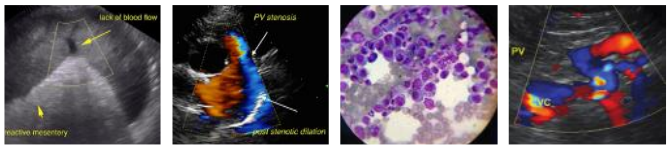
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tango Knowlton

SPECIES

Canine

BREED

Australian Shepherd Mix

SEX

MN

AGE

13

WEIGHT

24

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman CVT

HOSPITAL NAME

Bush Animal Hospital

REFERRING VET

Dr. Beyerinck

INVOICE

11838ag

DATE

10/11/2022

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Gradual weight loss, intermittent vomiting/diarrhea - rapidly responsive to cerenia tx

Abnormal PE/Chem/CBC/UA Results: Lab Findings: CBC - monocytosis and eosinophilia Chem - cPLi 403 (6 months ago) Fecal negative

Current Medications: Cerenia PRN Radiographic Findings: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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. Bilateral pinpoint medullary mineral was noted. The left kidney measured 4.7 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.47 cm width in the cranial pole and 0.50 cm width in the caudal pole. The right adrenal gland measured 0.59 cm width in the caudal pole.

Spleen

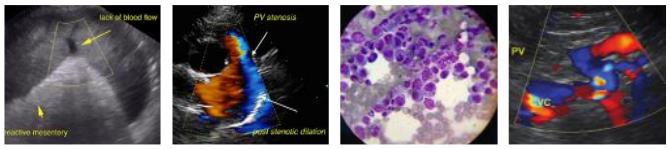
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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

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. 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 with mild echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing echogenic fluid and chyme with no signs of ileus, obstruction or foreign material.

The ventral gastric body wall measured 0.37 cm in width.

The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segmental mildly prominent duodenojejunal mucosa layer was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The jejunum wall measured 0.35 – 0.40 cm in width. The duodenum wall measured 0.44 cm in width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract, subjective propensity for prominent duodenojejunal mucosa layer
- Heterogeneous pancreas-suspect age related pancreatic and benign mild remodeling, potential for low grade pancreatitis possible
- Mild hepatosplenic remodeling-benign
- Minor gallbladder debris
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a mild geriatric abdomen without significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Sonographically the small intestinal walls exhibited minor criteria for possible inflammatory gastrointestinal changes given the patient's weight loss and intermittent GI signs. Considerations may include dietary intolerance / food hypersensitivity, occult parasitism, inflammatory gastroenteropathy, low grade to chronic pancreatitis or less likely infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs to assess for occult disease as a contributing factor are recommended.

Empirically, a limited antigen or hydrolyzed diet trial, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) and assessment of clinical response with monitoring of body weight going forward would be reasonable.

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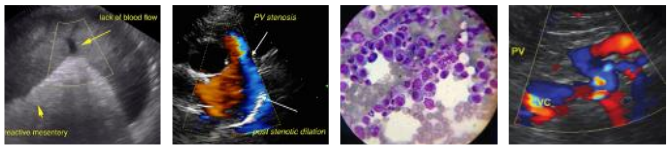

