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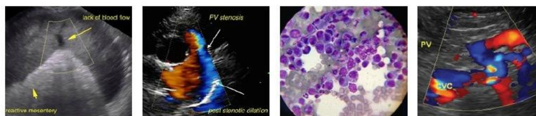


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Patrick Butler

SPECIES

Canine

BREED

Shiba Inu

SEX

MI

AGE

11mo

WEIGHT

25.8lb

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mountainview AH

REFERRING VET

Dr. Kalivoda

INVOICE

12450ag

DATE

12/16/2022

PRESENTING CLINICAL SIGNS

chronic soft stools consistent w/ SI diarrhea, will start firm then loosen up concern for IBS/IBD, food allergy, dietary intolerance~ p. also seems to have episodes of synchope after coughing or activity good body condition 2/6 heart murmur heard just today at time of echo/NO arrhythmia
Diet: Science diet I/D
Abnormal PE/Chem/CBC/UA Results: ECG attached

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 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 4.8 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was of expected size and presentation for a young intact male canine without overt pathology. The testicles were overtly normal.

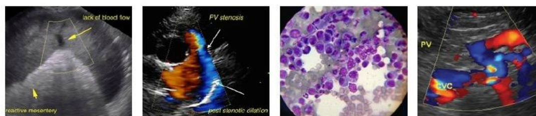
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole and 0.42 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 0.54 cm width at the caudal pole and 0.58 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



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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 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.

Normal visible colon wall layers were present with apparent semi 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 was evident.

Free Abdomen

No peritoneal effusion was present.

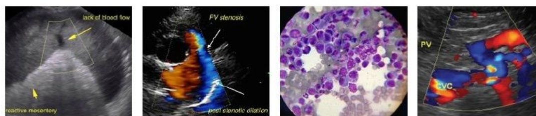
Focal, mildly prominent to enlarged mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 2.5 cm x 1.0 cm. This finding is not consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract/colon
- Focal intermittent benign/reactive mesenteric and medial iliac lymph nodes-suspect immunologic immaturity or minor benign hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically GI mural changes or pathology as a definitive cause of the patient's clinical signs. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity even with current ID diet, occult parasitism, dysbiosis or other are possible.



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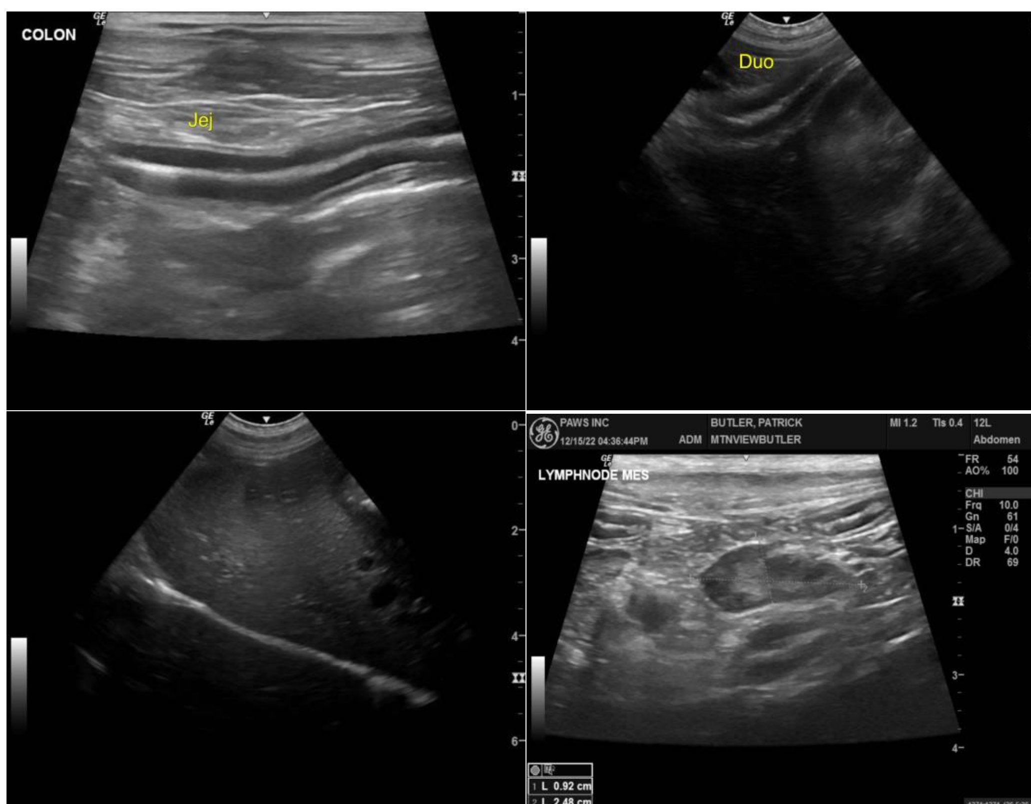
Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

A GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level may be considered.



