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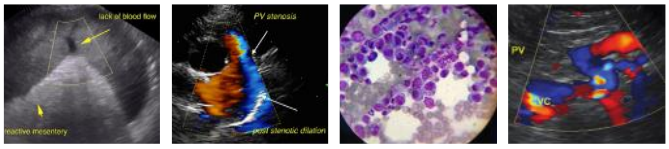
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Liam Hamilton

SPECIES
Canine

BREED
Irish Wolfhound

SEX
Male Intact

AGE
9 months

WEIGHT
40 kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Britannia Kingsland Vet Clinic

REFERRING VET
Dr. Radcliffe

INVOICE
15853

DATE
1/17/23

PRESENTING CLINICAL SIGNS

Chronic antibiotic responsive diarrhea since adoption at 3 months of age. Resolves with metronidazole then relapses when discontinued. Has tried short term hydrolyzed diet with no improvement (has not done full 8 weeks though). Fecal negative. Has been given broad spectrum dewormer.

Abnormal PE/Chem/CBC/UA Results: Mild hypoproteinemia and hypophosphatemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 6.0 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 was noted.

The prostate gland was of expected presentation for a young intact male canine. No pathology was noted.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 9.2 cm in length. The right kidney measured 8.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.64 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 0.50 cm width at the caudal pole and 0.44 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. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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.

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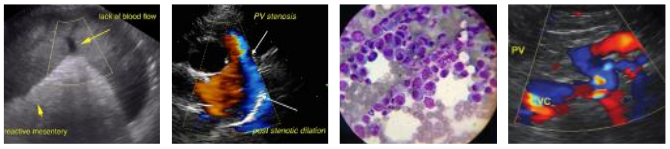

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic ingesta exhibiting mild progressive distal acoustic shadowing. The ventral gastric body wall width measured 0.36 cm. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing ingesta / chyme was present. The duodenum wall measured 0.52 cm width. The jejunum wall measured 0.43 cm width. No overt pathology was noted at the level of the ileocolic junction.

The colon exhibited intact sonographically normal wall layering containing semi-formed, soft, to potentially non-formed fecal matter in the distal descending colon.

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

- Sonographically unremarkable abdomen
- Structurally unremarkable generalized gastrointestinal tract / colon with gastrointestinal ingesta and semi-formed, soft, to potential nonformed fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology, specifically gastroenterocolic pathology i.e., gastroenterocolic mural changes, intussusception, gastrointestinal obstructive criteria, etc.

At times, the gastroenterocolic sonographic presentation may not always correlate with a history of chronic to recurrent gastrointestinal signs. General considerations may include; dietary intolerance / food allergy, dysbiosis / antibiotic responsive diarrhea, occult parasitism (less likely given the negative fecal and previous deworming), occult Addison's Disease (thought less likely given the normal sonographic adrenal appearance), IBD or other gastroenterocolonopathy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered less likely a resting cortisol level to rule out occult Addison's Disease is warranted.

Empirically, novel protein or hydrolyzed diet trial with ideally long-term dietary therapy, high colony count probiotic such as Proviable or Visbiome, cobalamine supplementation pending assessment of cobalamin levels, re-deworming with Panacur 50 mg/kg PO SID for at least 5 consecutive days +/- as-needed antibiotic with potential weening or discontinuation of antibiotic therapy pending clinical assessment to dietary therapy and high colony count probiotic would be reasonable.

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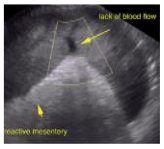

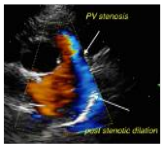

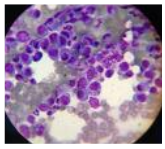
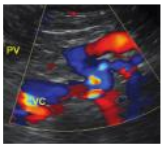

