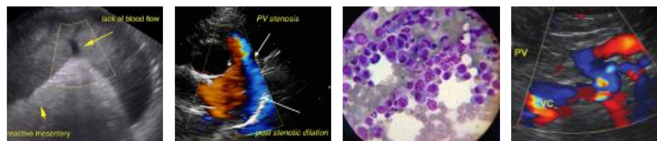
SonoPath

Clinical Sonography & Telecytology



EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™

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

PATIENT

Bailey Ha

SPECIES

Canine

BREED

Cocker Cav x

SEX

FS

AGE

10

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healing Traditions VC

REFERRING VET

Dr. Vockeroth

INVOICE

16384

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Chronic history 6 months of intermittent diarrhea. Has had fecal panel and a fecal transplant as well as diet change. Has responded to antibiotics in the past

Abnormal PE/Chem/CBC/UA Results: Bloodwork non diagnostic, fecal panel pos for clostridium.

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 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 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 5.2 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

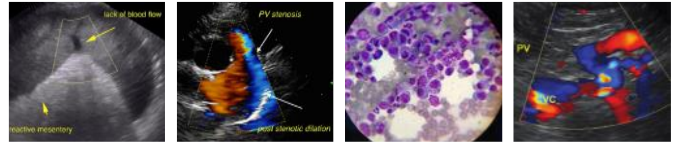
The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.31 cm width at the cranial pole and 0.36 cm width at the caudal pole. The right adrenal gland measured 0.44 cm width at the caudal pole.

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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild nonorganized hyperechoic gallbladder debris. The cystic and common bile ducts were normal.



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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 small intestine presented intact subjective prominent wall layering owing to propensity for mildly prominent mucosa and mildly prominent to hyperechoic submucosa layer. Segmental mild hyperechoic jejunal mucosal speckling was noted. No evidence of loss of intestinal wall layering, intestinal masses, or mechanical obstructive pattern was noted.

Sonographically normal visible colon wall layers were present with soft to non-formed fecal matter, consistent with patient history, in lumen. The colon wall width measured 0.12 cm.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent 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). Regional peri intestinal hyperechoic omentum and an intermittent small pocket of scant peritoneal free fluid were noted. No omental masses were present.

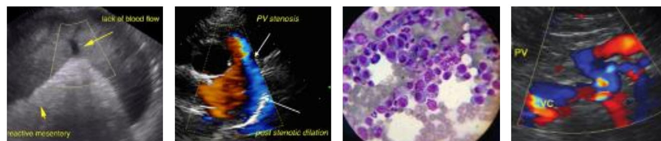
ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern - suspect chronic inflammatory enteropathy i.e., IBD, dietary intolerance / food hypersensitivity, dysbiosis, less likely occult Addison's, occult parasitism, or infiltrative neoplasia, all potentials
- Regional peri intestinal hyperechoic to reactive omentum, scant intermittent peritoneal free fluid
- Intermittent minor benign / reactive mesenteric lymph nodes
- Heterogeneous pancreas - age-related variant or benign remodeling likely, potential for low-grade to chronic pancreatitis
- Mild hepatic parenchymal remodeling
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol level to assess for less likely occult Addison's Disease is warranted.

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), as-needed



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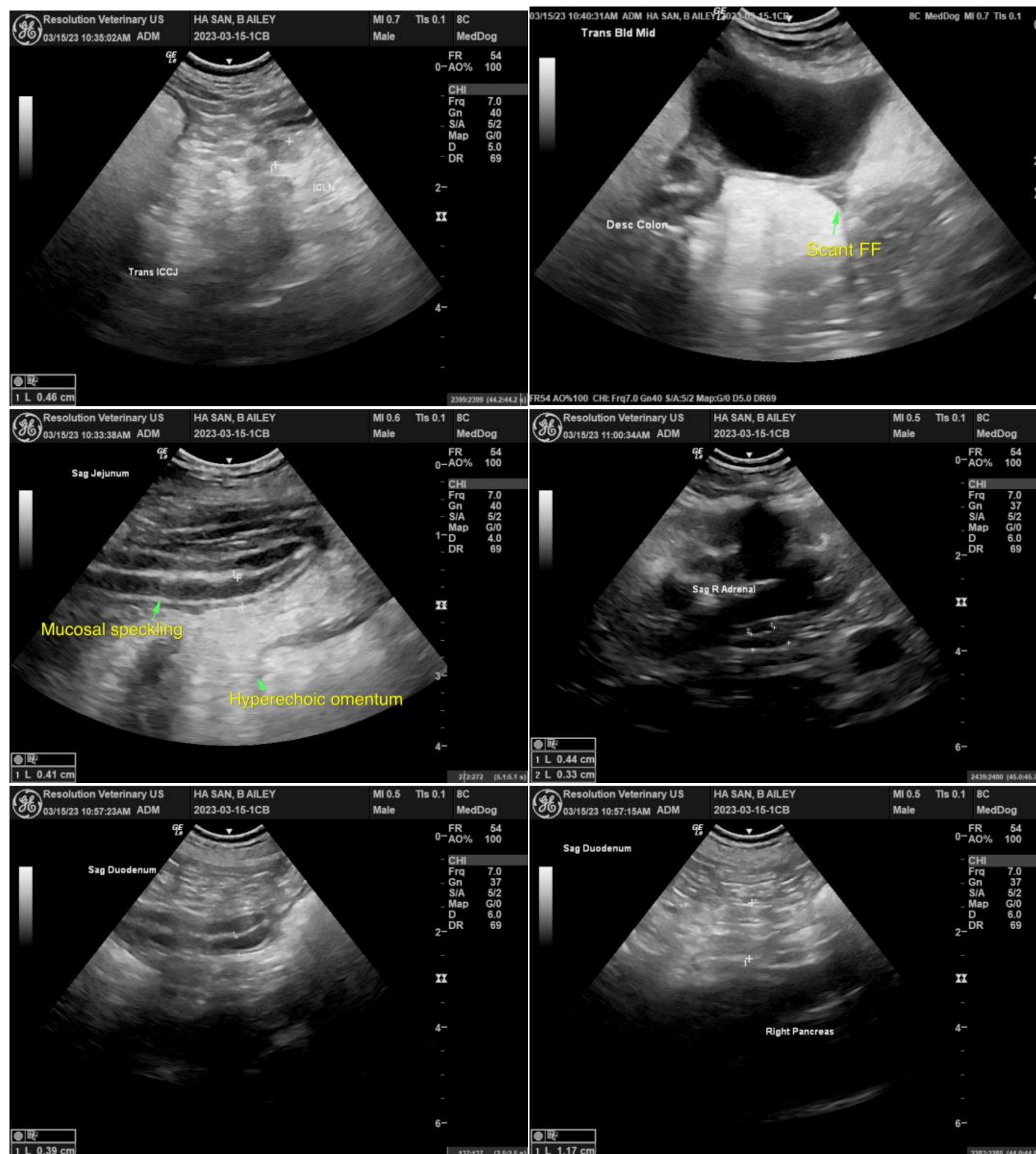
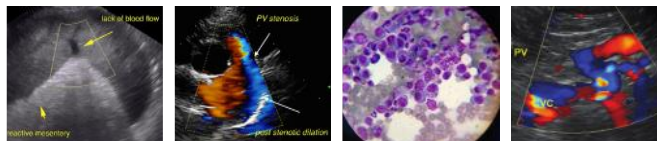
antibiotic trial with consideration for possible long-term adverse effects on normal gastrointestinal flora and as needed gastrointestinal support with an assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy and additional diagnostics.





