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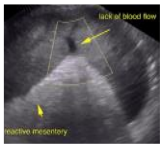

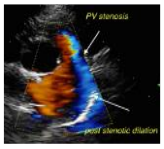

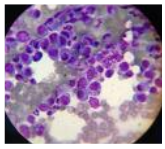
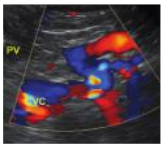

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1-800-838-4268 info@sonopath.com

PATIENT

Hardi Pidskalney

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

7 years

WEIGHT

12.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Services

REFERRING VET

Island Animal Hospital

INVOICE

16171

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Hardi has a long history of chronic diarrhea. Intestinal biopsies in 2017 were inconclusive. A diarrhea PCR was wnl in 2018. Medical trials with steroids have been unsuccessful including prednisone (2018) and budesonide. Tylosin has been most helpful, with an initial response of formed but not firm feces. Hardi recently went to the emergency hopsital for a choking/cyanotic episode. He was diagnosed with worsening brachycephalic airway disease and has been referred for surgery. PE is unremarkable other than the severe brachycephalic airway disease. His most recent bloodwork shows a low albumin.

Abnormal PE/Chem/CBC/UA Results: 2/7/23: TP=43 (50-74) Alb=24 (27-44) UA: pH=8.5 Protein=1+ USG=1.046

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 was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.75 cm in diameter.

The area of the aortic trifurcation was 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 4.4 cm in length. The right kidney measured 4.9 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 1.6 cm length x 0.48 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 2.4 cm length x 0.46 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.

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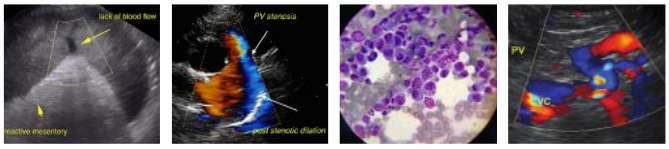

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with luminal gas and no signs of ileus, obstruction, or foreign material.

The small intestine presented intact generalized wall layering with subjective propensity for generalized prominent intestinal mucosa along with discrete areas of increased duodenal mucosal echogenicity to mild duodenal mucosal speckling. Subjective intact prominent wall layering was noted in the ileum extending to the ileocolic junction. The duodenum wall measured 0.5 cm width. The jejunum wall measured 0.42 cm width. The ileocolic wall measured 0.54 cm width.

The colon walls presented intact yet generally mild subjective segmental prominent wall layering with mild thickened to echogenic submucosa involving the transverse and descending colon. Intact wall layering was noted in the distal descending colon / colorectum. The colon wall width measured up to 0.6 cm. The distal descending colon / colorectal wall width measured 0.21 cm. Semi-formed fecal matter was present in the colon lumen with lumen dilation.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory enterocolonopathy pattern - suspect ileocolitis potentially chronic, possible IBD

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the small intestine and colon is suggestive of inflammatory criteria with contributing factors possibly including dietary intolerance / food hypersensitivity, dysbiosis, low-grade to chronic pancreatitis which may present as sonographically normal, and less likely infiltrative neoplasia given the chronicity of the gastrointestinal signs. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Assuming normal appetite and with normal hepatic presentation, intestinal protein loss may be suspected while low-grade chronic to emerging PLE is possible. UPC level for further quantification of mild proteinuria is recommended.

Although considered unlikely given the normal adrenal presentation, resting cortisol level is suggested. Enterocolic biopsies are required for a definitive diagnosis.

Empirically, hydrolyzed diet trial with long-term dietary therapy, high colony count probiotic (such as Proviable), cobalamin supplementation pending assessment of cobalamin levels, empirical deworming (Panacur 50 mg/kg SID x 5 consecutive days) even if fecal testing is negative, as-needed gastrointestinal support and assessment of gastrointestinal response is recommended.

