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SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-836-4266 info@sonopath.com SonoPath.com

PATIENT

Phoebe Maclean

SPECIES

Canine

BREED

Pit Bull

SEX

FS

AGE

2 years

WEIGHT

35 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Meerdink

INVOICE

13404

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Unresolved diarrhea and continual weight loss. Eats well. Was treated for giardia and subsequently tested negative in Nov '21.
Abnormal PE/Chem/CBC/UA Results: Rads: loss of definition in cranial abdomen. Underweight.

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 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 6.5 cm in length. The right kidney measured 6.7 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 0.52 cm width at the caudal pole and 0.54 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 0.84 cm width at the caudal pole and 0.86 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/ 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 mildly subnormal in size exhibiting subjective, mildly prominent to mildly echogenic walls and containing anechoic content with mild luminal 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 gastric body wall width measured 0.45 cm.

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The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent to echogenic submucosa, as well as mild segmentally prominent muscularis layer. The jejunum wall width measured 0.39 cm.

Normal visible colon wall layers were present with subjective formed to semi-formed feces at the time of the ultrasound.

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

Multiple jejunocolic 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 lymph node measured 2.0 cm x 0.75 cm. Small pockets of scant peritoneal free fluid were present. Peri intestinal to mild generalized reactive mesentery was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy - potential IBD
- Associated subjectively benign jejunocolic lymphadenopathy
- Small pockets of scant peritoneal free fluid

Secondary Findings

- Possible mild cholecystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited an Intact yet subjective mild altered wall layer ratio including propensity for mildly prominent to echogenic submucosa layer which may be more affected in dogs with IBD. However, other etiologies such as dysbiosis, pancreatic insufficiency, dietary intolerance / food hypersensitivity, low-grade to mild pancreatitis, or less likely intestinal neoplasia may be possible.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as recheck fresh fecal analysis to rule out recurrent Giardia and parasitic ova. Correlation with full lab work including CBC/Chemistry Panel/Urinalysis and T4 levels is recommended.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. If biopsies are not possible, Prednisone trial appropriate for IBD could be considered depending on clinical response to conservative therapy.

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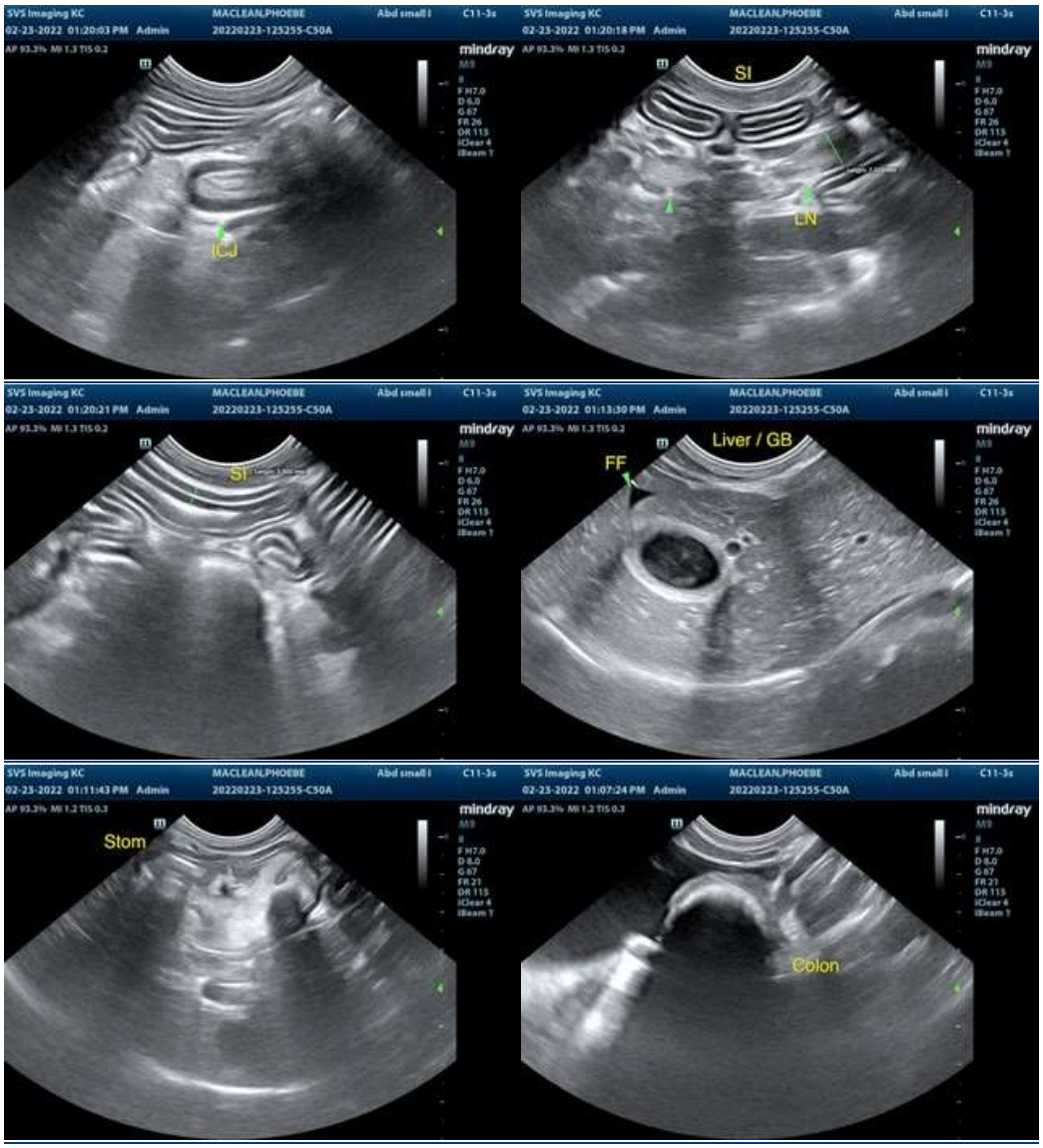

