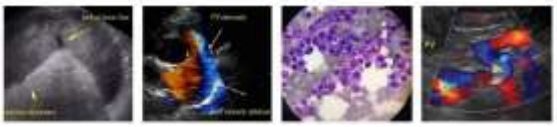


PATIENT

Trixie Falladown

SPECIES

Canine

BREED

DSH

SEX

FS

AGE

2.5 years

WEIGHT

5.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Robinson/Chu

INVOICE

12495

DATE

11/1/21

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea off and on, long history of flare ups. Abdomen is tense on palpation. Currently on a hypo diet of z/d. Significant fat over abdomen for age and size. Currently just started Dexamethasone injection and Metronidazole.

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.

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 3.8 cm in length. The right kidney measured 3.9 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

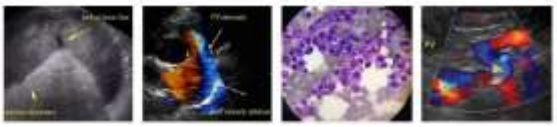
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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.

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 gastric body wall width measured 0.23 cm.



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The small intestine exhibited intact wall layering with generalized propensity for prominent muscularis layer, yet without evidence of significant small intestinal mural hypertrophy. No evidence of loss of intestinal wall layering or intestinal masses. No evidence of mechanical or metabolic small intestinal Ileus was noted. The jejunum wall width measured 0.27 cm.

Normal visible colon wall layers were present with apparent 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

No overt lymphadenopathy was present. Subjective increased omental fat was present with a solitary area of increased fat echogenicity suggestive of potential emerging focal benign nodular fat necrosis. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- IBD intestinal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine was consistent with infiltrative enteropathy i.e., IBD /eosinophilic enteritis or other. A minor potential for neoplastic Infiltrative enteropathy with round cells such as lymphoma which may present in a similar sonographic manner is possible yet thought less likely.

No evidence of concurrent lymphadenopathy or pancreatitis was noted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potentially, the current use of steroids may be masking Intestinal mural changes.

Full-thickness intestinal biopsies would be required for a definitive diagnosis. Empirically, continued IBD treatment protocol with an assessment of clinical response and monitoring of patient's weight would be appropriate.

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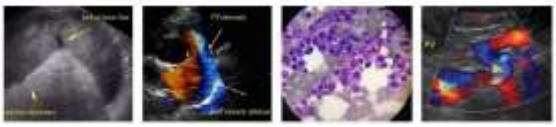

