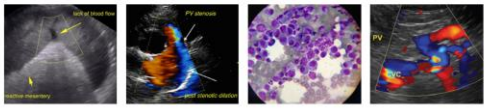
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Daisy Jacobs

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Female Intact

AGE

6 Months

WEIGHT

11.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wood River Animal Hospital

REFERRING VET

Casey Schuelke, DVM

INVOICE

50408

DATE

2-18-22

PRESENTING CLINICAL SIGNS

Chronic history of loose stool x 2-3 months. Typically straines to defecate, seems uncomfortable and there tends to be mucous present. Suspect large bowel diarrhea. No response to dietary changes (RCVD GI low fat diet, HP diet trial still in progress). Previous fecal flotations and fecal PCR panel were all negative. B12 ws 161 (L) but folate was normal so was placed on B12 500 mcg once daily with food. Also, currently on Visbiome for probiotic (no improvement). Have also tried metronidazole 125 mg BID. Due to failed response to previous workup and treatments, concerned for ileocolic intussusception.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The uterus and bilateral ovaries were free of overt pathology.

No evidence of pathology in the area of the aortic trifurcation.

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. Both kidneys exhibited mild pyelectasia. The left kidney measured 4.9 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 0.30 cm width at the caudal pole and 0.27 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 0.33 cm width at the caudal pole and 0.34 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

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. Possible focal area of hepatic parenchymal or biliary tree mineralization or potential fibrosis noted mid liver. 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. Minor retained ingesta/chyme was present. No evidence of ileus, obstruction or foreign material. The gastric body wall measured 0.31 cm width.

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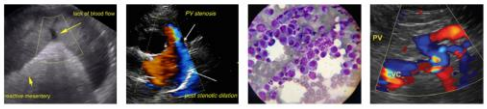

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The duodenum and jejunum exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio. The ileum to the level of the ileocolic junction exhibited intact yet subject prominent wall layering with ileum wall measuring 0.29 cm width. Potential for mild ileal decreased motility to mild nonobstructive stasis possible. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.28 cm width and the jejunum wall measured 0.20 cm width.

The colon exhibited intact and overtly normal wall layering with semi-formed feces. The descending colon wall measured 0.20 cm 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

Focal, mildly prominent likely colic 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 colic lymph node measured 2.2 x 0.64 cm. The lymph nodes were not overtly consistent with neoplastic criteria.

No evidence of overt peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Ileocolitis pattern - no evidence of ileocecocolic intussusception.
- Associated mesenteric lymphadenopathy
- Mild bilateral pyelectasia.

Secondary

- Nonspecific possible focal emerging hepatic parenchymal or biliary tree mineral or fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The decreased cobalamin levels are consistent with distal small intestinal disease in conjunction with sonographic ileocolitis pattern. Given lack of response to dietary therapy so far, as well as negative previous diagnostics, distal small intestinal and colonic biopsies are likely ideal in this scenario and could be considered at time of ovariohysterectomy if ovariohysterectomy is elected.

Empirically, continued assessment of response to current dietary trial with continued high colon count probiotic and empirical antibiotic therapy with potential for broad spectrum antibiotic combination would be reasonable.

For an additional charge, internalmedicineconsult can be utilized through Sonopath.com. You can select theinternalmedicinedrop down athttp://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath.https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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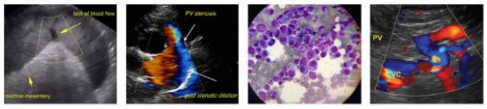