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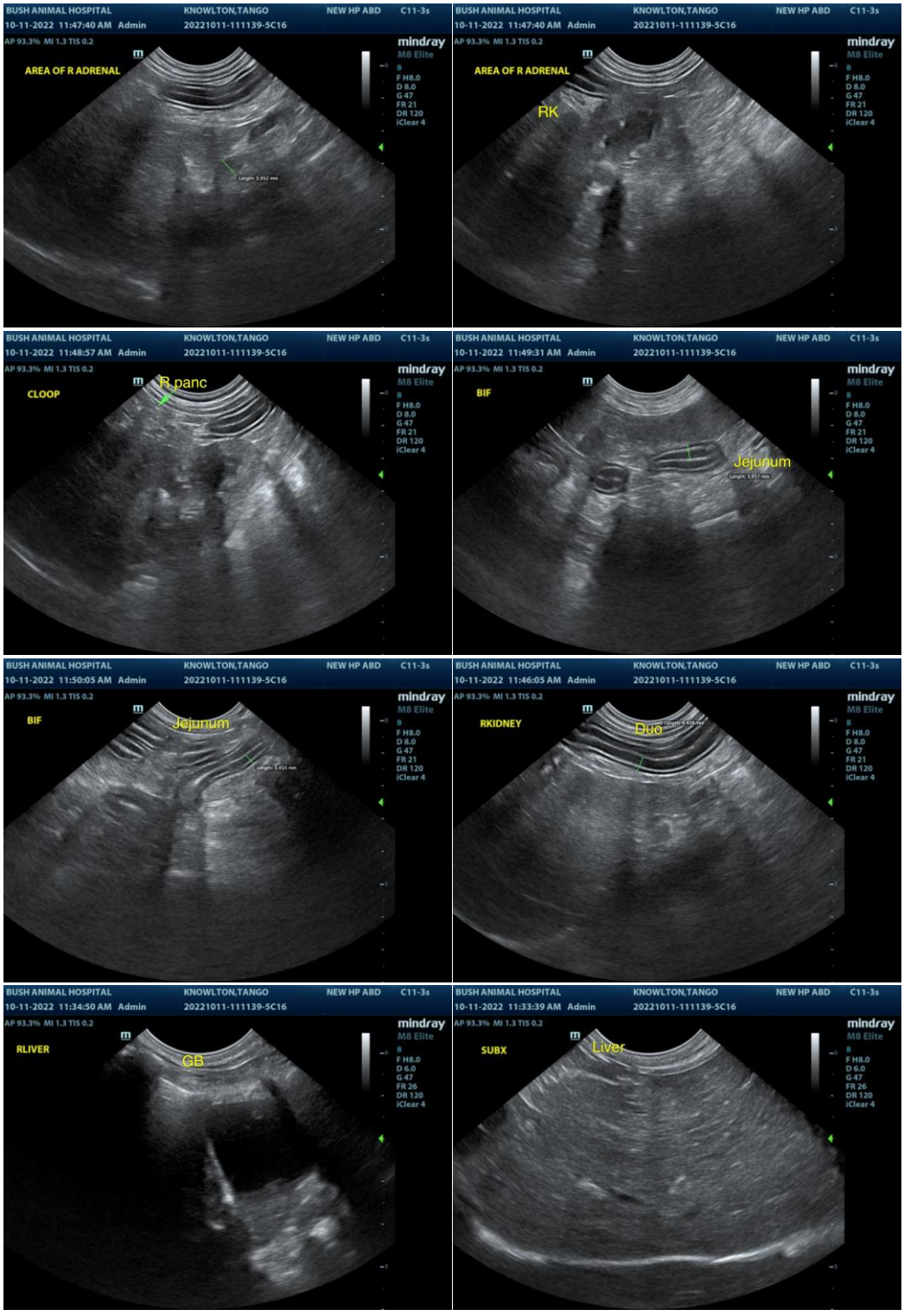

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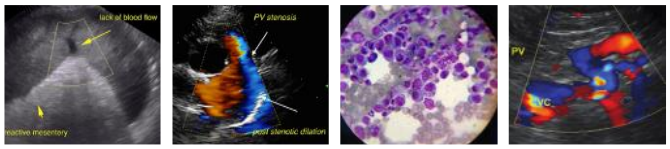

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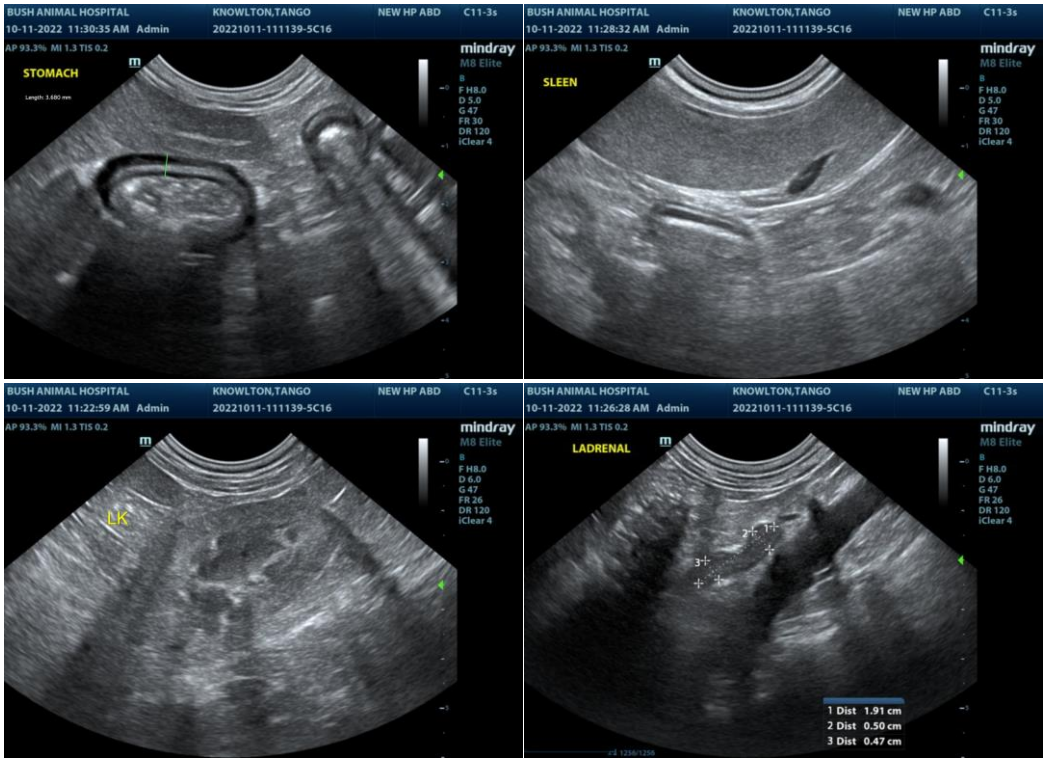

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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