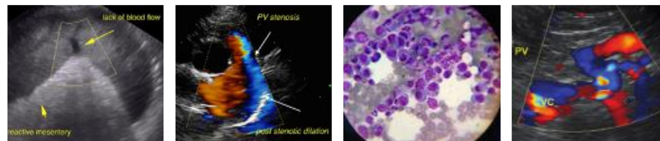
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Roger Neet

SPECIES
Canine

BREED
Pitbull Mix

SEX
MN

AGE
6yr

WEIGHT
95lb

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

IMAGING PERFORMED BY
Jeff Nelson

HOSPITAL NAME
Willamette Veterinary Hospital

REFERRING VET
Jeff Nelson

INVOICE
12555ag

DATE
12/27/2022

PRESENTING CLINICAL SIGNS

Presented 10/18/22 for intermittent diarrhea and anal sacculitis. Diarrhea has persisted for last 2 months. No improvement with switch to hydrolyzed diet, deworming, prednisone and metronidazole trial, probiotics.

Abnormal PE/Chem/CBC/UA Results: Negative fecal Lab results pending, submitted senior chem, CBC, baseline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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 7.5 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.68 cm width at the caudal 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.

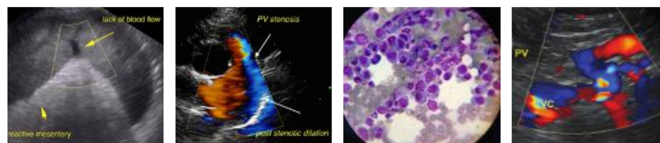
Liver/Gallbladder

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 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.



PATIENT
Roger Neet

SPECIES
Canine

BREED
Pitbull Mix

SEX
MN

AGE
6yr

WEIGHT
95lb

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

IMAGING PERFORMED BY
Jeff Nelson

HOSPITAL NAME
Willamette Veterinary Hospital

REFERRING VET
Jeff Nelson

INVOICE
12555ag

DATE
12/27/2022

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

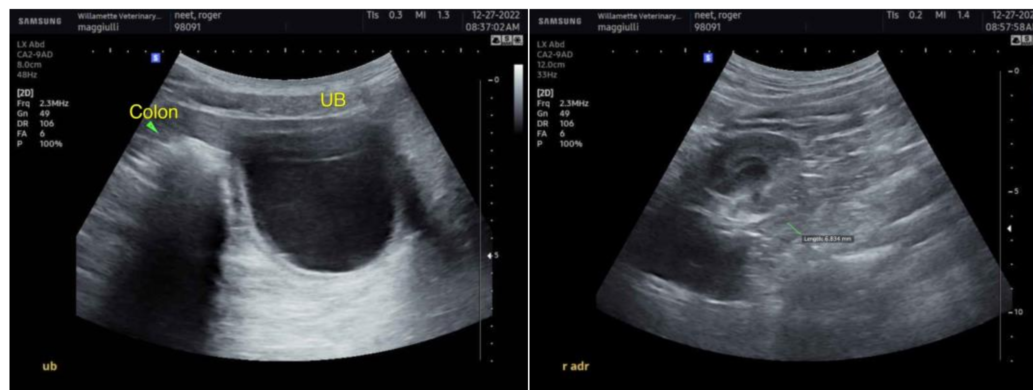
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

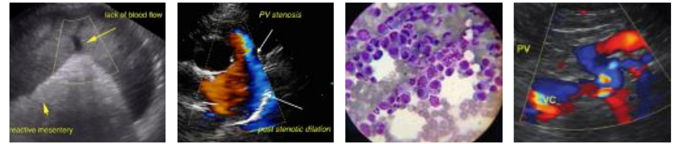
Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported chronic gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, occult Addison's disease, dysbiosis, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or infiltrative neoplasia (considered unlikely). Depending on most recent prednisone use, potential masking of gastroenterocolic mural changes could be possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as pending resting cortisol level if adequate prednisone wash out period.

Empirically, a limited antigen or hydrolyzed diet trial rotation with potential long term dietary therapy, prophylactic re-deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), continued high colony count probiotic (Proviable or Visbiome), empirical cobalamin supplementation pending assessment of cobalamin levels +/- Tylan trial given lack of response to Metronidazole may prove beneficial.



SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Roger Neet

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

6yr

WEIGHT

95lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jeff Nelson

HOSPITAL NAME

Willamette Veterinary Hospital

REFERRING VET

Jeff Nelson

INVOICE

12555ag

DATE

12/27/2022

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)
mac.daniel@sonopath.com