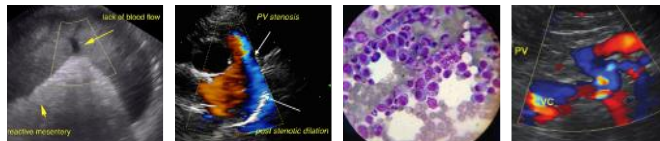
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Roxy Burrell

SPECIES
Canine

BREED
Pitbull Mix

SEX
FS

AGE
6.5yr

WEIGHT
37.5kg

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

IMAGING PERFORMED BY
Patti Mayfield DVM

HOSPITAL NAME
Pawtown Veterinary Care

REFERRING VET
Dr. Stayer

INVOICE
13211ag

DATE
03/17/2023

PRESENTING CLINICAL SIGNS

History of decreased appetite for a few weeks. Became completely anorexic ~1 week ago. — Seen at another DVM where she had blood work/UA performed. — Vomiting/diarrhea started ~4-5 days ago. — Patient started on cerenia & metronidazole 3 days ago; very minimal improvement in appetite, but no further vomiting. — Trazodone and butorphanol used for AUS today

Abnormal PE/Chem/CBC/UA Results: — On exam, popliteal LN were enlarged. Remainder of LN normal size. Remainder of exam overall normal. — FNA of popliteal LN sent to Idexx today. — Very slightly elevated ALT/AST on bloodwork 3/8/23. Otherwise it appeared normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 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.

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 6.4 cm in length. The right kidney measured 6.5 cm in length.

The area of the aortic trifurcation was free of pathology.

A solitary symmetrical to uniform mildly hypoechoic medial iliac lymph node adjacent to the iliac trifurcation was present measuring 2.4 cm x 1.2 cm. No evidence of additional medial iliac or mesenteric lymphadenopathy.

Adrenal Glands

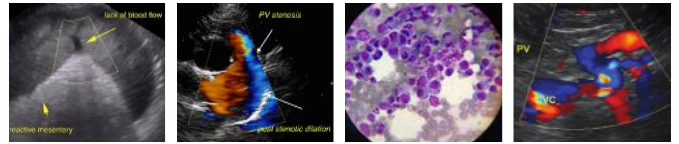
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 2.4 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 2.6 cm length.

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 presented borderline 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. 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 to moderate non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. 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 wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent 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

No omental masses or peritoneal effusion was present.

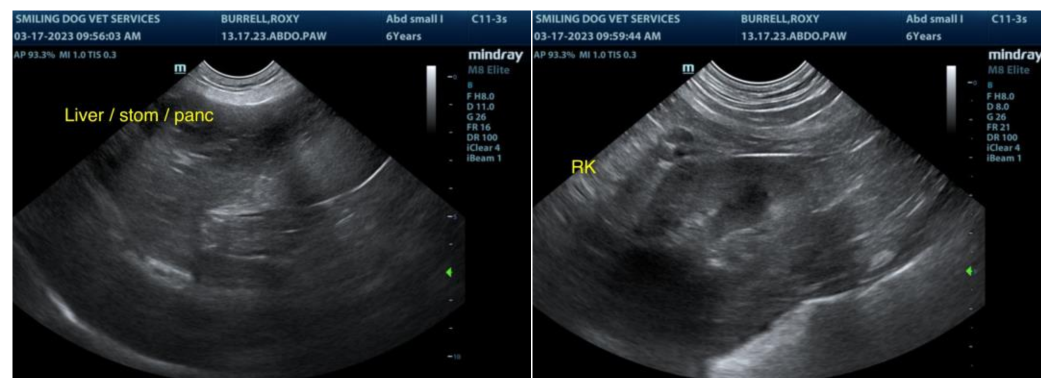
ULTRASONOGRAPHIC FINDINGS

- Mild hepatopathy-subjectively benign.
- Gallbladder debris (non-mucocele)
- Sonographically unremarkable GI tract/pancreas.
- Normal spleen.
- Focal mild non-specific medial iliac lymphadenopathy-not overtly suggestive of neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical and GI signs. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal, occult Addison's disease or other are possible. Infiltrative neoplasia thought less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate and a resting cortisol level is recommended. Correlation with pending popliteal LN cytology is recommended. No overt evidence of intra-abdominal neoplastic criteria. Sonograph monitoring of the medial iliac LN pending popliteal cytology for evidence of progressive lymphadenopathy may be considered.



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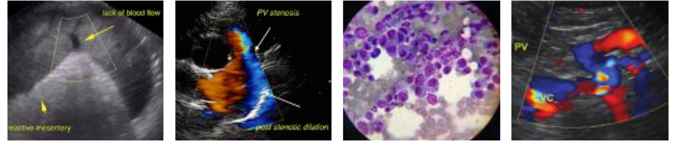

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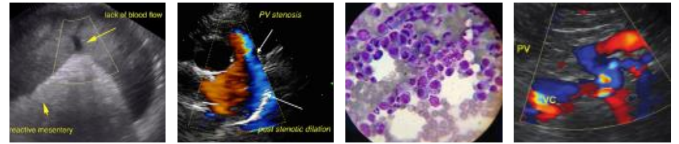

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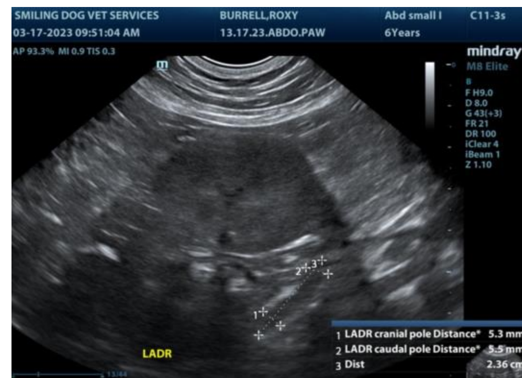

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com