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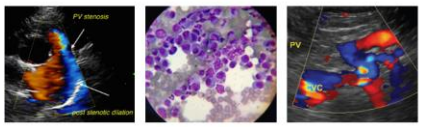

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Kody Petersen

SPECIES

Canine

BREED

Welsh Corgi

SEX

FS

AGE

13yr

WEIGHT

19lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Werning

INVOICE

12930ag

DATE

02/08/2023

PRESENTING CLINICAL SIGNS

Intermittent vomiting/diarrhea and intermittent inappetence since 1-26-23.

Abnormal PE/Chem/CBC/UA Results: Consistent discomfort on mid abdominal palpation, tense palpation. Chemistry, ,CBC, UA unremarkable. No obvious abnormalities on radiograph at Emergency Center.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 2.2 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 2.0 cm length.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver presented enlarged in size. 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. A solitary small non-disruptive cyst was present in the mid caudal liver measuring 0.8 cm in diameter. 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 primarily anechoic luminal content and mild echogenic debris. Possible non-obstructive calculus present in the area of the cystic biliary duct. The common bile duct was normal.

Gastrointestinal

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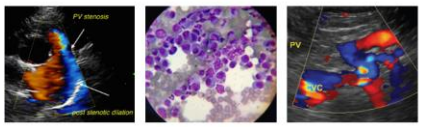

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained primarily anechoic fluid was present.

The small intestine presented intact wall layering with a primarily maintained 1:3 muscularis/mucosa ratio. Minor non-obstructive duodenal ileus was present with subjective mildly prominent to hyperechoic jejunal submucosa layer. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to possible fecal matter was present in the colon lumen consistent with patient history 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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern with mild non-obstructive gastroduodenal ileus-possible inflammatory bowel
- Sonographically normal pancreas
- Mild age related renal changes
- Hepatic parenchyma remodeling with solitary small intraparenchymal cyst
- Mild gallbladder debris with possible non-obstructive small cystic biliary duct calculus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal discomfort in this patient may be secondary to GI inflammation although low-grade to chronic pancreatitis may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of GI obstructive or intra-abdominal neoplastic criteria.

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), cobalamin supplementation pending assessment of cobalamin levels and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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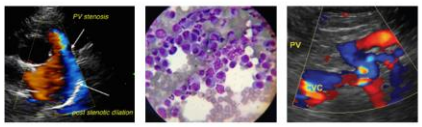

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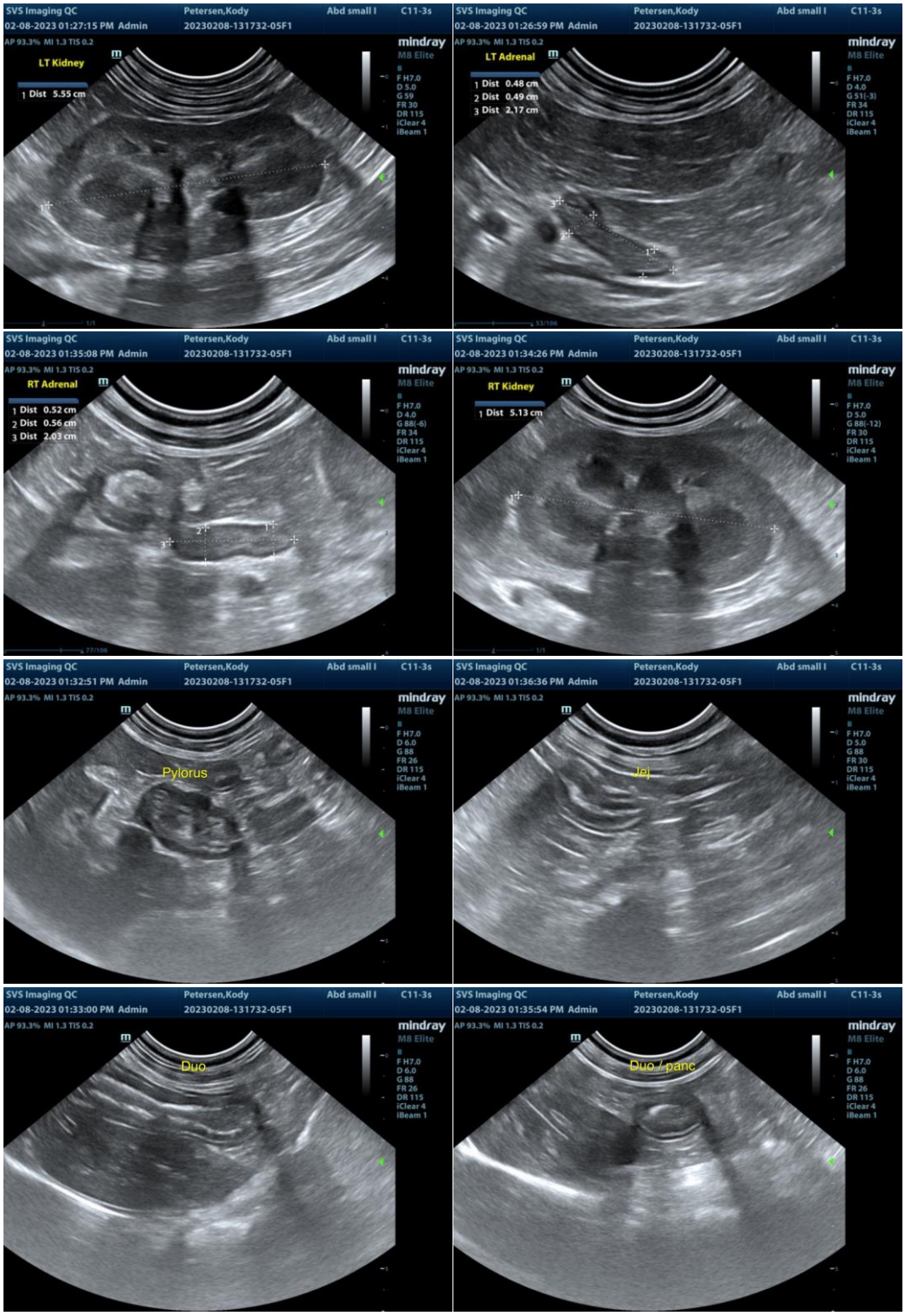

