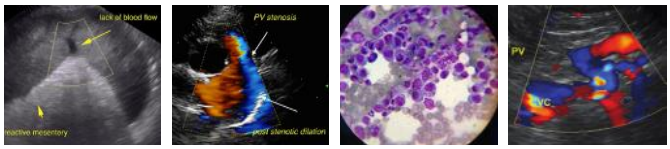
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jake Kowal

SPECIES
Canine

BREED
Poodle X

SEX
Neutered male

AGE
14.5 years

WEIGHT
3.9 kg

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

IMAGING PERFORMED BY
Wendy Turner

HOSPITAL NAME
Pennsauken Animal Hopsital and Urgent Care

REFERRING VET
Dr. Roppolo

INVOICE
10230ag

DATE
03/23/2022

PRESENTING CLINICAL SIGNS

History: Episodic vomiting and diarrhea x 2 months, sometimes lethargic. Becoming more frequent over time. No PU/PD noted. Hx NSAID use but not in the last couple of months.

Abnormal PE/Chem/CBC/UA Results: Mild monocytosis otherwise labs unremarkable. Labwork is attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly 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 4.1 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

No overt pathology in the area of the residual prostate.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.7 cm length and 0.55 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm length and 0.59 width.

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

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 with thin walls and primarily dependent nonorganized non mineralized debris noted in the lumen. The cystic and common bile ducts were normal.

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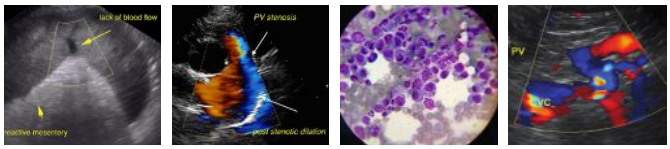

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained ingesta/fluid, ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent duodenojejunal mucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.42 cm in width. The jejunum wall measured 0.39 cm in width.

Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable stomach and colon.
- Intact small bowel wall layering exhibiting propensity for prominent duodenojejunal mucosa.
- Mild gallbladder debris-likely incidental, potentially secondary to fasting or nonclinical cholestasis.
- Subtly heterogeneous pancreas-age related changes or potential for low grade to chronic inflammation possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a largely geriatric abdomen without evidence of significant visceral specifically gastroenterocolic or pancreatic pathology. The small intestine exhibited subtle mural changes which may suggest underlying inflammatory process, inflammatory bowel, dysbiosis, dietary intolerance/food hypersensitivity or intestinal neoplasia which is unlikely in this case.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment along with a fresh fecal analysis to rule out parasitic ova/giardia +/- resting cortisol level to rule out occult Addison's disease (thought unlikely given normal adrenal presentation).

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), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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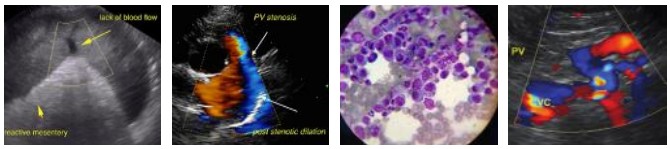

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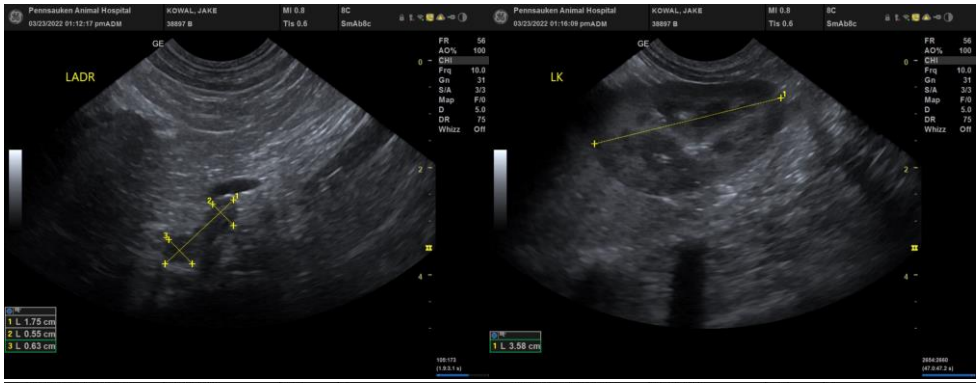

