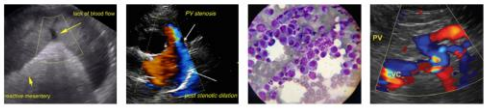
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Stella Sprengel

SPECIES
Canine

BREED
Rottweiler

SEX
FS

AGE
3 years 7 months

WEIGHT
90 lbs.

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Rhode Island AMC

REFERRING VET
Jennifer Hart, DVM

INVOICE
13722

DATE
4/22/22

PRESENTING CLINICAL SIGNS

Intermittent vomiting and diarrhea x two months. Weight loss: 95.4 lb on March 6; 92.8 lb on March 25; today 90 lb. History of eating paper towels, plastic and fabric toys, yard debris. Has been taking her dry dog kibble and breaking it up into tiny pieces before eating - unusual new behavior. Radiologist review of films: no evidence obstruction. Differential diagnoses: chronic gastroenteritis/IBD, metabolic disease, food intolerance or GI neoplasia

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 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. Scant pyelectasia was noted in the left kidney. The left kidney measured 7.4 cm in length. The right kidney measured 7.0 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 0.43 cm width at the caudal pole and 0.41 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 0.57 cm width at the caudal pole and 0.51 cm width at the cranial pole.

Spleen

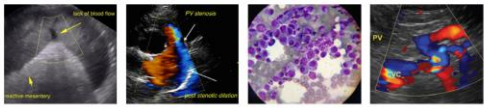
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Minor retained anechoic fluid along with luminal gas was



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present. No overt retained gastric ingesta or foreign material was noted. The ventral gastric body wall width measured 0.66 cm.

The duodenum and jejunum to the level of the ileum exhibited overtly normal wall layering with a maintained 1:3 muscularis/mucosa ratio. The duodenum wall width measured 0.40 cm. The jejunum wall width measured 0.41 cm. Intact yet moderately prominent ileal walls extending into the level of the ileocolic junction were noted. The ileal wall width measured up to 1.0 cm. No overt evidence of ileal or ileocolic masses or loss of intestinal wall layering was noted.

The proximal colon and cecum exhibited mild distention with fluid and nonformed feces along with pockets of gas and hyperechoic nonshadowing fecal matter. The transverse and descending colon were sonographically normal containing semi-formed feces consistent with diarrhea.

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

No evidence of significant lymphadenopathy was noted. No free fluid was present. Minor reactive mesentery was noted around the ileum and proximal colon / cecum.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis
- Moderate ileitis with suspect concurrent typhlitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include Cobalamin/Folate levels, specifically to assess for decreased cobalamin levels consistent with distal small intestinal disease is recommended. Fresh fecal analysis to assess for parasitic ova (whipworm) and rule out Giardia Is recommended If not done.

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 effective for colitis and as needed gastrointestinal support i.e., gastroprotectants with assessment of clinical response is recommended. No overt evidence of neoplastic criteria which is considered less likely. Intestinal biopsies may be indicated if GI signs and persistent / progressive weight loss continue despite empirical therapy.

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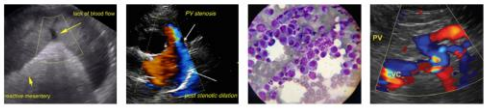