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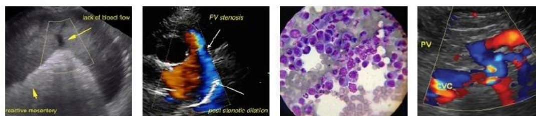

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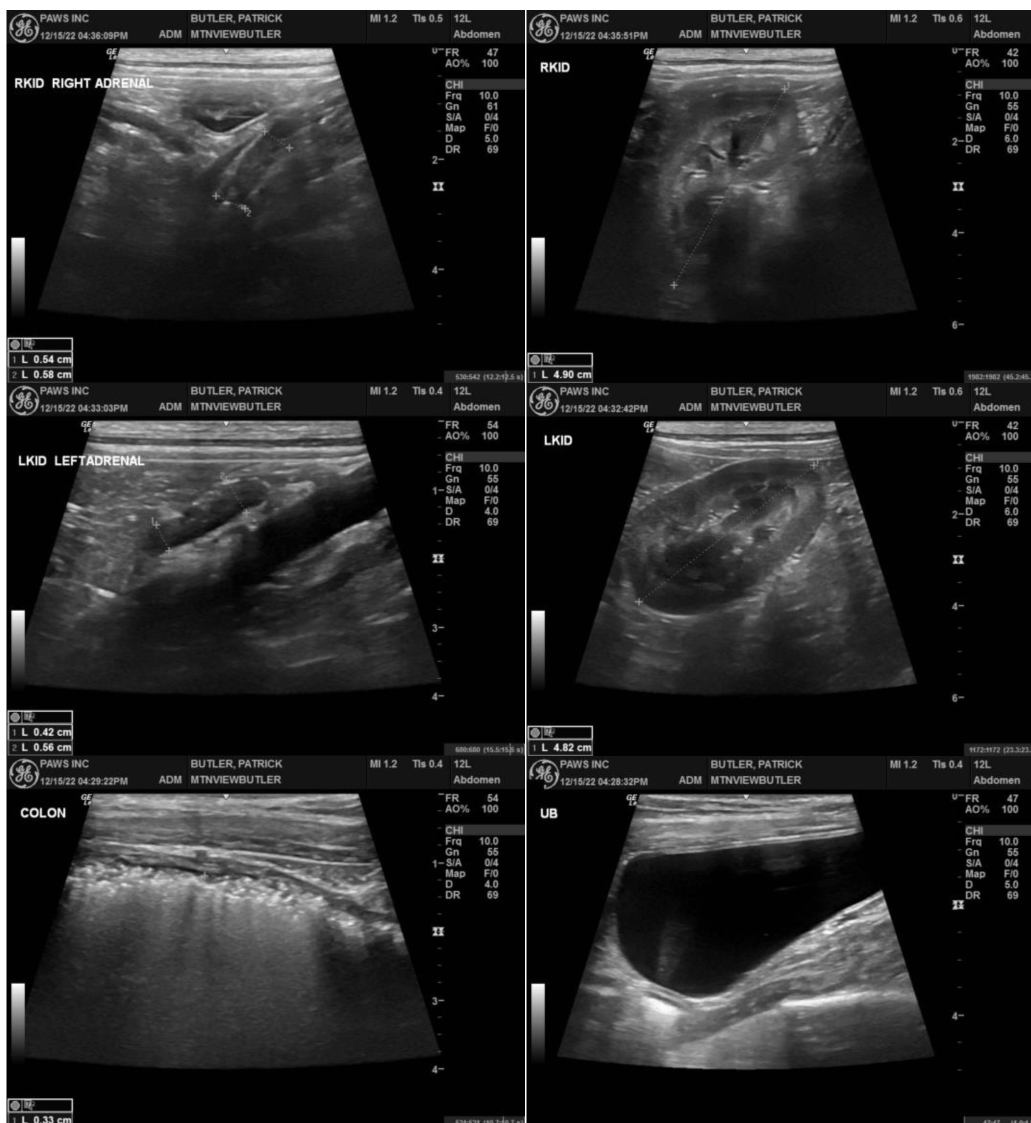

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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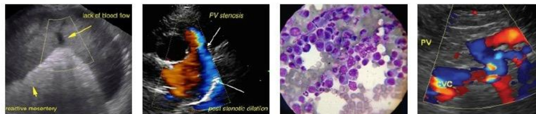

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