



PATIENT

Ella Willies

SPECIES

Canine

BREED

Havanese X

SEX

FS

AGE

3 years

WEIGHT

6.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Healing Traditions
Vet Clinic

REFERRING VET

Dr. Gerrow

INVOICE

16313

DATE

2/24/23

PRESENTING CLINICAL SIGNS

Starting at 18 months old began having intermittent episodes vomiting and diarrhea. Has had multiple diets including Hills Biome, home cooked. Signs have progressed somewhat and is now having more diarrhea with blood. Increased gut sounds and flatulence. Otherwise high energy. Spec cpl WNL. Somewhat responsive to metronidazole, typos in, cerenia, sulcrate but then will relapse. Periods of inappetance as well.

Abnormal PE/Chem/CBC/UA Results: Labs pretty unremarkable.

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 corticomodullary 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 3.8 cm in length. The right kidney measured 4.1 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 0.25 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 0.34 cm width at the caudal pole and 0.52 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.34 cm.

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The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. Mild nonobstructive duodenal ileus was present.

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed fecal matter was present in the proximal colon with primarily empty descending colon. The descending colon wall width measured 0.20 cm.

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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.

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Free Abdomen

Intermittent mesenteric 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 0.9 cm x 0.4 cm.

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ULTRASONOGRAPHIC FINDINGS

- Enterocolonopathy with subjective mild / moderate duodenitis
- Intermittent minor benign / reactive mesenteric lymphadenopathy
- Sonographically unremarkable stomach / pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastroenterocolic presentation is most consistent with inflammatory criteria without evidence of gastroenterocolic mural changes or infiltrative criteria. Dietary intolerance / food allergy even with recent multiple diet trials, dysbiosis, given a previous somewhat positive response to antibiotic therapy, inflammatory bowel disease, occult parasitism, less likely occult Addison's Disease, or gastrointestinal infiltrative disease are all potentials.

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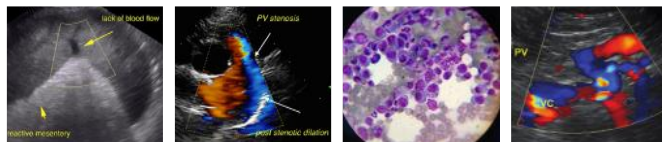
A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to assess for parasitic ova / Giardia if not recently done is suggested. Although considered less likely, a resting cortisol level to rule out occult Addison's Disease could be considered. Empirically, hydrolyzed diet with long-term dietary therapy, high colony count probiotics such as Provable, cobalamin supplementation pending assessment of cobalamin levels, empirical deworming i.e., Panacur 50 mg/kg PO SID x 5 consecutive days with possible repeat protocol in 3 weeks, +/- as-needed to possible long-term lowest effective dose antibiotic with consideration for possible adverse effects on normal gastrointestinal flora, and as-needed gastrointestinal support would be reasonable. Endoscopic upper and lower gastroenterocolic biopsies may be considered if persistent gastrointestinal signs and/or weight loss are noted.

