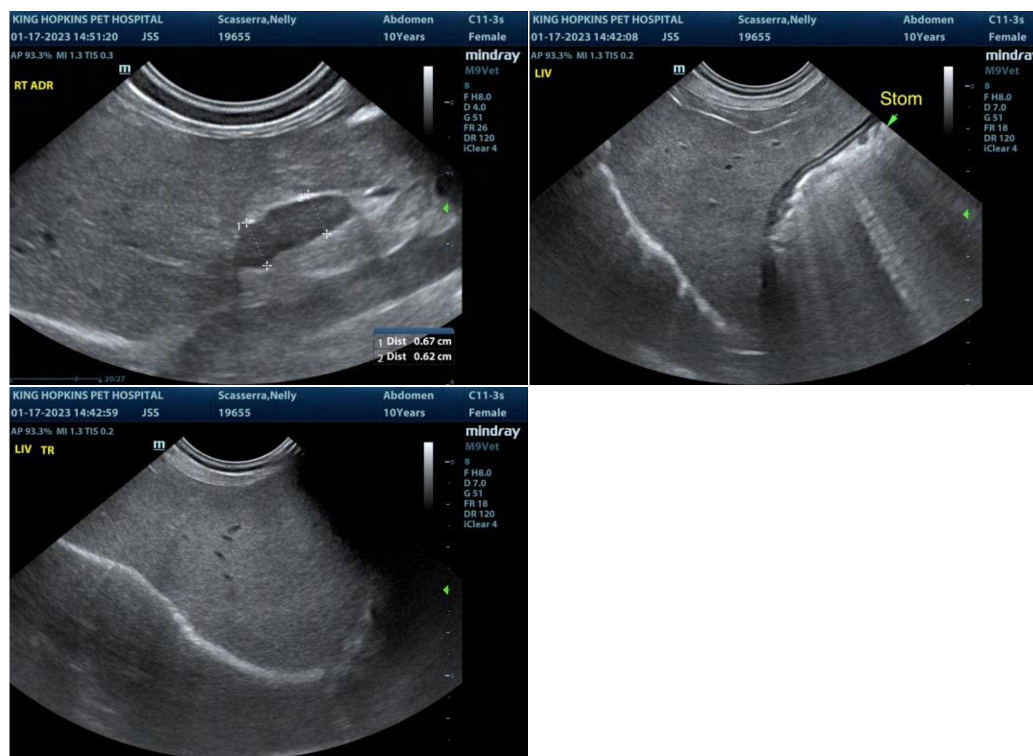

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com