IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Goatie Shanafelter

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

13 years

WEIGHT

16 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Rebecca Lundeen/Dr. Chelsea Clinton

INVOICE

12391

DATE

10/11/21

PRESENTING CLINICAL SIGNS

Recurrent mucoid diarrhea. No vomiting but he does lick his lips a lot and is restless. Diarrhea was responsive to Metronidazole when last treated at end of August. O' concerned because he got into fish bones and material ~Sept 27th.
Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry performed - no significant findings. Abdominal radiographs performed and also submitted to SignalPet. Spondylosis, DJD of spine and hips. Gastric material present (just ate prior to coming here). Possible material in small intestine noted on lateral view but no obvious obstructive pattern seen. Increased gas in colon. Possible mild loss of serosal detail in cranial abdomen on lateral views. SNAP cPL normal, Fecal - no ova/parasites seen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 sonographically unremarkable.

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 4.0 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.8 cm length x 0.60 cm width in the caudal pole. The right adrenal gland measured 1.5 cm length x 0.42 cm width in the caudal 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 enlarged in size. 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

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

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 stomach wall width measured 0.36 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.38 cm. The jejunum wall width measured 0.35 cm.

Normal visible colon wall layers were present with apparent formed to semi-formed feces in lumen.

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, mid-abdominal, mesenteric 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 0.78 cm width. No effusion was noted. The omentum exhibited normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild age-related kidneys
- Sonographically unremarkable gastrointestinal tract and colon
- Mild hepatomegaly - subjectively benign
- Intermittent, minor, isoechoic, mesenteric lymphadenopathy - consistent with probable minor lymphoid hyperplasia, no evidence of inflammatory or neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology. The potential for low-grade to recurrent colitis, given the mucoid diarrhea, or potential for structurally insignificant inflammatory enteropathy Is possible. Dysbiosis / antibiotic responsive diarrhea, given the resolution with Metronidazole, Is also possible. Assessment of serum cobalamin and folate levels may be considered.

No evidence of gastrointestinal foreign material or mechanical obstruction was noted. 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

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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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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svsmobileimaging.com 309-737-3070

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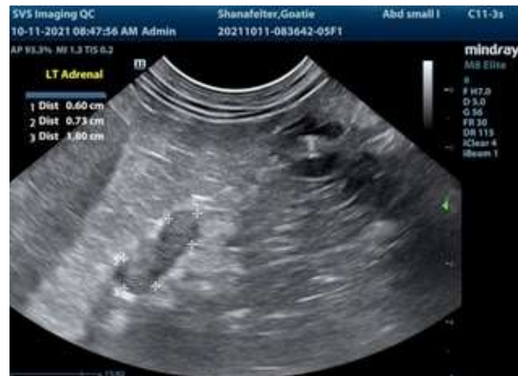

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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