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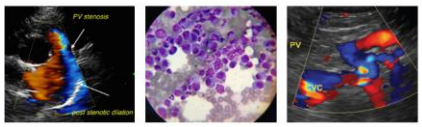

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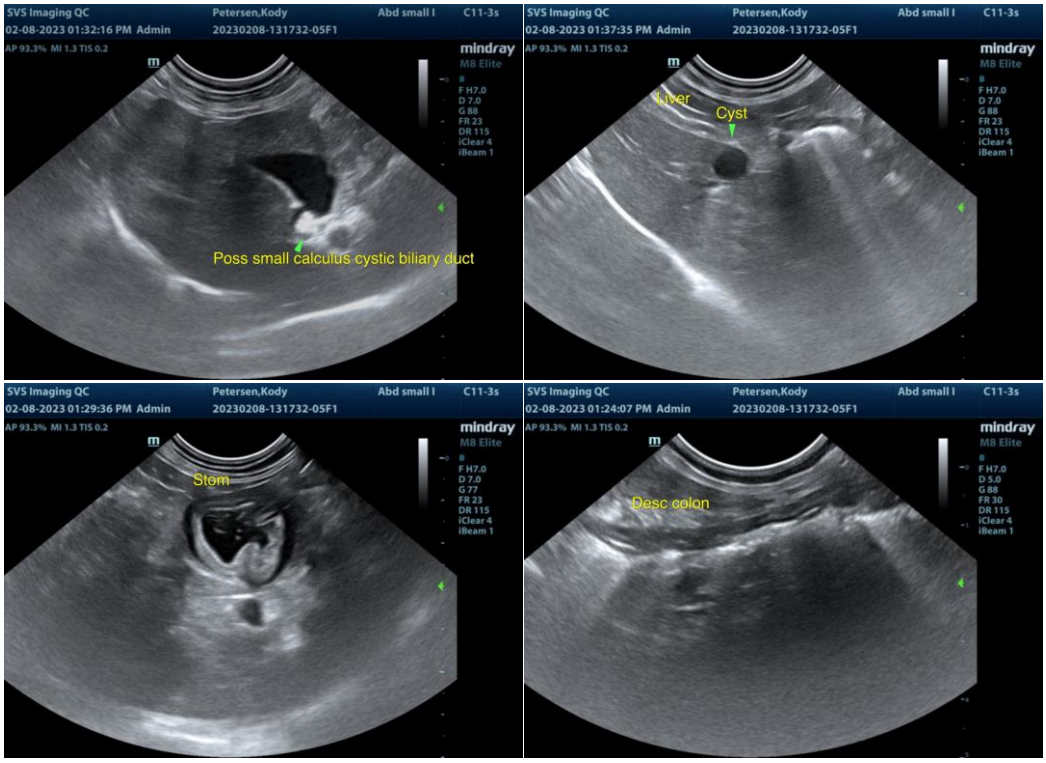

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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