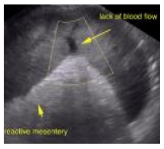
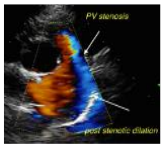
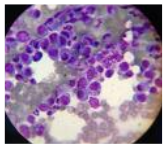
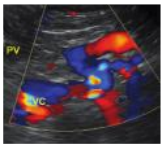
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Mr. Ghost Phillips

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

7

WEIGHT

110 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

20093

DATE

12/15/22

PRESENTING CLINICAL SIGNS

History: Current Medications: Glucosamine SID, MalAKet Wipes, Epiotic flush twice weekly Patient History: AUS on 12/15/22. IH Comp Plus CBC performed 12/12/22. Presented for exam on 12/14/22 for vomiting and not eating. Hx of decreased appetite, lethargy, vomiting x3d, soft stools developed 12/14. . Suspected stress colitis in the past. Fecal check performed 12/14/22 - no ova seen/no significant findings O has changed diets on and off over the past few months, has been on current diet for past month until P started vomiting this week. Hx of daily visits to local park and free to roam, does occasionally eat things/picks things up while there (animal carcass). Currently being treated for chronic pododermatitis on left front - treating topically, has not started any oral meds. Hx of vestibular signs earlier this year, has since resolved.

Abnormal PE/Chem/CBC/UA Results: Lethargic, mildly dehydrated - administered SQ fluids in hospital. 2lb weight loss this week. Mild signs of nausea. Was eating a little earlier this week, but now no interest in food. Increased gut sounds appreciated, generally tense throughout abdominal palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

The area of the residual prostate appeared normal and 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 7.8 cm in length. The right kidney measured 7.6 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 0.61 cm width at the caudal pole and 0.48 cm width at the cranial pole.

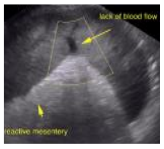
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.93 cm width at the caudal pole and 0.83 cm width at the cranial pole.

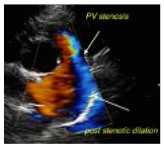
Spleen

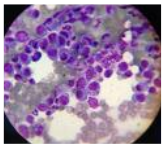
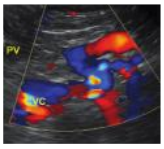
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

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.





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

PATIENT

Mr. Ghost Phillips

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

7

WEIGHT

110 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

20093

DATE

12/15/22

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 sonographically unremarkable gastric wall layering with a normal wall layer ratio. The stomach exhibited subjective mild luminal gas without evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.47 cm.

The small intestine presented generalized intact wall layering with propensity for generalized prominent intestinal mucosa layer without evidence of loss of intestinal wall layering, intestinal masses or mechanical/metabolic ileus to the level of the ileocolic junction, which was free of pathology.

The colon presented subtle to mild prominent colon walls. The colon contained variably formed fecal matter.

Pancreas

The pancreas exhibited mild prominent size with normal contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Multiple, enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.7 cm in diameter.

Solitary to intermittent, mildly prominent medial lymph node/nodes were present. The lymph node/nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5).

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

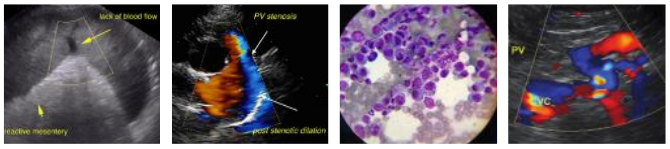
- Inflammatory gastroenterocolonopathy pattern- suspect IBD
- Associated nonspecific mesenteric and minor medial iliac lymphadenopathy- suspect reactive mesenteric lymphadenitis, secondary to inflammatory bowel or less likely early neoplastic lymphatic criteria
- Mildly prominent to heterogenous pancreas- possible concurrent low grade or chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, inflammatory gastroenterocolonopathy criteria with additional contributing factors, potentially including dietary indiscretion/food intolerance, dysbiosis, occult parasitism, even with negative fecal testing, low grade to chronic pancreatitis or less likely occult Addisons disease or infiltrative neoplasia.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening FNA lymph node cytology if accessible could be considered for further assessment. Resting cortisol level may be considered, although the bilateral adrenal glands appeared to be overtly normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mr. Ghost Phillips