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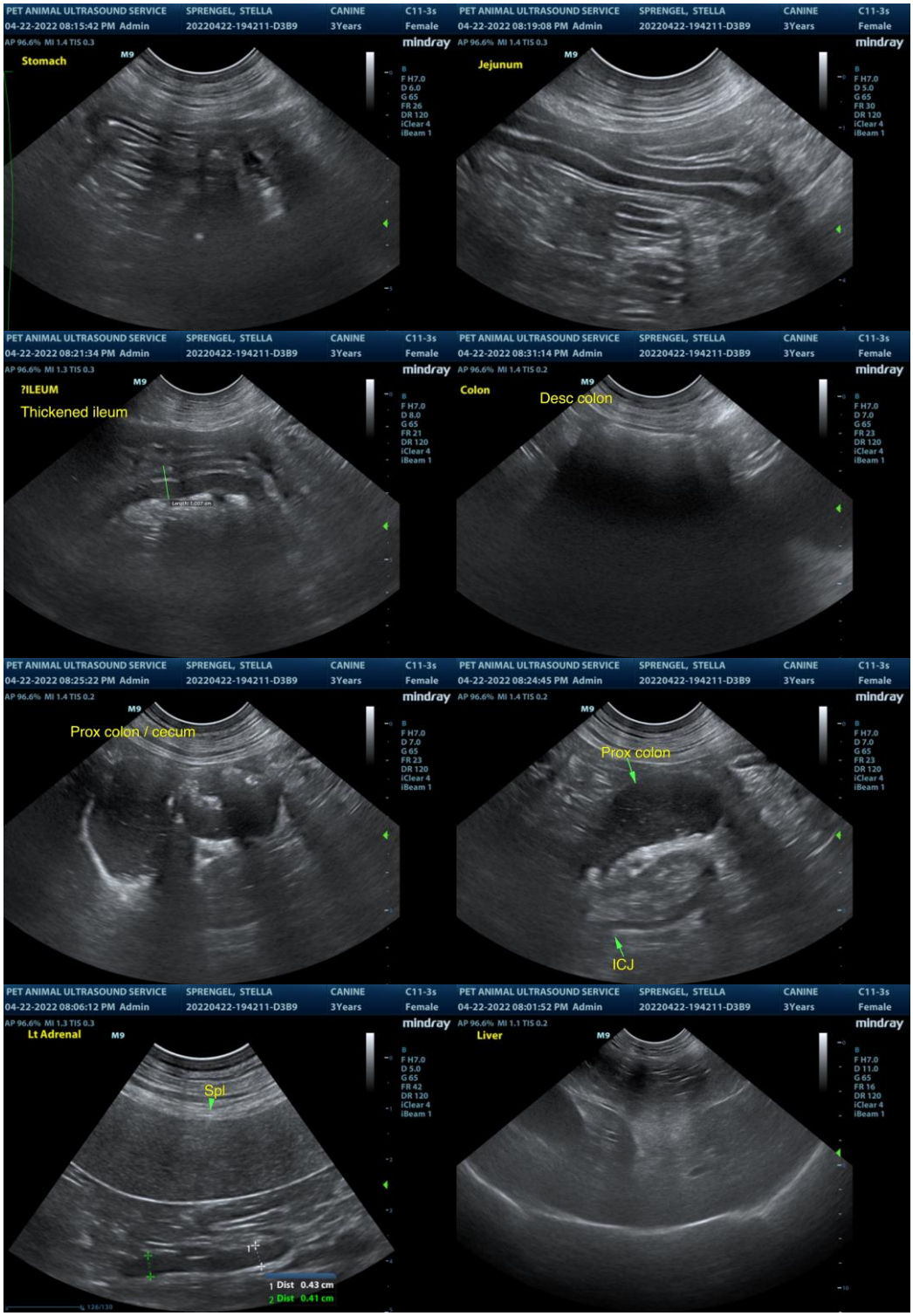

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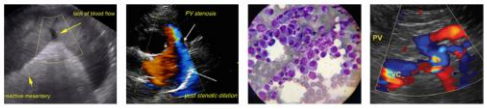

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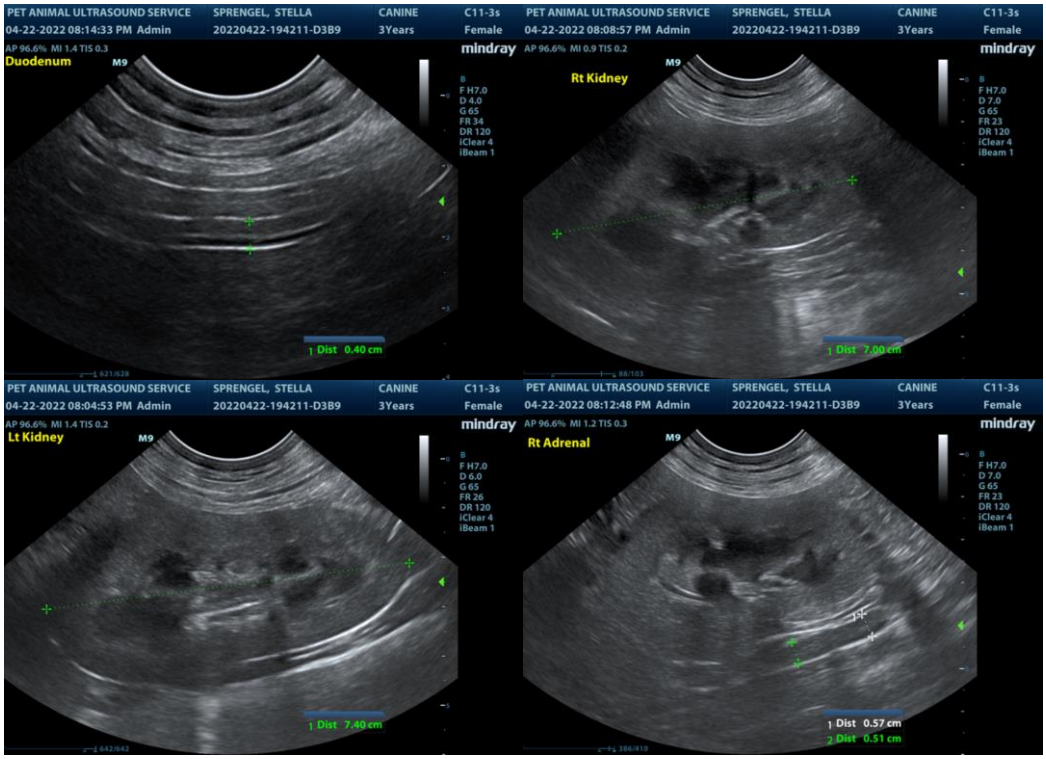

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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