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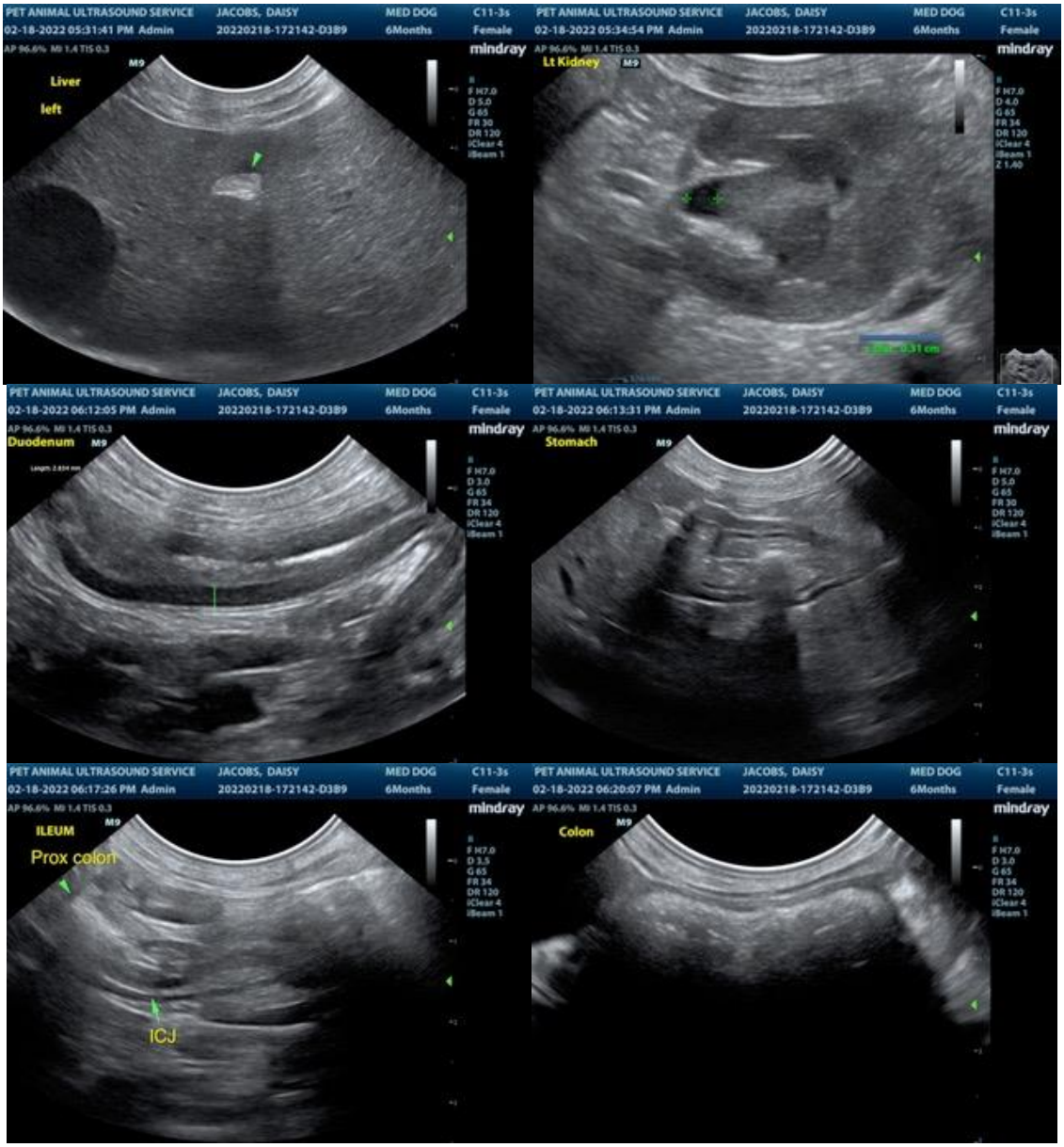

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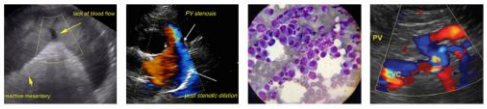

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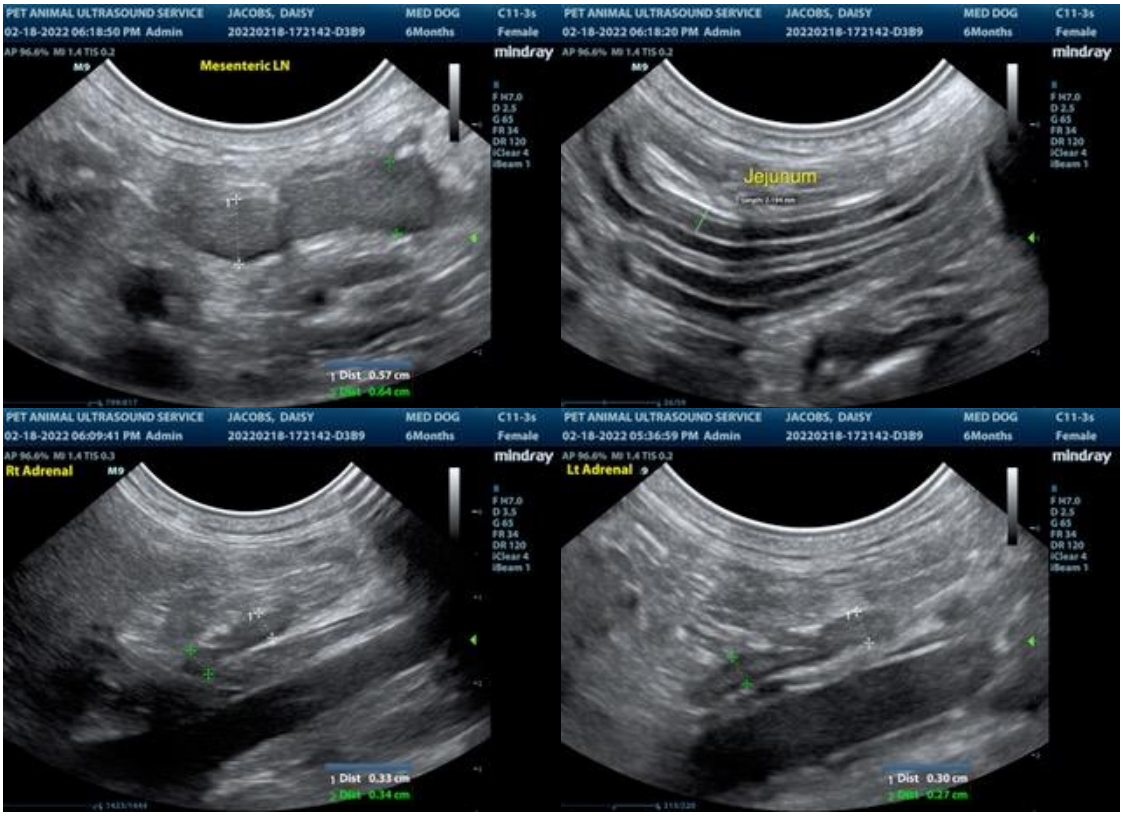

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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