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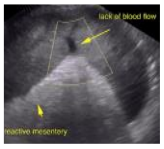
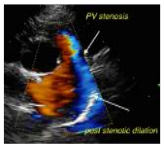
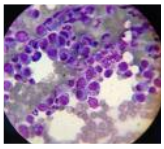
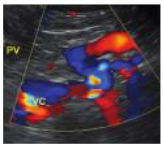

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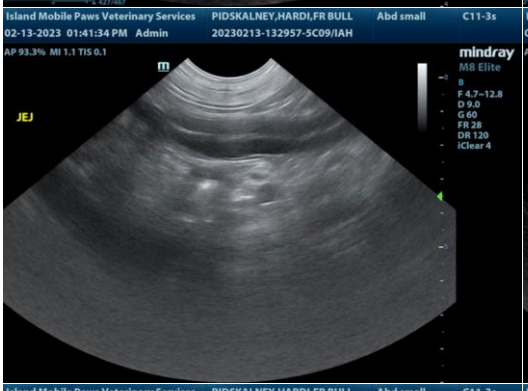

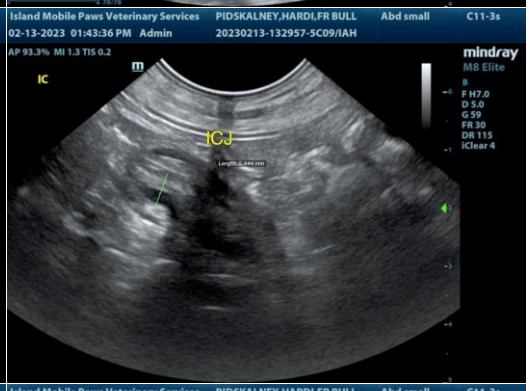

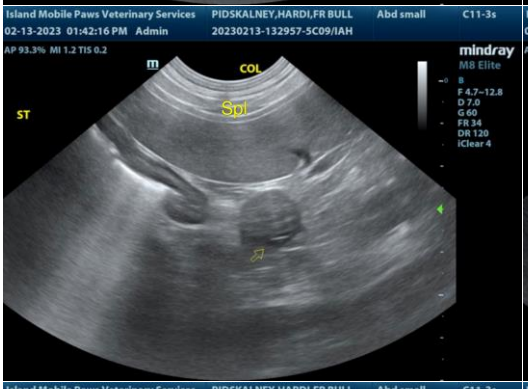

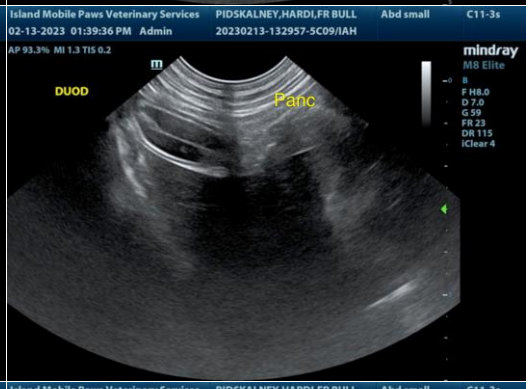

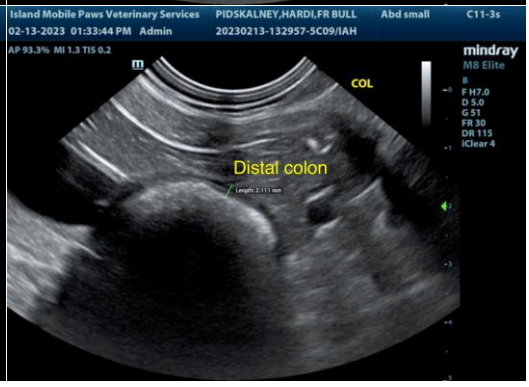

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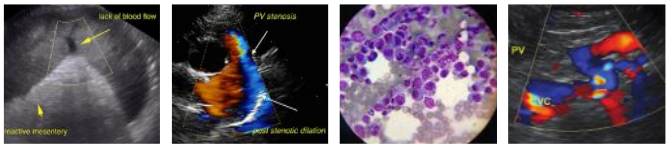

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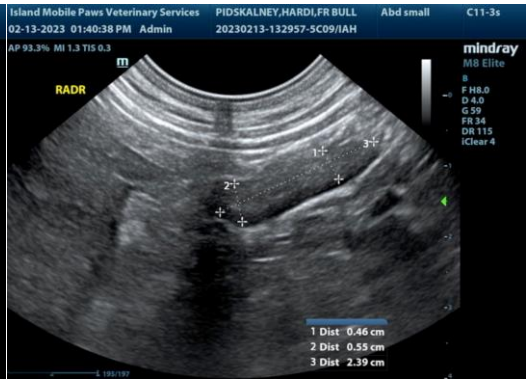

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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