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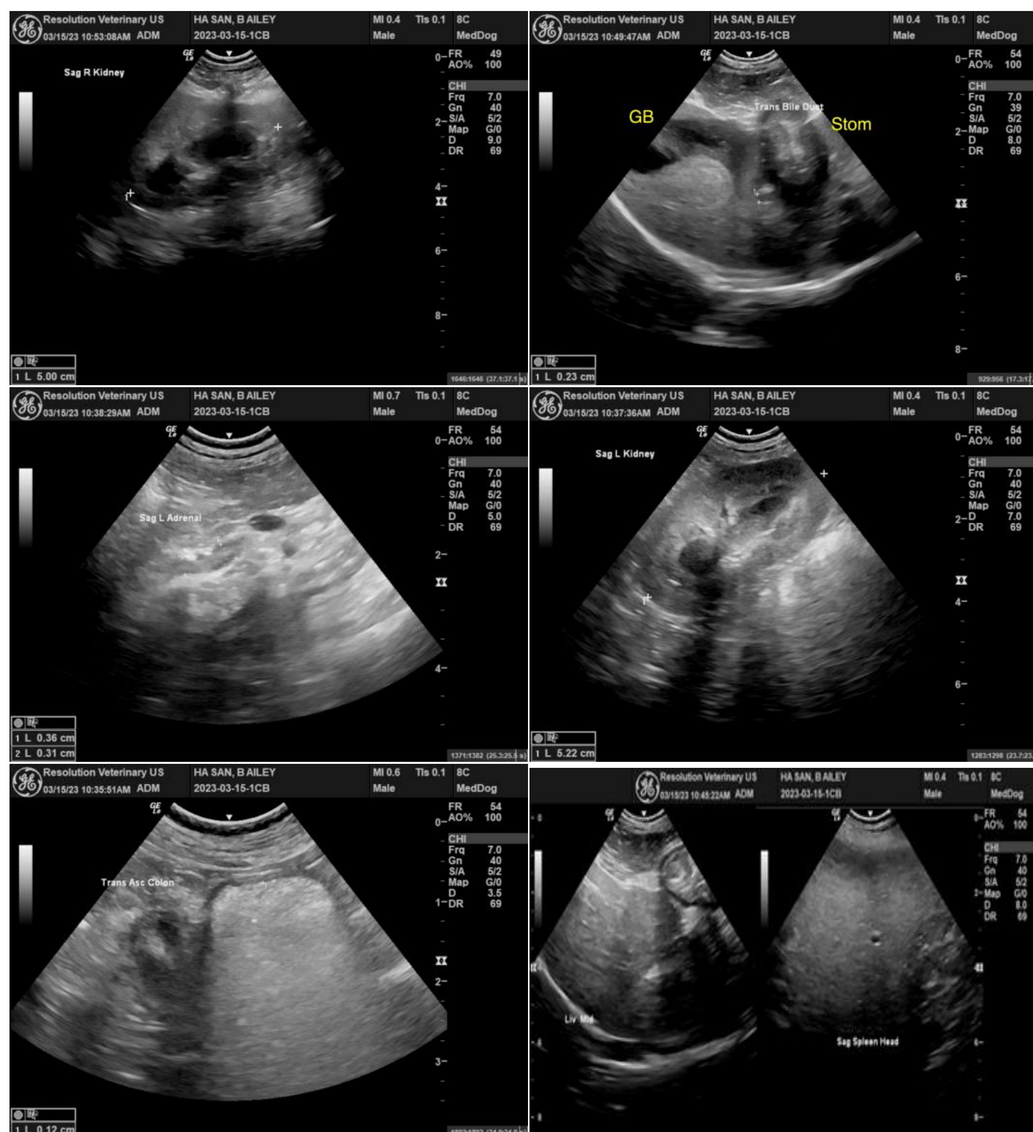

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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