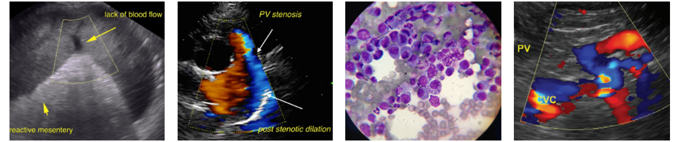
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tilly Stardance

SPECIES
Canine

BREED
Blue Heeler

SEX
Spayed Female

AGE
1.6 Years

WEIGHT
37 Pounds

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

IMAGING PERFORMED BY
Cathleen

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Gary Jimmerson

INVOICE
35654

DATE
2/15/22

PRESENTING CLINICAL SIGNS

Transfer from Oceanlake Clinic in Newport, 1week of diarrhea and vomiting 2/9 fecal negative, rads negative for FB, outpatient care, started on metronidazol anorexia over weekend 2/14 (yesterday) rDVM MPE, temp 104.7*F, fecal negative again, hospitalized for presumptive SPD tx, occasional cough ate well last night, but vomited again and no interest in eating, fever resolved thoracic radiographs = possible emerging pneumonia
Abnormal PE/Chem/CBC/UA Results: parvo snap = negative CBC = HCT 48.5%, WBCs low normal 6.2, stress leukogram, thrombocytopenia 120k chem10 = azotemia Crea 3.4, BUN 44, all other wnl EPOC = Crea 2.81, BUN 52, lytes wnl. K 4.3. lactate wnl 1.21. Lepto witness = negative UA = USG 1.014, quiet sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm at the caudal pole. The left adrenal gland measured 0.44 cm at the caudal pole and 0.45 cm 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.

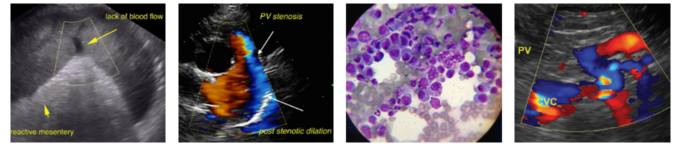
Liver

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. 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 exhibited moderate distention with retained, primarily anechoic fluid and mild chyme. Gastric body was normal. Gastric body wall measured 0.30 cm. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction. Pylorus wall including prominent mucosa measured 0.80 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Areas of segmental non-obstructive jejunal ileus was present.



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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed matter was present in the colon lumen with lumen dilation. Descending colon wall measured 0.29 cm.

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

Intermittent to multiple enlarged jejunocolic lymph nodes were present. Example measured 1.6 cm diameter. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Subtle evidence of perilymphatic inflammation was evident.

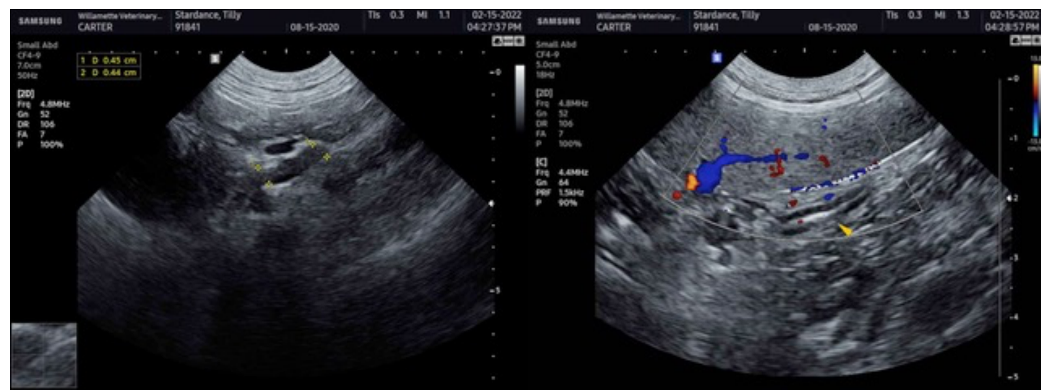
ULTRASONOGRAPHIC FINDINGS

- Acute gastroenterocolitis pattern
- Associated probable jejunocolic lymphadenitis – likely owing to inflammatory bowel episode.
- Sonographically unremarkable bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, acute gastroenterotoxic insult, infectious gastroenterocolitis, inflammatory bowel disease all possible. Presence of stress leukogram indicates less likely potential for occult Addison's disease. However, resting cortisol levels could be considered, given the azotemia. Potential for concurrent or acute renal insult may be possible, although the bilateral kidneys appeared to be sonographically normal.

Hospitalization with IV fluid protocol, monitoring of renal parameters, as-needed gastrointestinal support including broad-spectrum antibiotics with potential coverage for salmon poisoning disease (if clinically indicated) and assessment of clinical response suggested. Recheck ultrasound may be considered to assess for progressive inflammatory gastroenterocolic changes if persistent gastrointestinal signs or evidence of progressive azotemia. Ultasound guided FNA of a jejunocolic lymph node (if accessible) for screening cytology +/- culture and sensitivity could be considered for further assessment.