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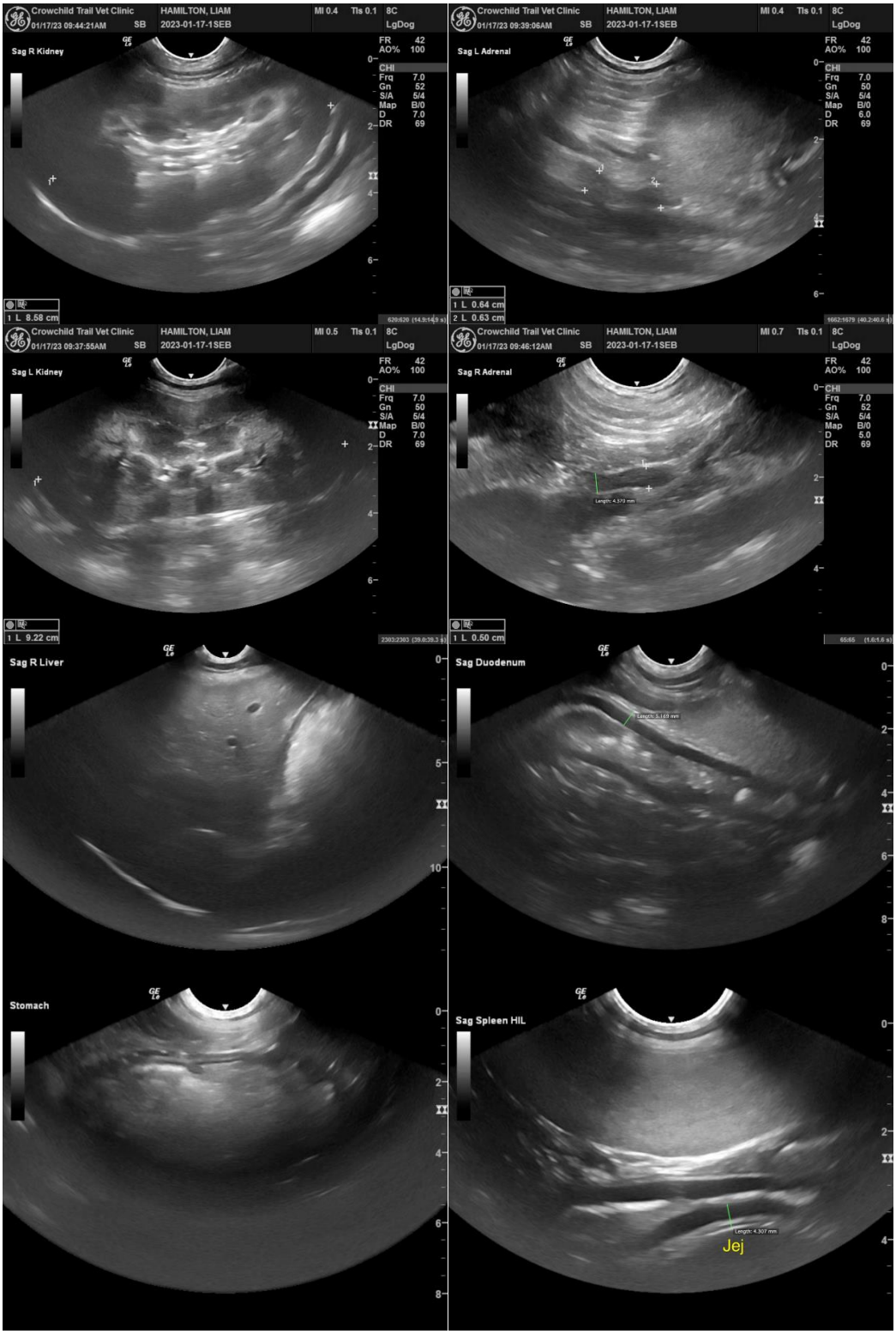

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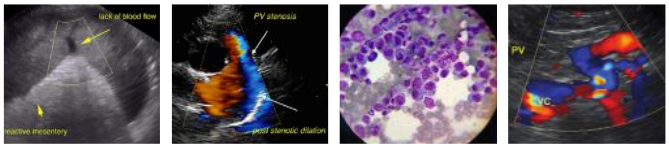

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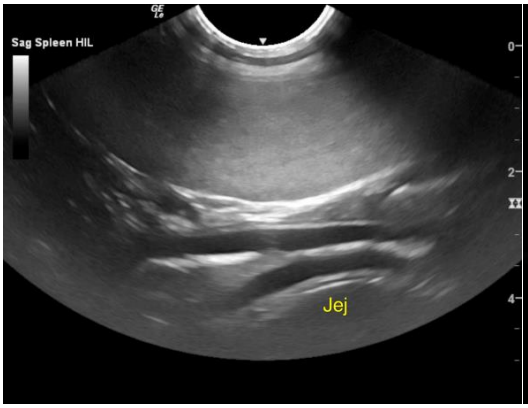

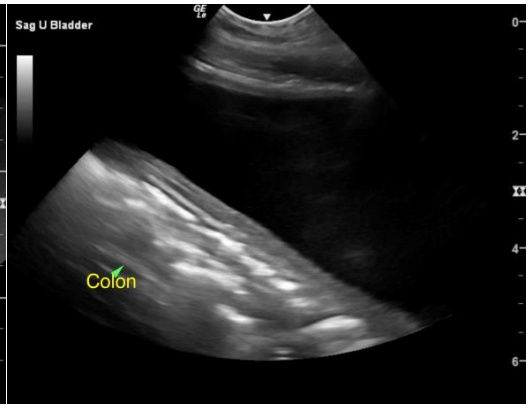

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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