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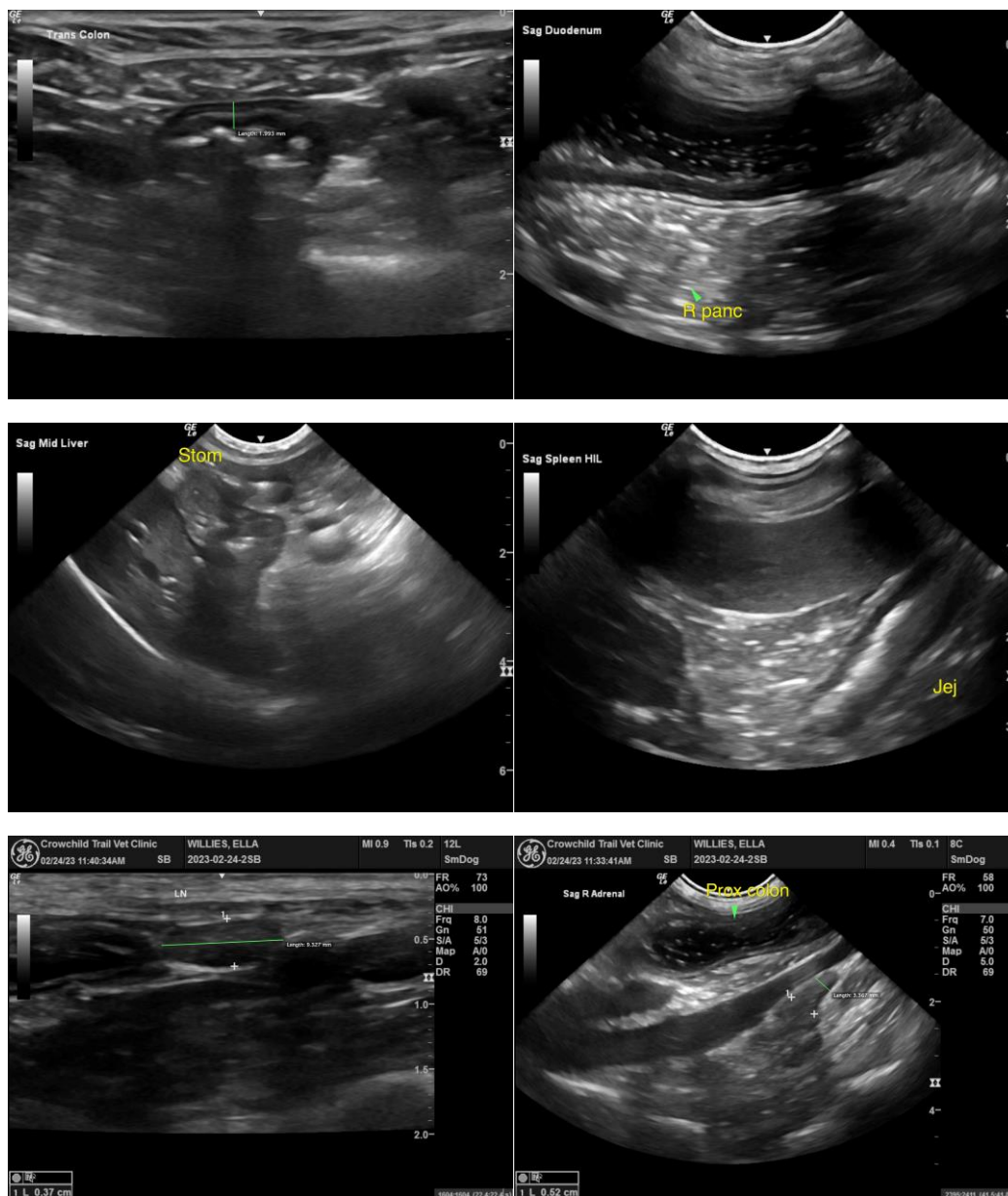
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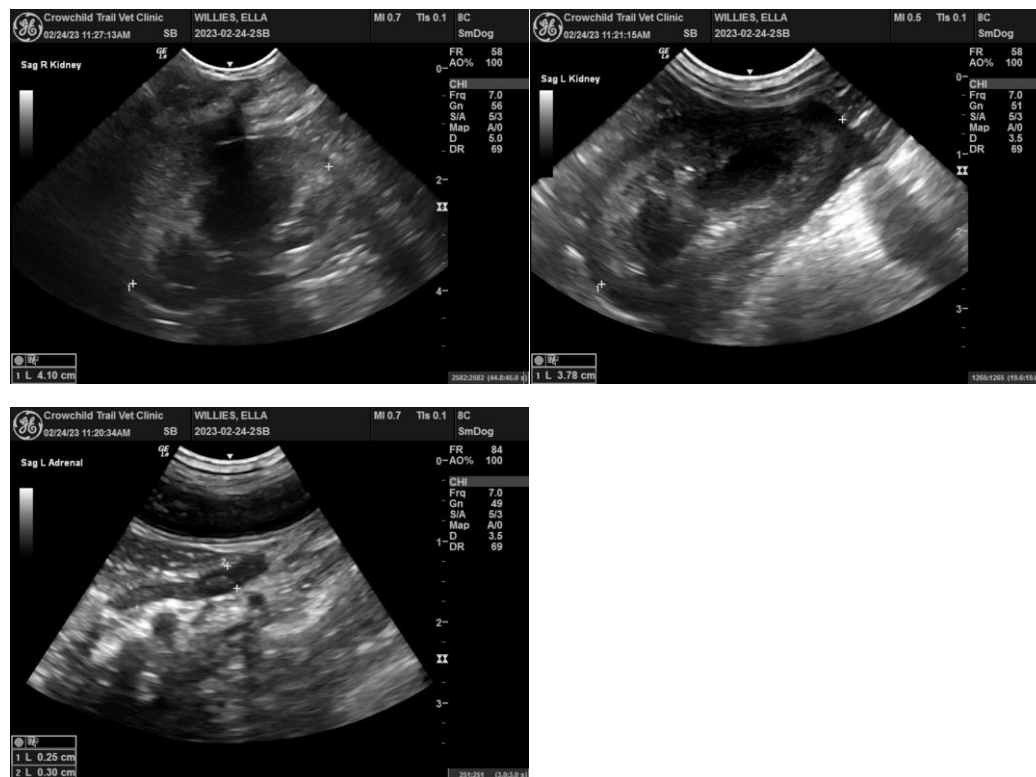
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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