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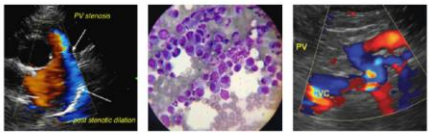

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Sasha Reeves

SPECIES
Canine

BREED
Springer Spaniel

SEX
FS

AGE
13yr

WEIGHT
52.2lb

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

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging

REFERRING VET
Dr. Bogunovic

INVOICE
11941ag

DATE
10/20/2022

PRESENTING CLINICAL SIGNS

Presented for acute onset of diarrhea. Otherwise, she is doing fine.

Currently on Royal Canin GI LF. On Metronidazole

Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALP, ALT and T Bili

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. The left kidney measured 6.0 cm in length. The right kidney measured 5.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm length and 0.50 cm width in the caudal pole.

A well-defined, hyperechoic nodule was present in the mid to cranial right adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 2.5 cm x 2.2 cm. The right adrenal gland measured 0.72 cm width at the caudal pole and 3.4 cm length.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma, an example measuring 0.56 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was subjectively mildly to moderately enlarged with primarily maintained symmetrical capsule contour and generalized non-uniform to mildly mixed echogenic parenchyma exhibiting parenchymal remodeling. No masses noted. 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 non-dependent echogenic non-organized luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

Gastrointestinal

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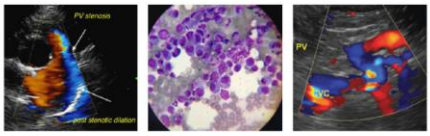

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The 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 measured 0.46 cm width. The jejunum wall measured 0.43 cm width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.38 cm in width.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Mild colitis pattern, nontechnically stomach and small bowel
- Benign splenic nodule
- Hepatomegaly exhibiting non-uniform parenchyma-nonspecific, vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or other hepatopathy possible. Neoplastic criteria considered less likely
- Gallbladder debris (non-mucocele)
- Mildly expansive right adrenal nodule-benign hyperplasia, adenoma, lipogranuloma, possible emerging neoplastic mass possible
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, acute enterocolic insult, IBD or low-grade chronic pancreatitis are all potentials for the acute diarrhea. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

A screening BP is advised to assess for evidence of hypertension which may allude to emerging right adrenal neoplastic criteria i.e. pheochromocytoma. Sonographic monitoring of the right adrenal gland nodule for evidence of progression is recommended.

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment.

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), +/- current antibiotic trial and as needed gastrointestinal support with assessment of clinical GI response may prove beneficial.

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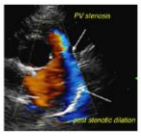
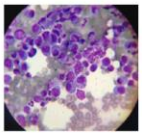
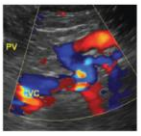

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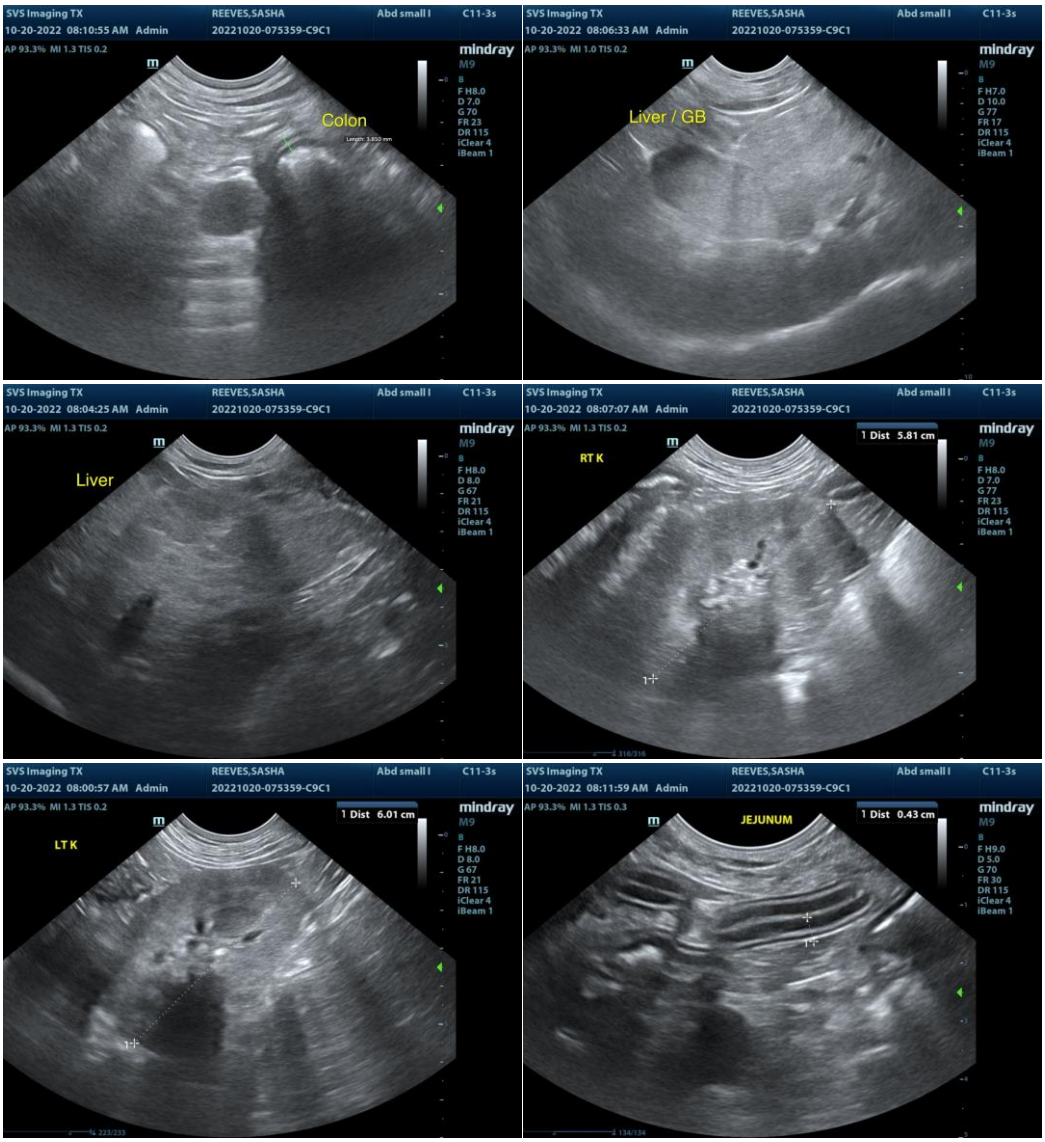

