IMAGING PERFORMED BY

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

PATIENT

Pixie Jones

SPECIES

Canine

BREED

Chihuahua

SEX

Female

AGE

2 years

WEIGHT

6.7 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. Patrick

INVOICE

12393

DATE

10/19/21

PRESENTING CLINICAL SIGNS

Reoccurring since April of this year. Vomiting and bloody stools, Has been on metronidazole and cerenia for the vomiting and diarrhea.
Abnormal PE/Chem/CBC/UA Results: Previous vet clinic provided diagnosis of Pancreatitis. CPL test performed in our clinic was negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

No evidence of pathology associated with the uterus or bilateral ovaries was noted if the patient is intact.

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 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 3.3 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.0 cm length x 0.23 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.1 cm length x 0.32 cm width at the caudal pole.

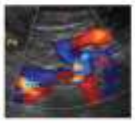
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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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Gastrointestinal

The gastric fundus and body exhibited sonographically unremarkable wall layering with mild luminal gas. Mild prominent pyloric wall layering owing to mild pyloric mucosa hypertrophy, along with minor retained pyloric anechoic fluid were present. The pylorus wall width measured 0.33 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with a subjective propensity for mildly echogenic to prominent submucosa. Minor areas of nonobstructive jejunal ileus were noted. No evidence of foreign material, loss of intestinal wall layering or structural pathologies such as intestinal masses or intussusception were noted. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.22 cm.

The colon exhibited sonographically unremarkable wall layering yet generalized mild to moderate distention with nonformed to liquid feces, consistent with diarrhea.

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 mesenteric 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). These lymph nodes were subjectively benign or reactive, without inflammatory or neoplastic criteria. No effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastroenterocolitis pattern - potential for inflammatory bowel and concurrent colitis
- Intermittent subjectively reactive / benign mesenteric lymph nodes

Secondary Findings

-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the recurrent nature of this patient's gastrointestinal signs, recurrent Inflammatory gastroenterocolonopathy is likely. Dietary indiscretion / food intolerance, occult parasitism, or essentially structurally insignificant Inflammatory bowel may be possible. No evidence of active pancreatitis, although potential for low-grade pancreatitis may be present yet ultrasonographically normal. 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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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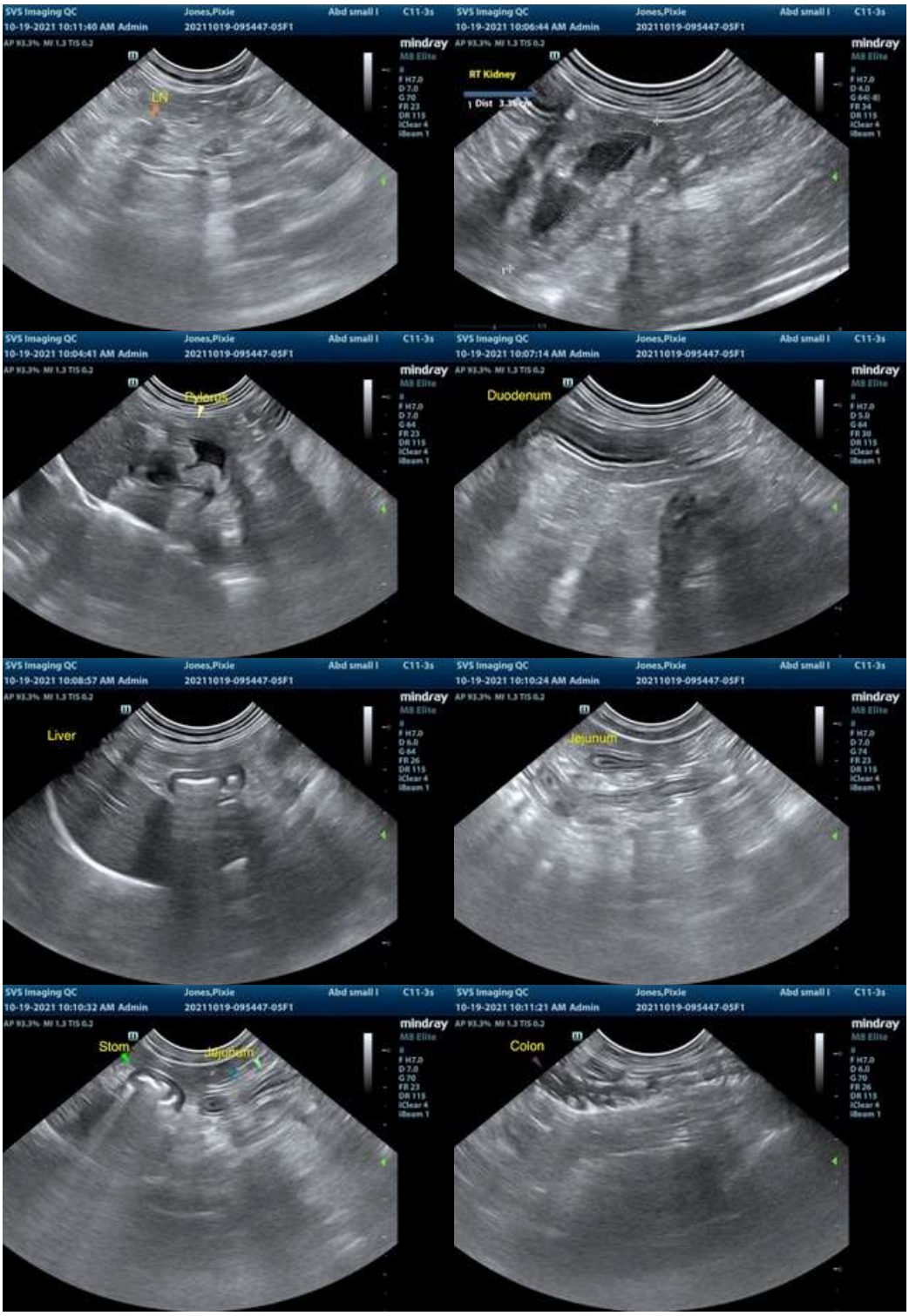
Although considered unlikely, resting cortisol may be considered to rule out occult Addison' Disease, given the recurrent GI signs or prior to potential endoscopic biopsies if elected.



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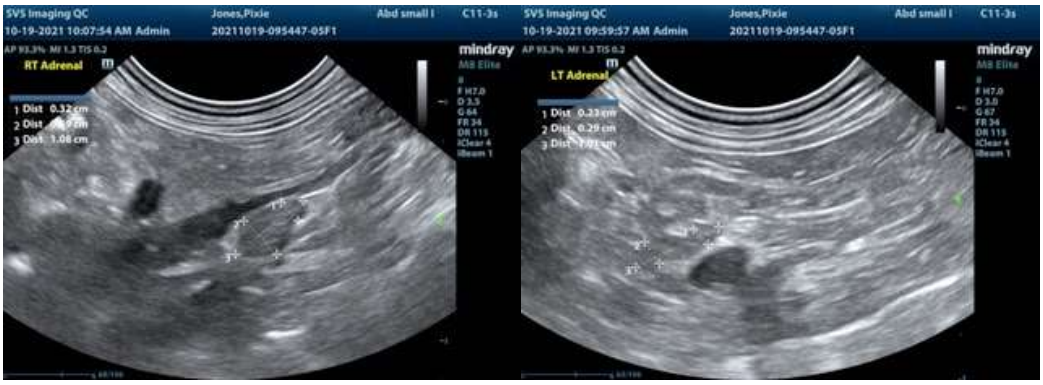

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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