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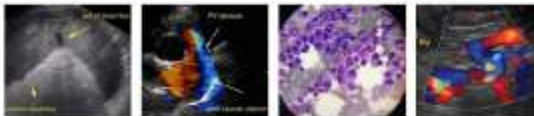


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Mc McMahon

SPECIES

Canine

BREED

Standard Poodle

SEX

MN

AGE

11 years

WEIGHT

28.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Roundhill AH

REFERRING VET

Dr. Carl Kelly

INVOICE

12946

DATE

1/3/22

PRESENTING CLINICAL SIGNS

Deborah Mc Mahon DOB=3-3-2010 Male, Neutered Standard Poodle 28.50kg. History: About a month of anorexia. Owner has been cooking (chicken, turkey, etc) for past month and influencing him to eat. No pancreatitis shown in blood work. Removed 5mL of serosenguinous fluid removed from chest cavity on 12-5-2021. Sent out a test for folate + cobalamin and an ACTH Stim test today Lives around horses

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 residual prostate was free of overt pathology.

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 7.4 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left adrenal gland exhibited subjective mild subnormal size measuring 0.36 cm width at the caudal pole and 0.4 cm width at the cranial pole.

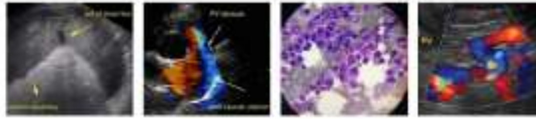
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.53 cm width at the cranial pole.

Spleen

The spleen exhibited normal size and contour with primarily maintained a finely textured homogeneous parenchyma and normal vascularity. A solitary, non-expansive, hypoechoic nodule in the subjective mid to caudal lateral spleen, measuring 0.84 cm in diameter.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. 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. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic fluid was present. Focal, nonspecific, subtly shadowing ingesta was present. The focal subtly shadowing gastric ingesta measured approximately 2.6 cm in diameter within the area of the subjective antrum / pylorus, yet no evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with subjective propensity for mildly prominent to echogenic submucosa, as well as subtly prominent muscularis layer. Segmental jejunal ileus with retained fluid and chyme was present. Subjective generalized distal jejunal and ileal fluid dilation extending into the ileocolic junction was present. No overt evidence of intestinal mural masses or mechanical obstruction was noted.

The colon exhibited sonographically normal wall layering with a combination of segmental colonic distention with non-formed feces, as well as formed feces subjectively in the mid to distal colon. No effusion was noted.

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

Intermittent jejunocolic 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 the lymph nodes measured 2.1 cm x 0.75 cm.

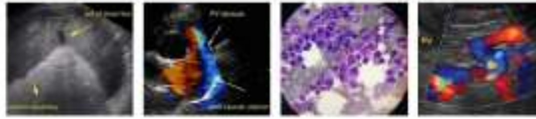
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild hypomotile stomach exhibiting mild retained fluid and focal nonspecific subtly shadowing ingesta
- Inflammatory enteropathy pattern with segmental jejunal ileus and suspect moderate ileitis
- Sonographically unremarkable colon with segmental distention with non-formed feces
- Associated subjectively benign / reactive mesenteric lymphadenopathy

Secondary Findings

- Focal nonspecific splenic nodule - likely benign, focal lymphoid hyperplasia, hematopoiesis suspected
- Suspect subnormal left adrenal gland - nonspecific
- Subjective mild benign hepatomegaly



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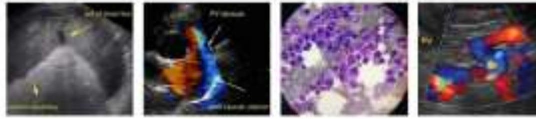
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pending additional diagnostics, the small intestine exhibited relatively mild mural changes suggestive of inflammatory enteropathy. A minor potential for early neoplastic infiltrative enteropathy with round cells cannot be definitively excluded, yet thought less likely. Monitoring for developing diarrhea is suggested. 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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Endoscopic upper and lower intestinal biopsies may be indicated if GI signs persist despite empirical supportive therapy. Radiographic monitoring of persistent gastric hypomotility or retained nonspecific Ingesta may be considered.



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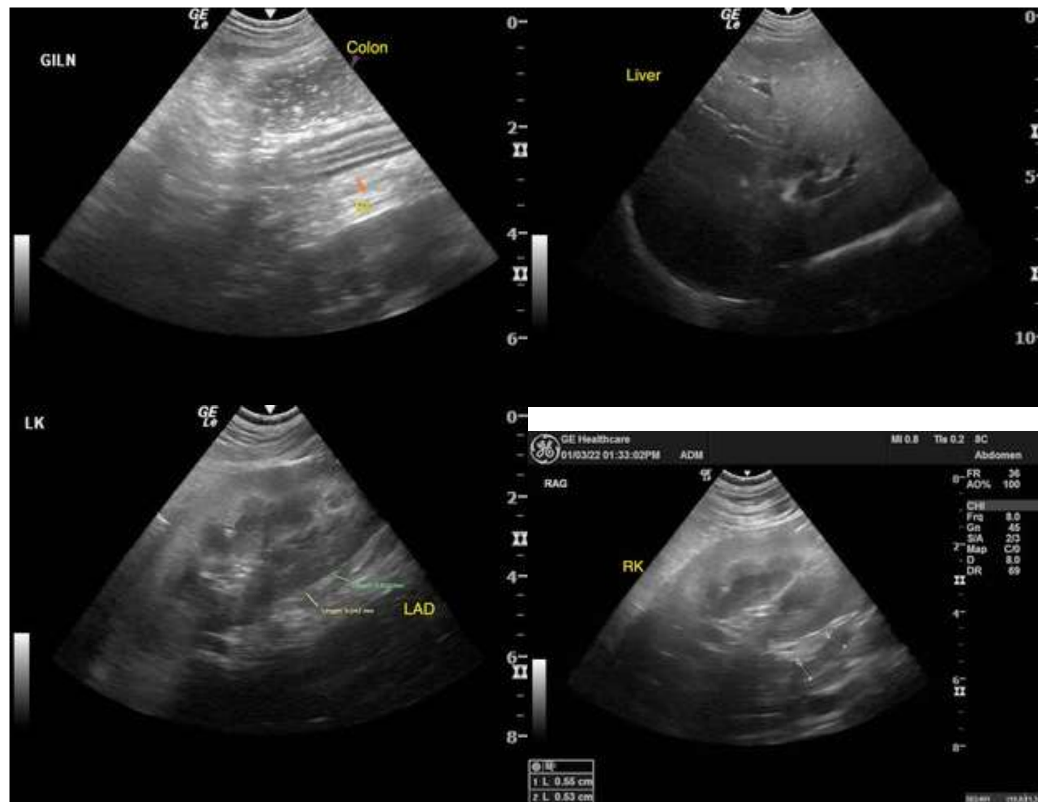

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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