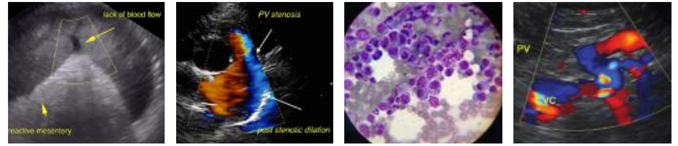
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jiggs Morris

SPECIES
Canine

BREED
Lab

SEX
NM

AGE
10 Years

WEIGHT
107

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

IMAGING PERFORMED BY
Tasha

HOSPITAL NAME
Dillsburg VC

REFERRING VET
Dr. Jacobs

INVOICE
50104

DATE
2-7-22

PRESENTING CLINICAL SIGNS

P diagnosed with Addison's disease in 2017. Hx of hip dysplasia, was put on carprofen q24h, owner has been giving double dose by for the last 2-3 months. Anorexia and vomiting started on Thursday 2/3. P was put on cerenia, metronidazole, famotidine, and loperamide. Chemistry mild dehydration with increased phos, alb, high normal creat; Alkp was previously 1539, then 1576 after starting carprofen; then 919 on 2/3. Remained anorexic and constipated through weekend, still drinking water. On PE today (2/7), p was quiet, alert, responsive, showed mild dehydrational changes, abdominal palpation difficult due to obesity, no pain elicited. P had hematochezia after PE. Declined BW today.

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.

No overt pathology in the area of the residual prostate.

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

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized potentially owing to subnormal adrenal size given the patient's history of hypoadrenocorticism.

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.

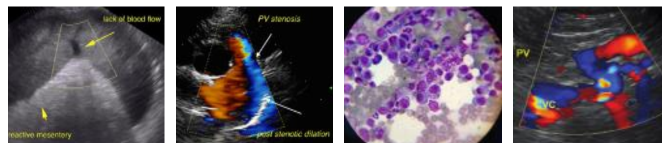
Liver / Gallbladder

The liver exhibited subjective mild to moderate enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 intact to mildly prominent wall layering with an empty lumen. No evidence of gastric distension with retained ingesta, fluid, or foreign material. The ventral gastric body to pylorus wall width measured 0.68 cm.



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The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent submucosa layer. The lumen of the small intestine was empty with no signs of mechanical or metabolic small intestinal ileus. The duodenum wall width measured 0.41 cm and the jejunum wall width measured 0.35 cm.

The visualized colon exhibited intact to mildly prominent wall layering with subjective semi-formed feces in lumen.

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 to intermittent mid-abdominal mesenteric 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 mesenteric lymph node measured 2.0 x 0.87 cm.

No overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy - subjectively benign, vacuolar hepatopathy given the ALP elevation suspected. Potential for nonspecific inflammatory hepatopathy possible with neoplasia considered an unlikely differential diagnosis.
- Gastroenteritis pattern - potential inflammatory bowel episode.
- Focal to intermittent benign mesenteric lymph nodes - suspect mild lymphoid hyperplasia or potential lymphadenitis possibly owing to gastrointestinal inflammation.
- Mild age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

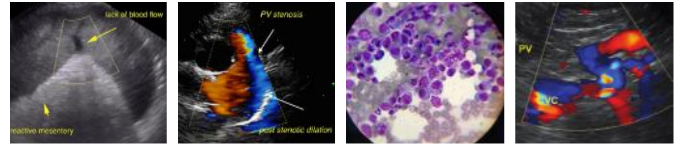
Overall, no overt evidence of significant visceral, specifically gastrointestinal, pathology. Overt evidence of gastrointestinal ulceration was not definitively evident.

Hospitalization with correction of dehydration and gastrointestinal supportive care should prove beneficial.

Recheck ACTH stimulation test could be considered if not recently done or if clinically indicated.

Correlation with recheck CBC/Chemistry panel and urinalysis ideal if possible.

Recheck sonogram suggested if persistent clinical or gastrointestinal signs to assess for progressive inflammatory gastroenterocolic changes.



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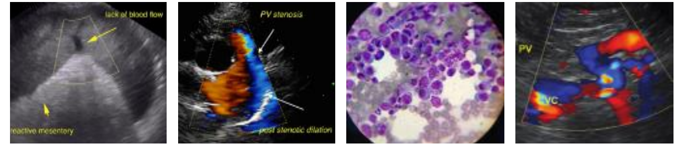

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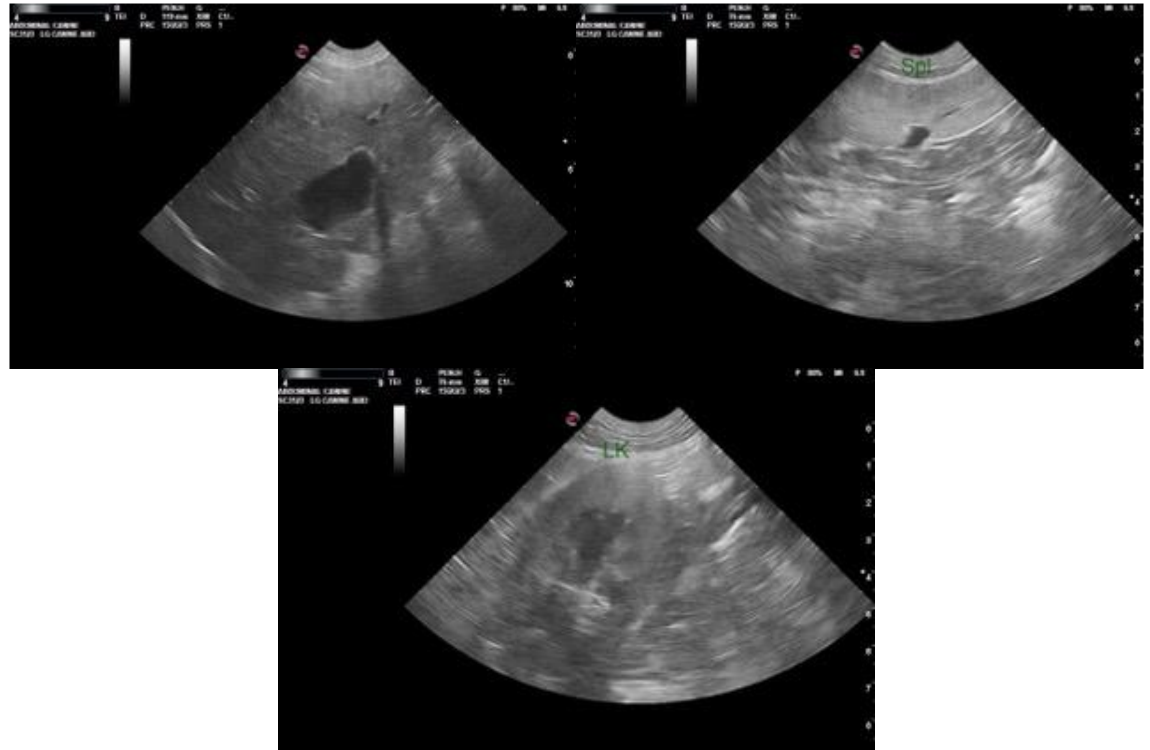

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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