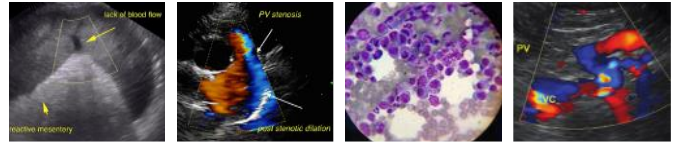
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Skippy Hill

SPECIES

Canine

BREED

Cocker Spaniel

SEX

M/N

AGE

11

WEIGHT

30.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shanna Sallee

HOSPITAL NAME

Hermiston Veterinary Clinic

REFERRING VET

Dr. Shanna Sallee

INVOICE

16001

DATE

1/27/23

PRESENTING CLINICAL SIGNS

10/7/22 - vomiting and diarrhea, abnormal cPLI treated with fluids and bland diet. 11/26/22 symptoms reoccurred, treated with sulfasalazine. 1/27/23 decreased appetite, vomiting occasionally, lost 9 lbs (previous weight 39 lbs), diarrhea with blood on occasion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology associated with the residual prostate was noted.

A solitary medial iliac node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation, maintained a normal width: length ratio (<0.5) and not overtly consistent with neoplastic criteria. The lymph node measured 2.9 cm x 1.4 cm.

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 5.7 cm in length. The right kidney measured 5.9 cm in length. Pinpoint medullary mineral was noted.

Adrenal Glands

The bilateral adrenal glands were not definitively visualized.

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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Mildly expansive to irregular nonhomogeneous focally cystic mass was present it the area of the caudal right to caudate liver lobe measuring approximately 5.0 cm in diameter. 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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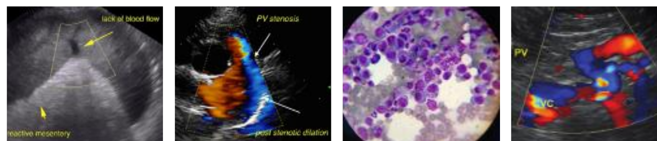

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was present.

The small intestine presented generalized intact yet thickened wall layering owing to generalized propensity for variably prominent muscularis and hyperechoic submucosa layers. No evidence of loss of intestinal wall layering, intestinal masses, or mechanical obstruction. Minor nonobstructive duodenojejunal ileus pattern was noted.

Sonographically normal colon wall layers were present with generalized non-formed fecal matter consistent with patient history.

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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with pinpoint to minor medullary mineral
- Generalized intact yet thickened small bowel walls with minor nonobstructive duodenojejunal ileus - suggestive of infiltrative criteria with IBD suspected, potential for neoplastic infiltrative enteropathy i.e., lymphoma or other possible
- Hepatic parenchymal remodeling with nonspecific right lateral to caudate mass - hyperplasia, hematopoiesis, fibrosis, granuloma, neoplasia all potentials
- Sonographically normal colon containing generalized non-formed fecal matter
- Solitary nonspecific yet subjective benign medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening FNA cytology of the unspecified liver mass for further clarification, assuming normal clotting status and if accessible, could be considered. Full-thickness intestinal and hepatic core biopsies are required for a definitive diagnosis.

Empirical IBD protocol, which may include long-term novel protein or hydrolyzed diet, high colony count probiotic such as Proviable, empirical deworming even if fecal testing is negative, cobalamin supplementation, +/- anti-inflammatory steroid trial with an assessment of clinical response would be reasonable if biopsies are not elected. Although considered unlikely a resting cortisol level to rule out occult Addison's Disease may be considered.

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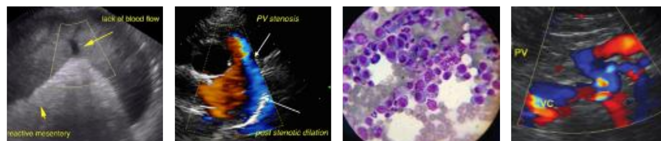