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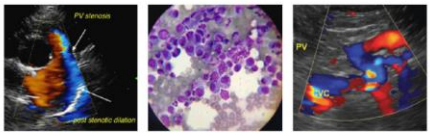

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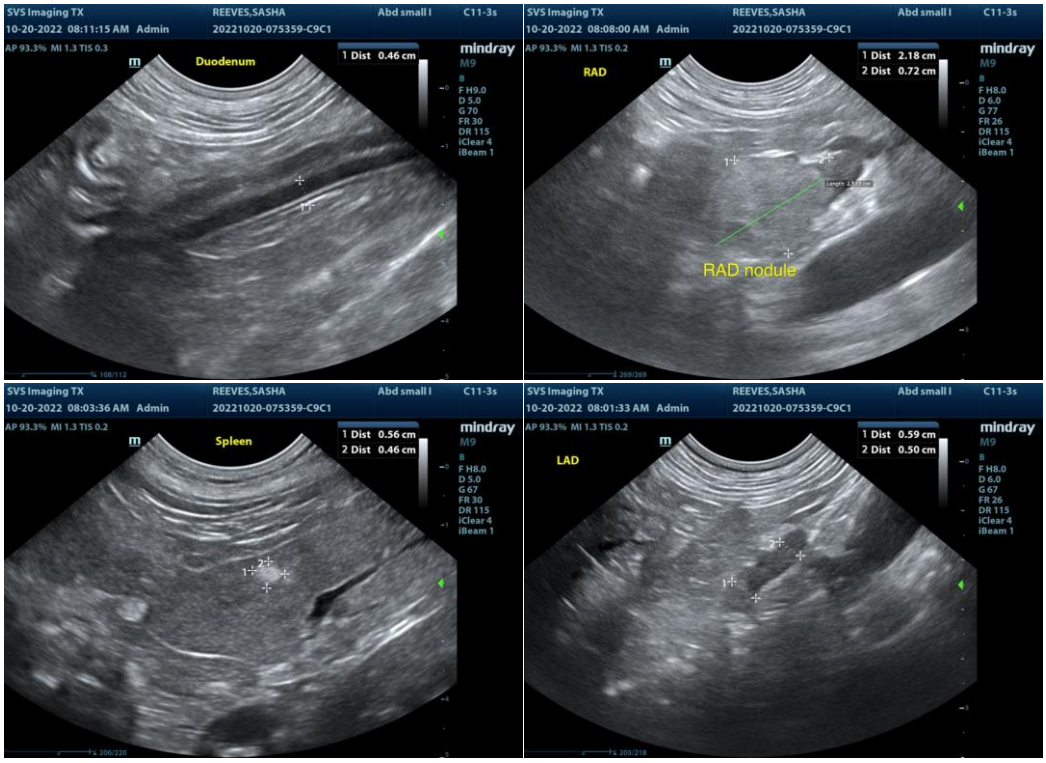

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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