



PATIENT

Maggie Elton

PRESENTING CLINICAL SIGNS

ADR for 2-3 days with vomiting; mild-mod enlarged submandibular and popliteal LN's.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Fecal negative for salmon flukes and no known exposure to fish; parvovirus negative CBC = bands suspected; lymph 0.28, Eos 0.00, Plt 89, MPV 15.3, CHEM = ALKP 253, Amyl 2391, Na 141, Cl 102 Radiographs = inflammation of GI, loose stool

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pitbull

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

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 6.9 cm in length. The right kidney measured 6.8 cm in length.

AGE

3yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

56lb

Focal, mildly prominent to enlarged medial iliac 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 a lymph node measured 2.0 cm.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 2.7 cm length.

IMAGING PERFORMED BY

Amanda Lacey Crook

Spleen

The spleen exhibited borderline to mild enlargement with subjective mildly reduced parenchyma echogenicity exhibiting mild to moderate coarse echotexture. 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.

HOSPITAL NAME

Rivers Edge Pet
Medical Center

Liver/Gallbladder

REFERRING VET

Dr. Gray

The liver presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

12829ag

Gastrointestinal

DATE

01/30/2023



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

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental non-obstructive ileus pattern to the level of the ileum was present with prominent ileum walls to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

BREED

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

Pancreas

SEX

FS

The parenchyma of the left limb, body and right limb of the pancreas presented hypoechoic to the adjacent omental fat.

Free Abdomen

AGE

3yr

No omental masses or peritoneal effusion was present.

WEIGHT

56lb

Several variably enlarged overall prominent mesenteric to mesenteric root lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width:length ratio was maintained (<0.5). Evidence of perilymphatic to peri intestinal inflammation was evident. An example of lymph node size was 5 cm x 1.4 cm.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Acute gastroenterocolitis pattern with moderate ileocolitis
- Associated hypoechoic variably prominent mesenteric lymphadenopathy, peri lymphatic to peri intestinal hyperechoic omentum
- Hypoechoic liver-potential acute hepatopathy
- Borderline/mild prominent spleen with subtle parenchyma hypoechoic-secondary splenitis, hyperplasia, potential for occult infiltrative neoplasia considered less likely
- Possible concurrent low-grade pancreatitis

IMAGING PERFORMED BY

Amanda Lacey Crook

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The GI presentation is suggestive of acute inflammatory criteria with considerations including dietary intolerance / food hypersensitivity, gastroenterotoxic insult or infectious disease with secondary lymphatic hyperplasia or reactive lymphadenitis. Potential for occult infiltrative GI and lymphatic neoplasia cannot be definitively excluded. Occult Addison's disease is considered less likely.

Assuming normal clotting status, a lymphatic +/- hepatosplenic FNA for screening cytology could be considered for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically aggressive GI support, broad spectrum antibiotics and high colony count probiotics with assessment of clinical response would be reasonable.

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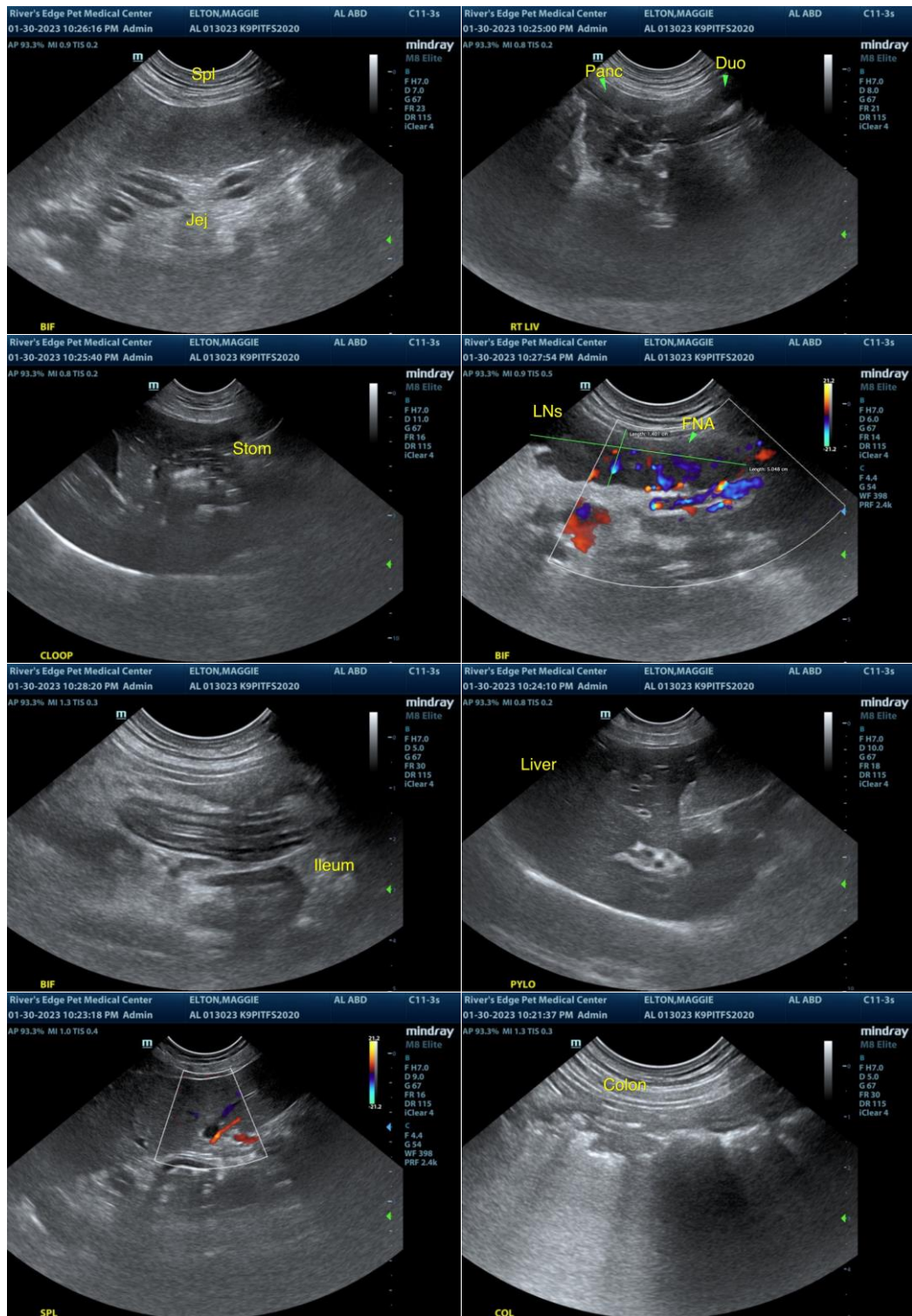
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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