



PATIENT

Rocket Adleta

SPECIES

Canine

BREED

Field Spaniel

SEX

Neutered Male

AGE

11 Years 6 Months

WEIGHT

49 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ellen Puthoff

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Katie Freson

INVOICE

22112

DATE

4/21/23

PRESENTING CLINICAL SIGNS

History: Recurrent gastroenteritis, historically. Lab work is overall WNL. Mild basophilia noted

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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.

No overt pathology in the area of the residual prostate.

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 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 6.3 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size and contour with primarily finely textured homogenous parenchyma. A solitary to possible intermittent discrete hypoechoic splenic nodule/nodules. An example of nodule/nodules measured 0.5 cm in diameter. Although nonspecific, these nodules tend to trend benign, and sonographically suggestive of discrete areas of benign hyperplasia, hematopoiesis or similar. No evidence of splenic neoplastic criteria.

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 anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas.

The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent to hyperechoic submucosa layer, which although nonspecific, is suggestive of inflammatory criteria.

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



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Pancreas

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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.

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Free Abdomen

Focal to potential intermittent, mildly prominent to enlarged 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). An example measured 1.2 cm in diameter. No evidence of peritoneal effusion or omental masses.

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ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- Mild hepatic parenchymal remodeling
- Discrete splenic nodule/nodules- subjectively benign
- Inflammatory enteropathy pattern
- Focal to intermittent, benign/reactive mesenteric lymph nodes
- Heterogenous mildly remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although nonspecific, the small intestine exhibited mild, likely chronic mural changes, consistent with inflammatory criteria. Potential for inflammatory bowel with dietary intolerance/food hypersensitivity, occult parasitism, dysbiosis, occult Addison's disease and infiltrative neoplasia (less likely) all possible. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol level, to rule out occult Addison's disease, is suggested.

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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 (Provable or Visbiome), antibiotic trial with consideration for potential long term adverse on normal gastrointestinal flora, and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Endoscopic intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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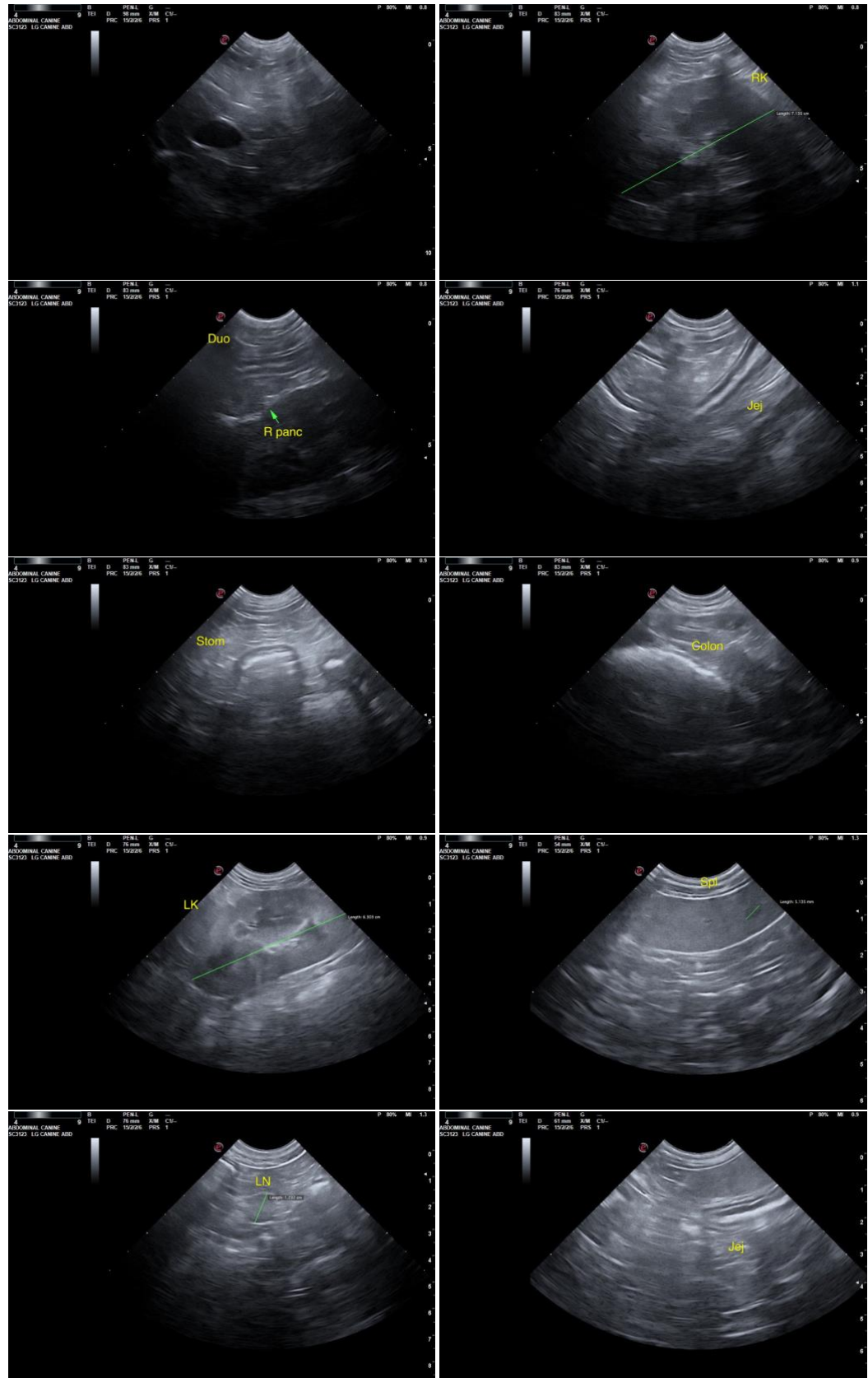
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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