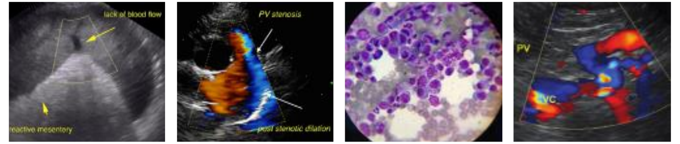
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Kona McCabe
SPECIES
Canine
BREED
Shep X
SEX
Spayed Female
AGE
2
WEIGHT
28 kg
INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
IMAGING PERFORMED BY
Dr. Belan
HOSPITAL NAME
McKnight 24HR AH
REFERRING VET
Dr. Picyk
INVOICE
13574
DATE
3/30/22

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea for 48 hrs . Ab x rays non diagnostic
Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

No overt pathology was noted in the area of the uterine remnant or aortic trifurcation.

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 5.8 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.58 cm width at the cranial pole.

Spleen

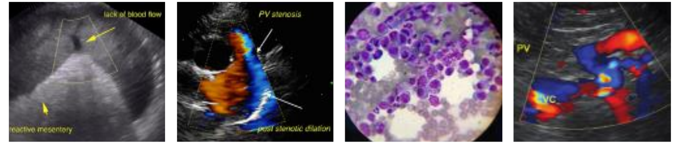
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed mildly reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. 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 presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Moderate gastric distension with retained anechoic fluid and luminal gas was present. No overt evidence of mechanical pyloric outflow obstruction or obvious gastric foreign material was noted.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mildly decreased echogenicity with occasional mucosal speckling. A generalized duodenojejunal ileus pattern extending into the area of the ileum and ileocolic junction consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. No overt evidence of obvious obstructive small intestinal foreign body was noted.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon exhibited generalized distention with nonformed liquid feces consistent with diarrhea. The descending colon wall width measured 0.24 cm.

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 were evident.

Free Abdomen

Midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of mild perilymphatic reactive mesentery was evident. An example of lymph node size was 3.0 cm x 0.89 cm. No overt free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

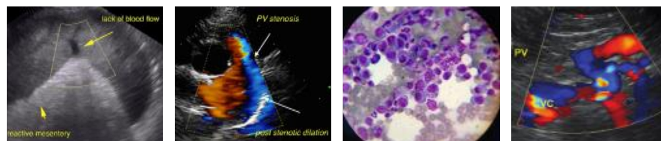
Primary Findings

- Acute gastroenterocolitis pattern exhibiting generalized gastroenteric hypomotility with concurrent distended colon containing nonformed feces
- Associated subjectively benign mesenteric lymphadenopathy - suspect concurrent mild mesenteric lymphadenitis secondary to inflammatory bowel episode
- Subjective mild hypoechoic liver - suspect reactive hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion / food intolerance, occult parasitism, infectious gastroenterocolitis, gastro-enterotoxemia, or other acute gastroenterocolonopathy possible. Overt evidence of a mechanical obstructive pattern or obvious gastroenterocolic foreign material was not definitively evident. Technically, the possibility of non-visualized passing or nonobstructive foreign material could be present. However, no overt Indication for surgical intervention was noted based on this study.

Aggressive therapy for acute gastroenterocolic inflammatory episode which may include as-needed IV fluids, gastrointestinal support, plasma expanders, and broad-spectrum antibiotics would be reasonable. Recheck sonogram may be considered If persistent gastrointestinal signs to assess for progressive gastrointestinal ileus pattern or progressive inflammatory gastrointestinal mural changes.



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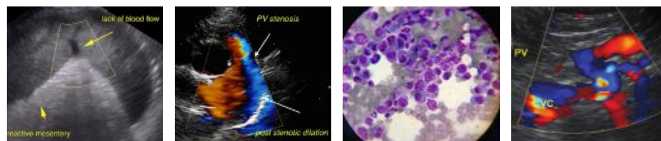

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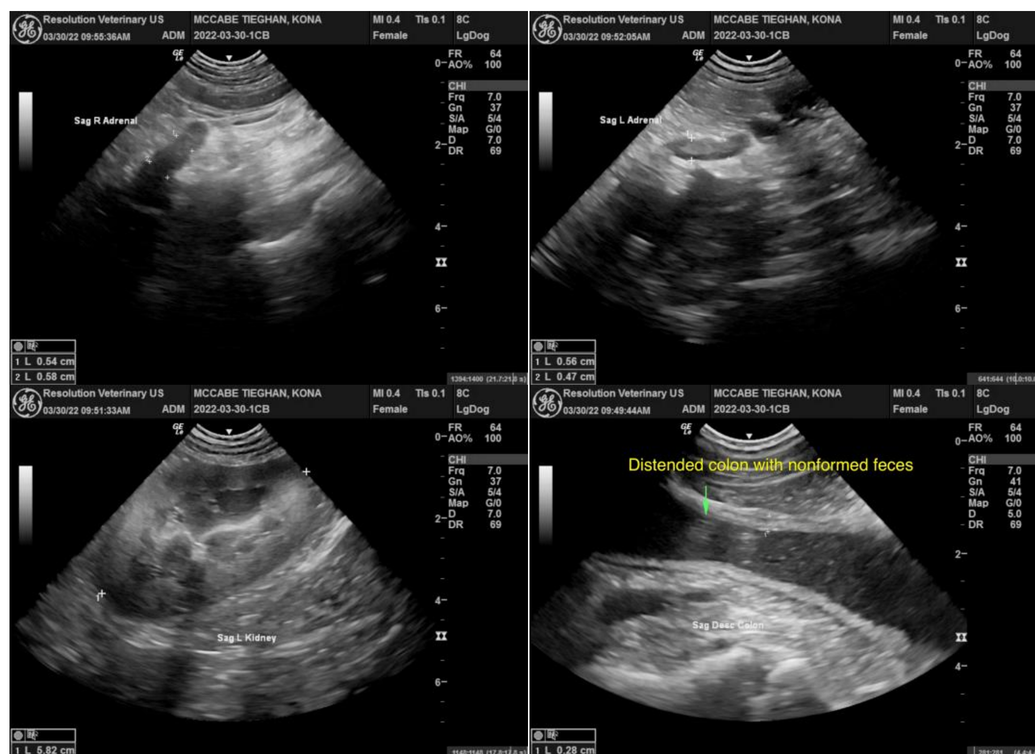

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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