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IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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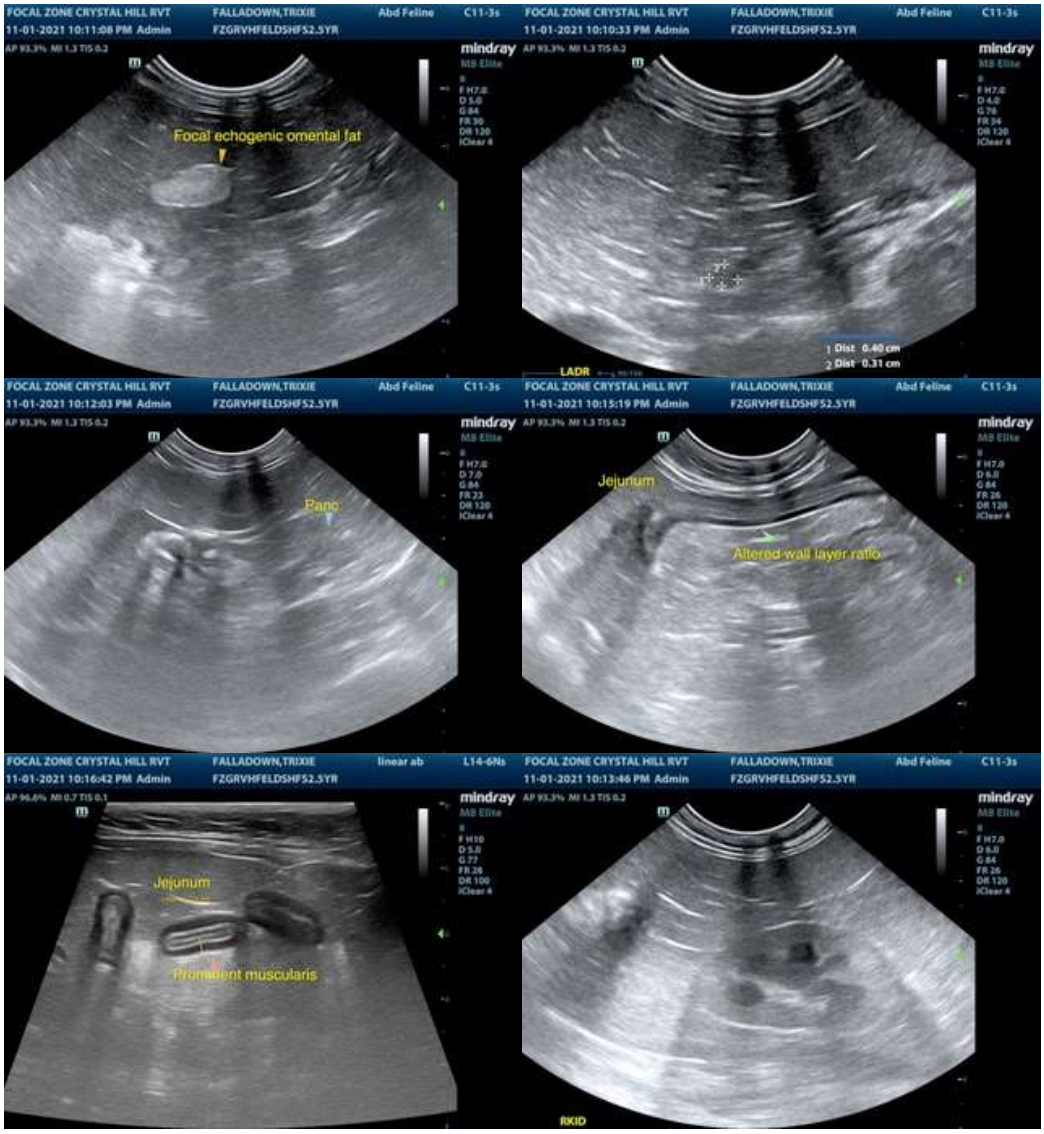

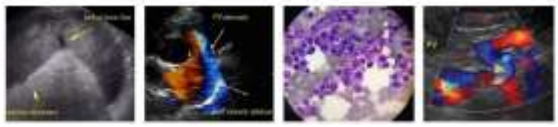

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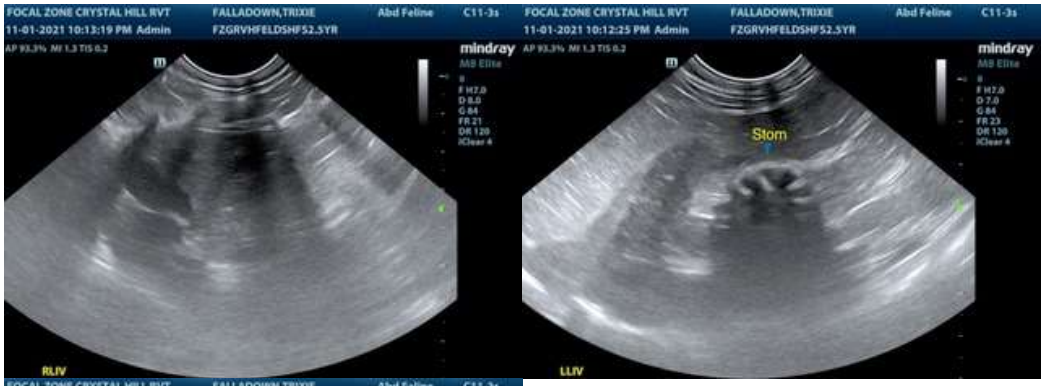

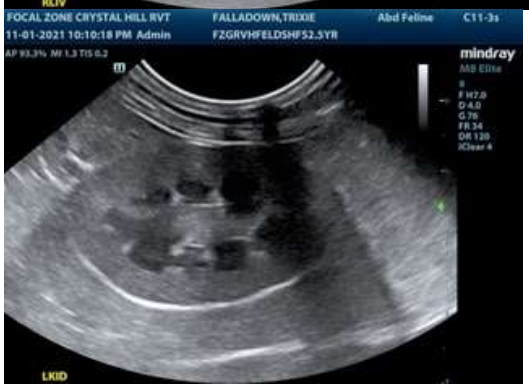

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com