



PATIENT

Ashe Wasnick

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

5yr

WEIGHT

29.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Julia Kerr

INVOICE
23858

DATE

PRESENTING CLINICAL SIGNS

- vomited 1 time on Saturday 2/7. 7 pound weight loss since January. straining with defecation (chronic concern). ongoing anal gland concern. discomfort with hind end, scooting. not wanting to sit on dog bed or on owners lap (as he typically does), restless. was seen at rdvm yesterday and had anal glands expressed. rectum red, inflamed. owner did note the tail piece of squirrel dog toy is missing for a month. unsure if patient ate toy. recently discontinue probiotic supplement due to chicken base.
- Scooting: Has been observed scooting. Anal glands were expressed at the RDVM via a technician appointment yesterday. Client reports his rectum is red. GI signs: Chronic tenesmus. Stool consistency changes during a single defecation, beginning as formed and ending as diarrhea.
- Allergy history: Presumed allergies to chicken and environmental allergens; no formal allergy testing has been performed.
- Medical History: History of kidney disease. History of struvite crystals on urinalysis due to high urinary pH (likely due to home cooked diet). Client reports no observed stranguria or hematuria.
- concern for gastroenteritis, partial bowel obstruction, chronic enteropathy, other
- Abnormal PE/Chem/CBC/UA Results: PE: tense on abdomen palpation but not reactive cbc: NSR chem: creatinine 1.8 epoc: NSR cpl: less than 50 (normal) rads: ingesta in fundus and the pylorus, loss of serosal detail in cranial abdomen, formed stool in descending colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was mildly prominent in size with symmetrical contour exhibiting heterogeneous non-mineralized parenchyma. The prostate measured 2.3 cm in diameter.

The right kidney was subnormal in size compared to the left. Asymmetrical margination with asymmetrically thickened cortex exhibiting variable to segmental hyperechoic cortex parenchyma and reduced medullary volume was present. Left kidney mild pyelectasia and intermittent small cortical cysts. No evidence of right kidney pyelectasia. Bilateral pinpoint dystrophic medullary mineral which may indicate previous or current inflammation was present. The left kidney measured 7.0 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen



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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 borderline prominent to thickened wall. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.60 cm width. The jejunum wall measured 0.50 cm width.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa most notable in the descending colon at the level of the urinary bladder and colorectum. Formed fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.40 cm in width.

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

Primary

- Structurally unremarkable, empty gastrointestinal tract with borderline prominent small intestinal wall
- Mild descending colitis pattern with formed fecal matter
- Non-specific chronic nephropathy exhibiting cortical infarcts / fibrosis, pinpoint dystrophic medullary mineral, left kidney pyelectasia with subnormal right kidney size compared to the left

Secondary

- Mild non-organized gallbladder debris (non-mucocele)
- Mildly prominent non-homogeneous non-mineralized residual prostate