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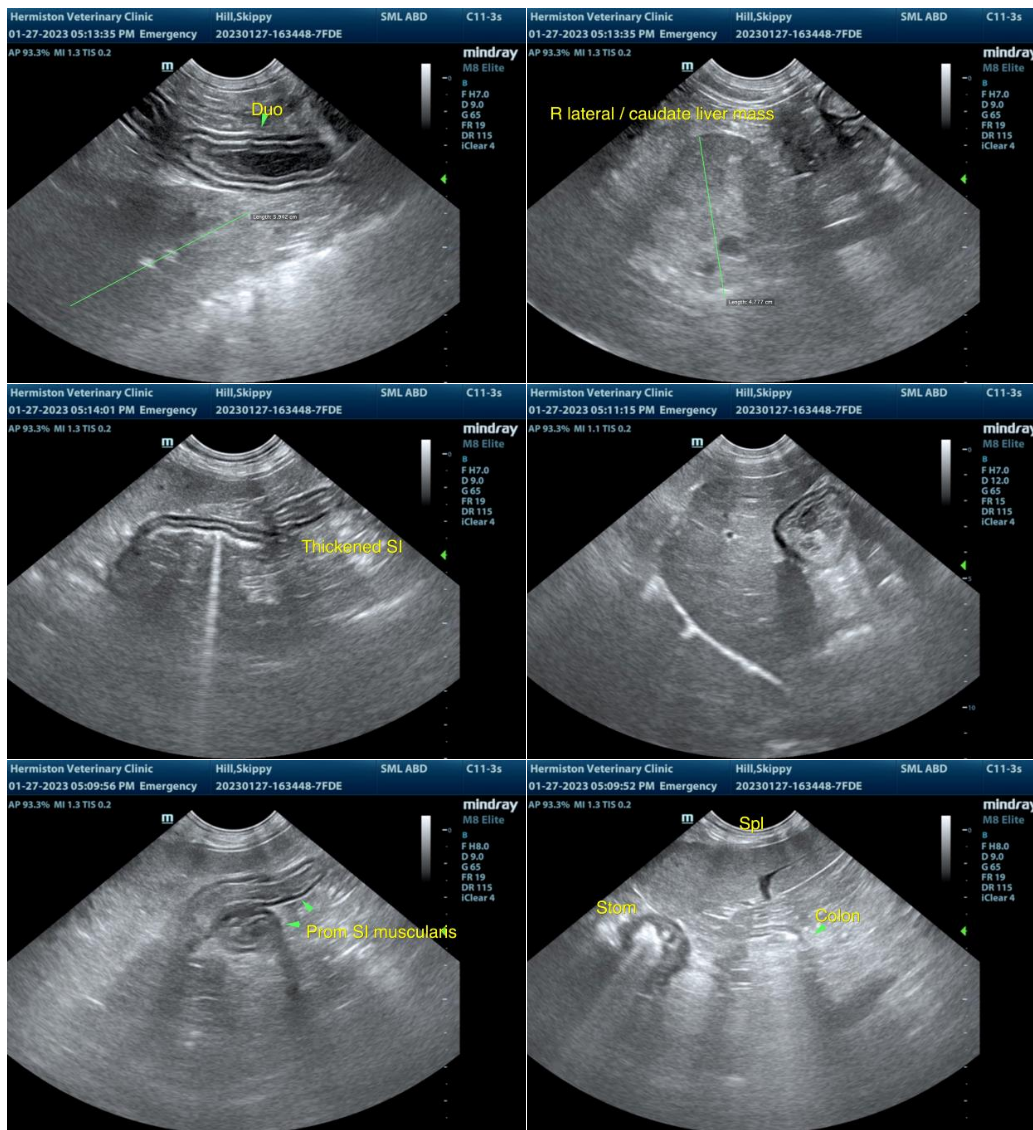

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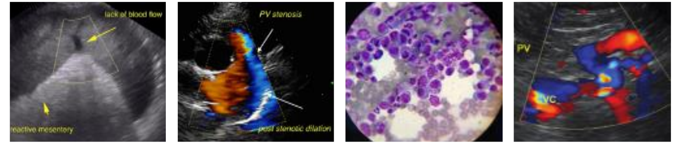

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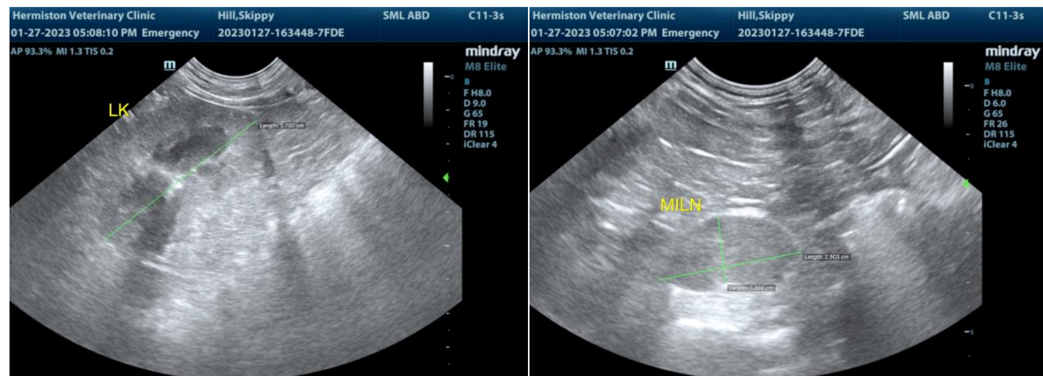

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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