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

7

WEIGHT

110 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

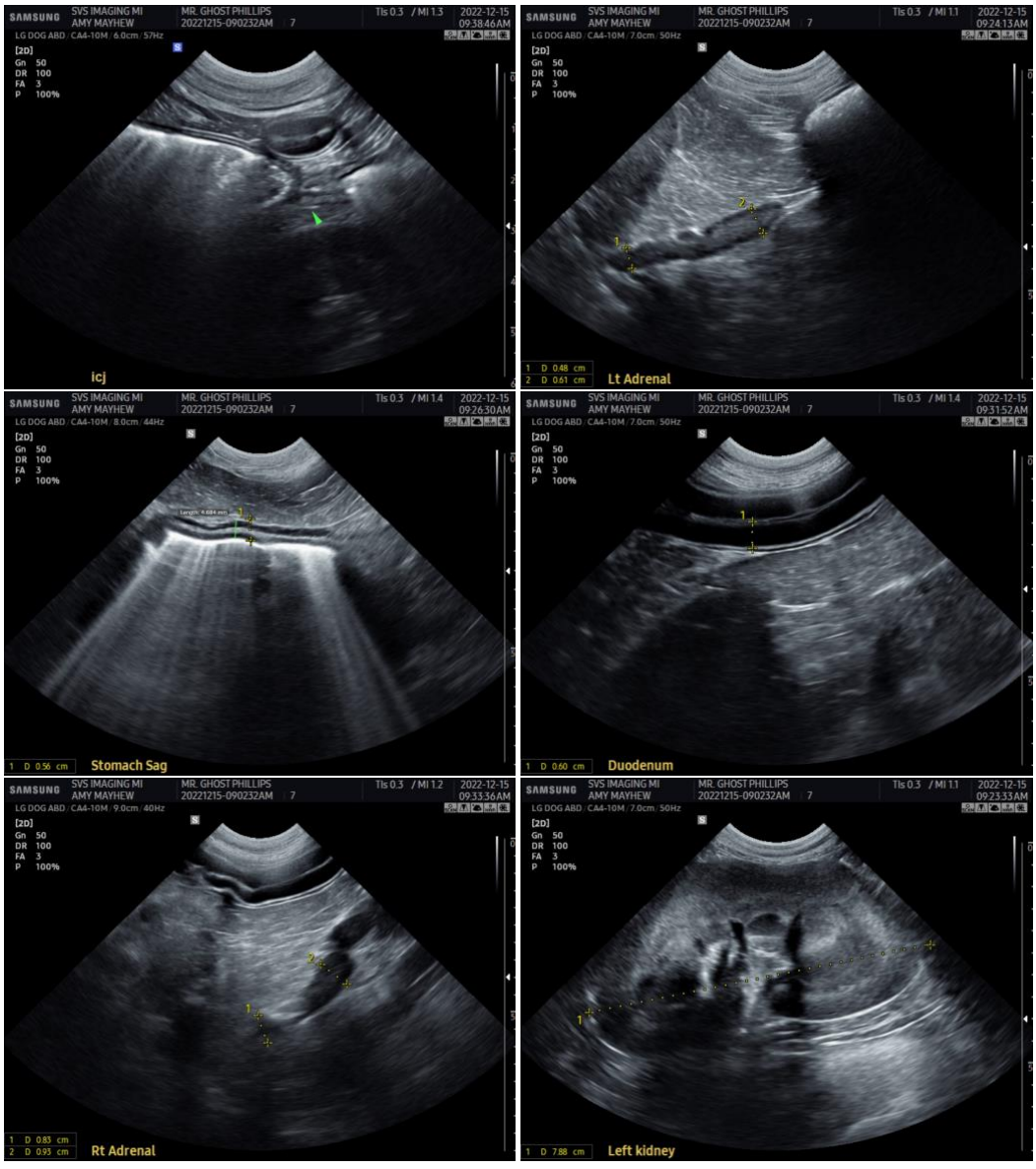
INVOICE

20093

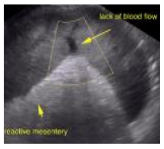
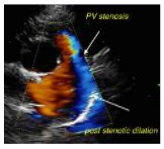
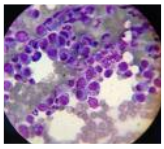
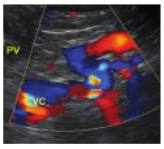
DATE

12/15/22

Empirically, a hydrolyzed diet trial with likely long term dietary therapy, high colony count probiotic, empirical deworming, cobalamin supplementation pending assessment of cobalamin levels and as needed gastrointestinal support with assessment of clinical response would be reasonable. Gastroenterocolic biopsies are likely required for a definitive diagnosis.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Mr. Ghost Phillips

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

7

WEIGHT

110 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

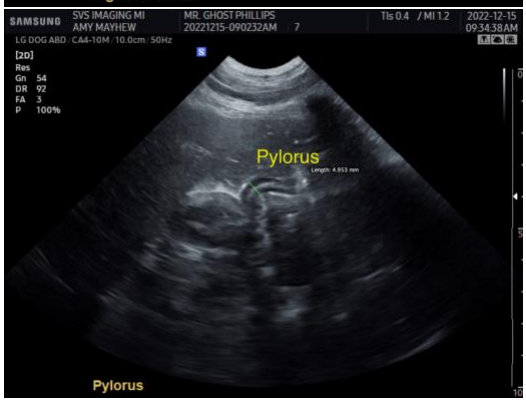
Family Pet Practice

INVOICE

20093

DATE

12/15/22



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