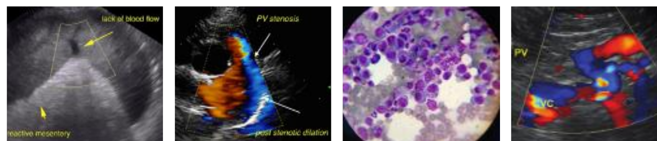


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Bella Peric

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

14 years

WEIGHT

7.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME
Alpine 24 hour Pet Hospital

REFERRING VET
Alpine 24 hour Pet Hospital

INVOICE

15389

DATE

11/4/22

PRESENTING CLINICAL SIGNS

Primary concern for IBD vs GI neoplasia. Has been on prednisone.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 4.4 cm in length. The right kidney measured 4.5 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 0.39 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland was not definitively visualized potentially owing to suppression secondary to Prednisone therapy.

Spleen

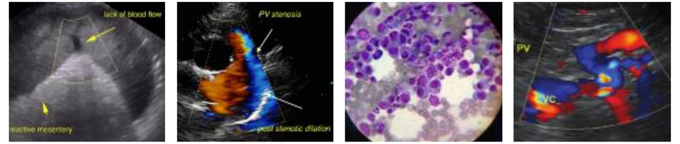
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver 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 margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The stomach contained a mild to moderate amount of retained anechoic fluid and pockets of luminal gas. No evidence of mechanical pyloric outflow obstruction was noted.



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The small intestine presented intact yet generalized prominent wall layering primarily owing to generalized prominent intestinal mucosa exhibiting subjective decreased mucosa echogenicity. Intermittent hyperechoic mucosal speckling was noted. Small intestinal wall layering was maintained without evidence of loss of wall layering or definitive intestinal masses. The duodenum wall measured 0.47 cm width. The jejunum wall measured 0.24 cm width. Intestinal wall layering appeared to be primarily prominent in the duodenum. Minor segmental duodenojejunal nonobstructive ileus pattern was present.

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, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach - consistent with likely metabolic hypomotility
- Diffuse intact yet prominent to mildly thickened small bowel walls, mild nonobstructive segmental duodenojejunal ileus
- Subjective mild vacuolar hepatopathy pattern
- Heterogeneous pancreas - likely benign remodeling associated with age or potential previous inflammatory episode, potential for chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the small intestine may include inflammatory and/or infiltrative neoplastic etiologies. Given the maintained intestinal wall layering, definitive gastrointestinal neoplastic criteria was not possible, yet some degree of masked or suppressed gastrointestinal mural changes secondary to Prednisone therapy could be possible. Endoscopic or full-thickness surgical intestinal biopsies are likely required for a definitive diagnosis.

Empirically, continued therapy for IBD with an assessment of clinical response and sonographic monitoring of the intestinal tract for evidence of progressive mural changes despite Prednisone therapy would be reasonable.

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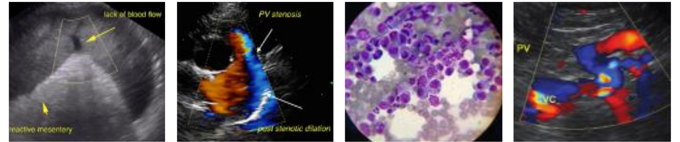
Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

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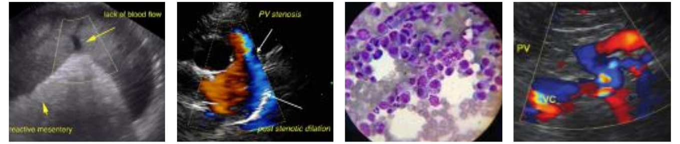

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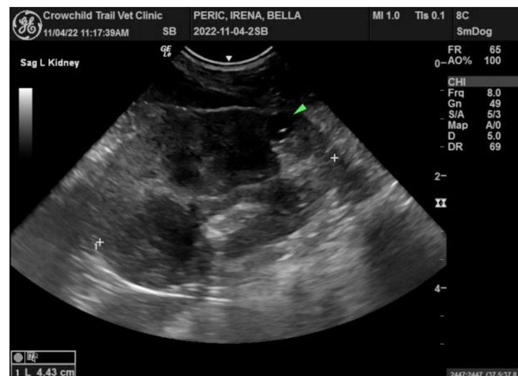

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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