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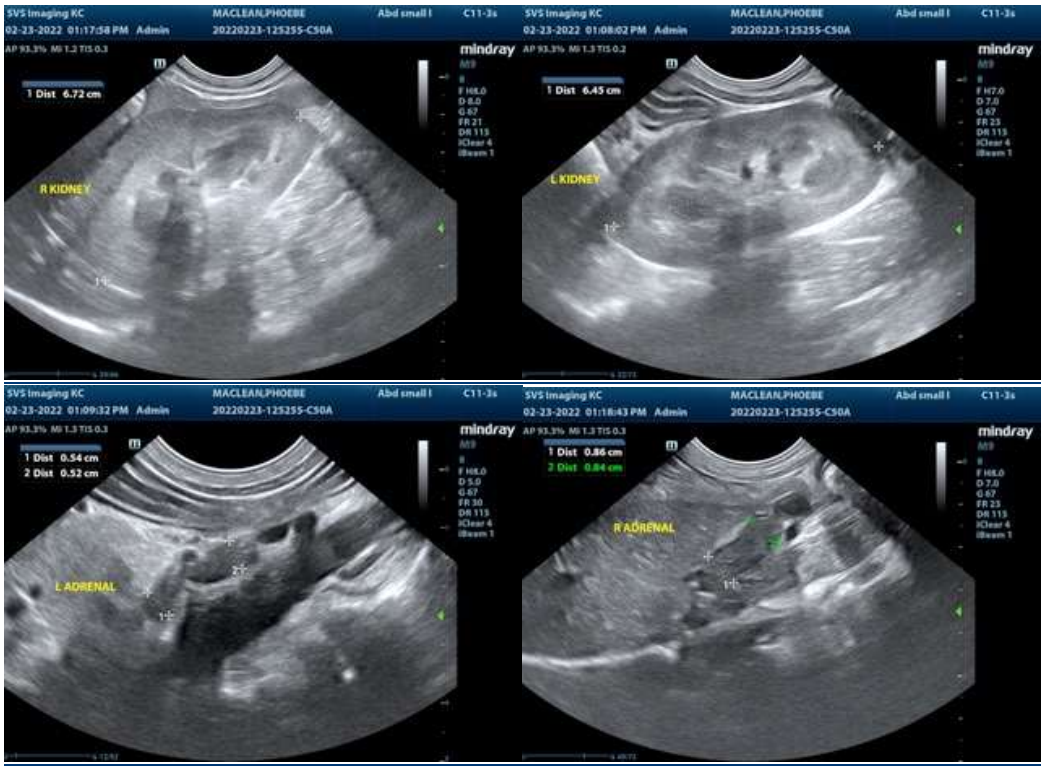

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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