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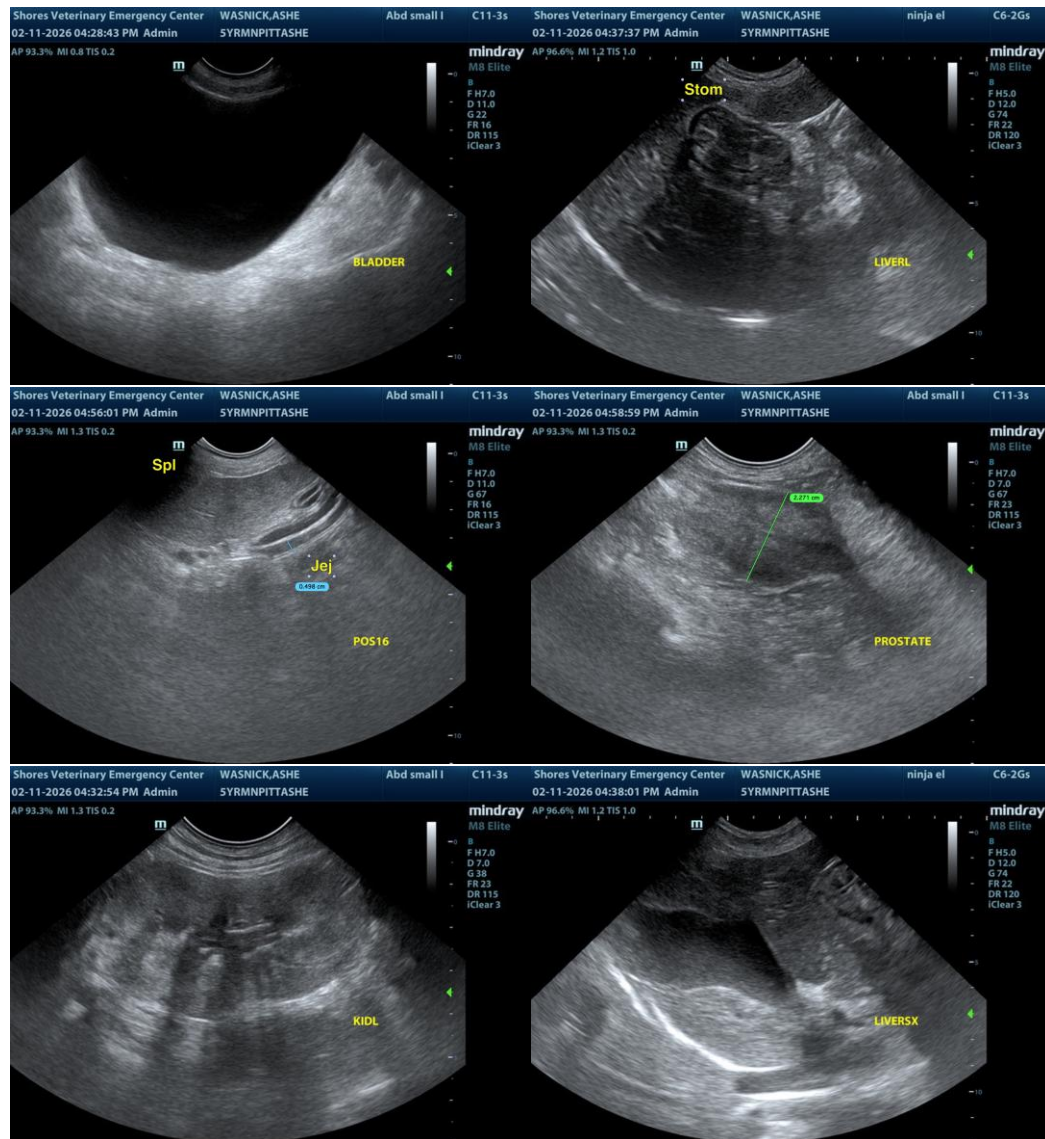
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or foreign material, potential for passed foreign material in the colon given patient history not definitively excluded. Correlation with rectal palpation and monitoring of fecal output is suggested. The borderline prominent intestinal wall may indicate normal or patient variant although mild chronic enteropathy may be possible given weight loss.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Monitoring of UA +/- renal staging to include C/S and UPC level is recommended.





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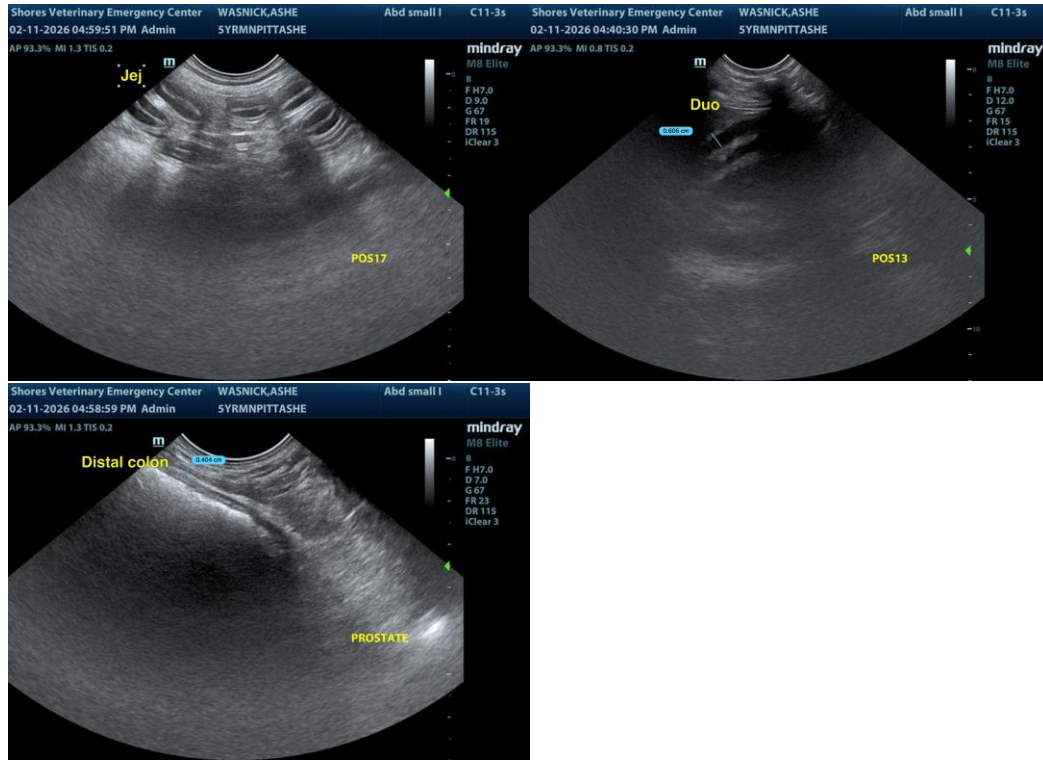
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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