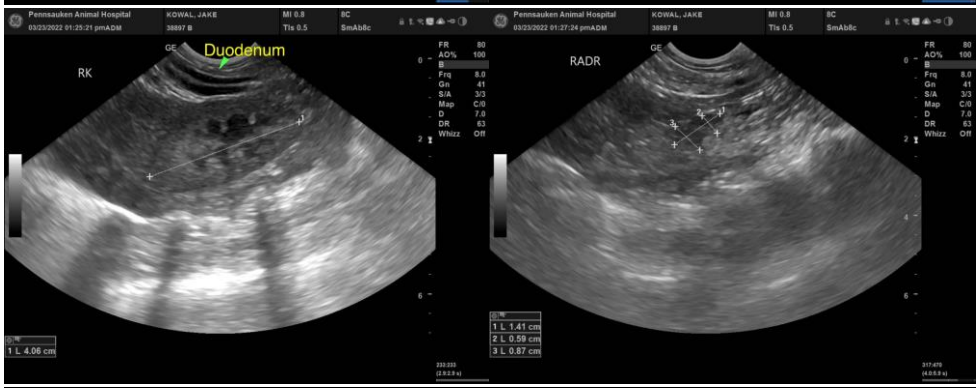

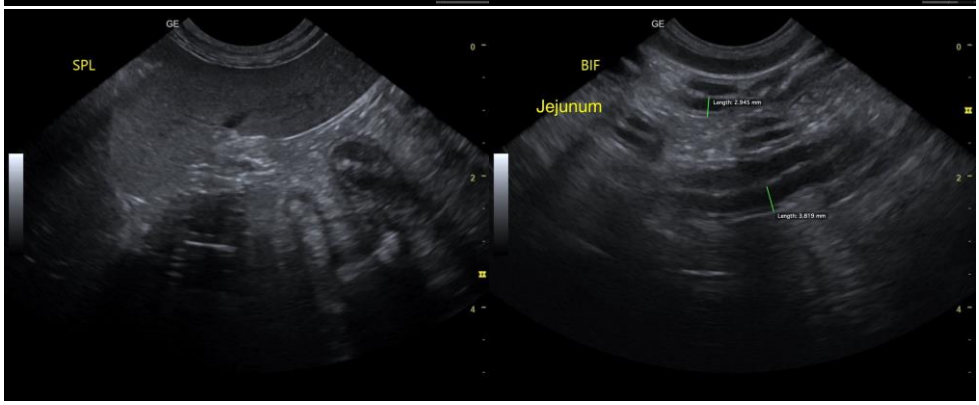

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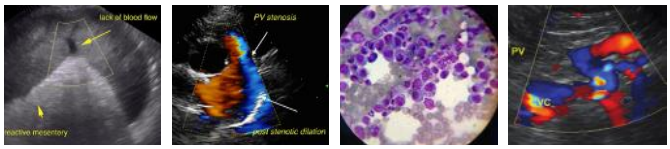

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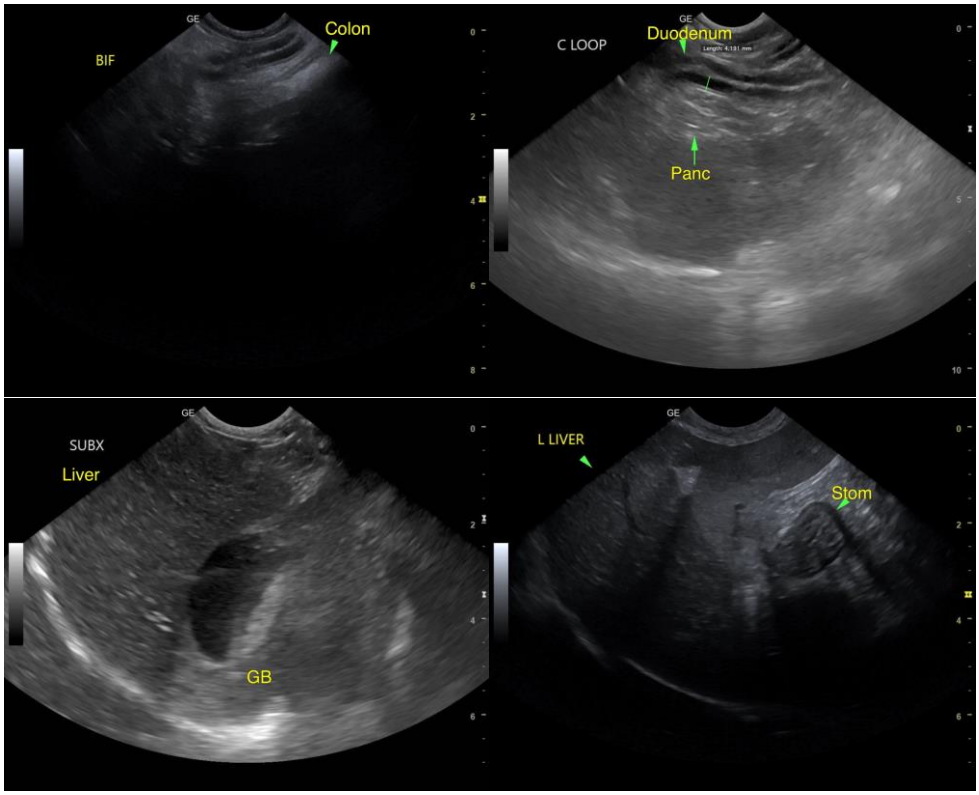

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com