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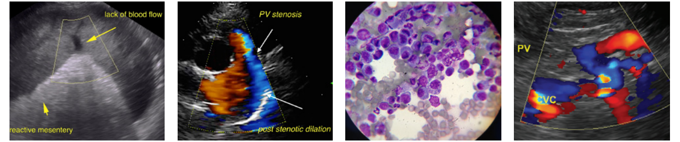

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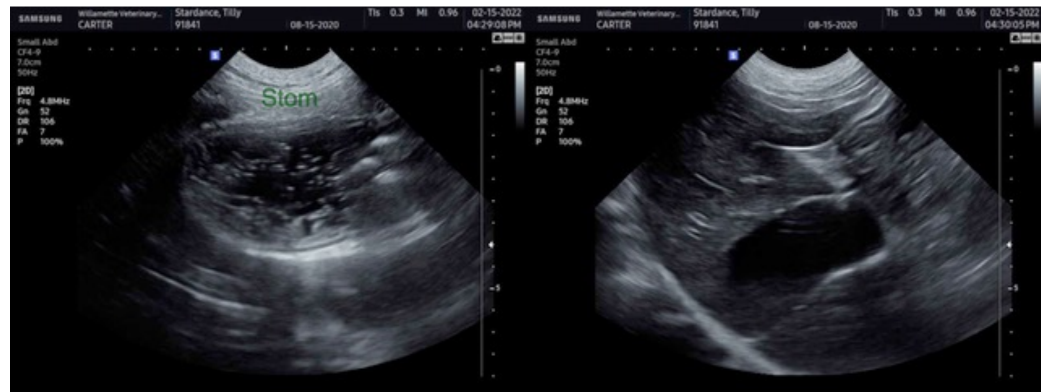

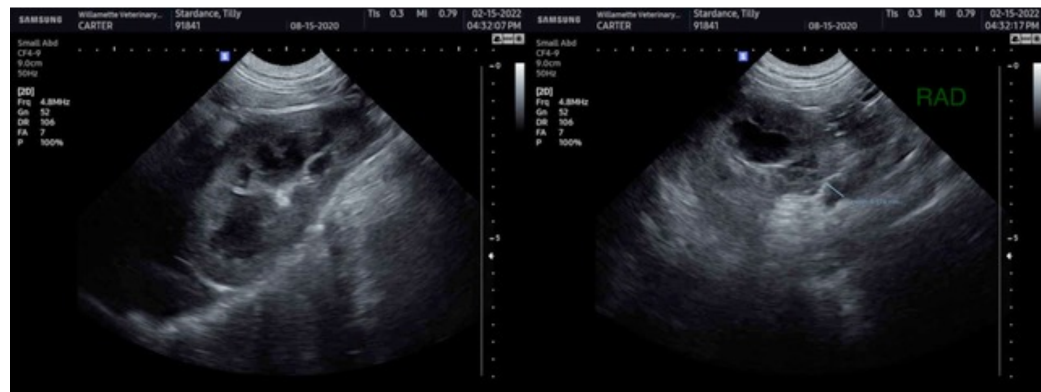

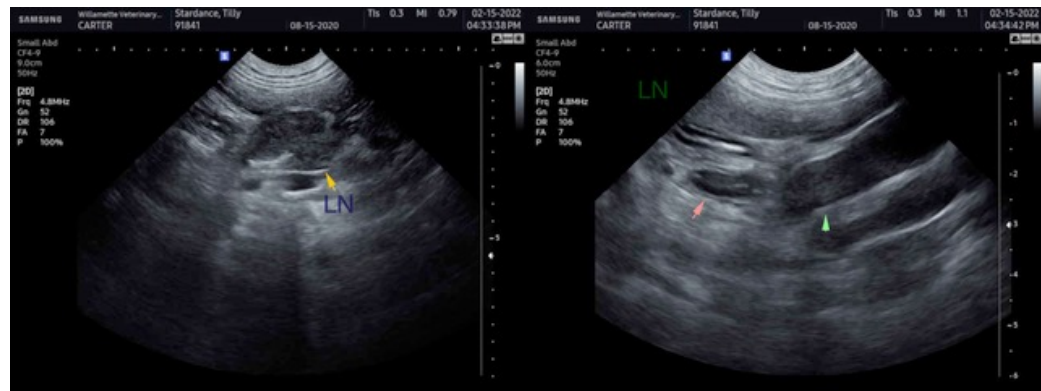

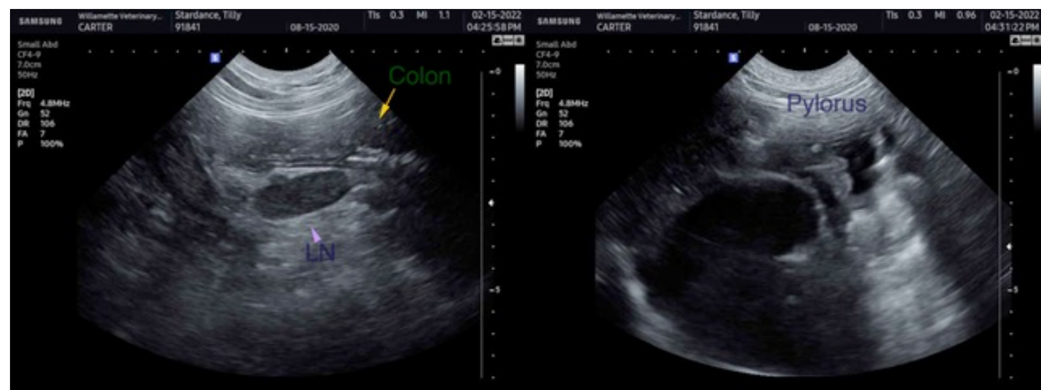

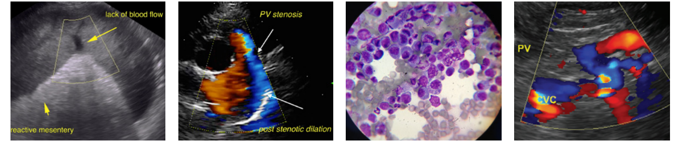

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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