

**PATIENT**

Boost Feil

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

FS

**AGE**

10 years

**WEIGHT**

42 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kim Liedberg

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Svang, Prairie AH

**INVOICE**

10302ag

**DATE**

4/5/22

**PRESENTING CLINICAL SIGNS**

Presented on 3/23/22 with bloody vomiting and hematuria and diarrhea. Abdominal radiographs unremarkable. Given Cerenia, famotidine and sucralfate and Vit K and put on bland diet. Vomiting has resolved, diarrhea is still persistent. Owner wanted to go ahead with AUS. She is taking Boost on a 3 month hiking trip.

Abnormal PE/Chem/CBC/UA Results: CBC and Chem WNL Quant C6 lyme test 29 (<30) PT PTT WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly subnormal in size which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypliod changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with no uroliths or sediment. Potential for resolving cystitis episode could be possible. 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 minor increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.3 cm in length. The right kidney measured 5.4 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 0.51 cm width at the caudal pole and 0.42 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 0.60 cm width at the caudal pole and 0.78 cm width at the cranial pole.

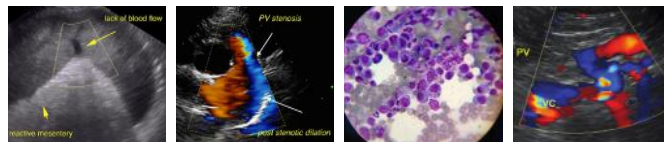
**Spleen**

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 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 and minor nondependent gallbladder debris primarily in the caudal lumen and the gallbladder neck. The cystic and common bile ducts were normal.



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**Gastrointestinal**

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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 gastric body wall measured 0.30 cm in width.

**SPECIES**

Canine

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. The duodenum wall measured 0.50 cm in width, the jejunum wall measured 0.35 cm in width.

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The colon presented intact yet with segmental prominent wall layering with apparent semi formed feces in lumen.

**SEX**

**Pancreas**

FS

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.

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**Free Abdomen**

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A focal, prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.55 cm x 0.62 cm. This node was not consistent with inflammatory or neoplastic criteria and is likely incidental.

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No omental masses/lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Gastroenterocolitis pattern-potentially resolving.
- Micropolyloid urinary bladder mural changes-subjectively benign.
- Focal incidental benign/reactive medial iliac lymphadenopathy.
- Mild gallbladder debris-incident, potentially secondary to fasting or nonclinical cholestasis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of significant visceral abdominal pathology. Assuming the patient has not had previous or recurring GI episodes, acute inflammatory gastroenterocolic episode which may be resolving would be a reasonable differential diagnosis. Given the persistent diarrhea, a GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis to rule out parasitic ova/giardia is recommended. Additional empirical GI support may include high colony count probiotics such as Provable, broad spectrum deworming even if fecal testing is negative such as Panacur 50mg/kg PO SID for 5 consecutive days and potential long term bland/hydrolyzed diet. An antibiotic trial such as metronidazole with assessment of clinical response is warranted.

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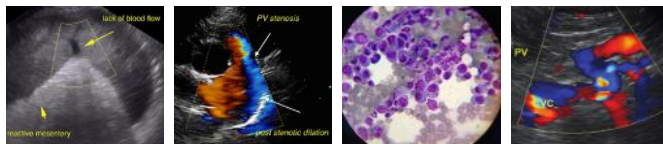
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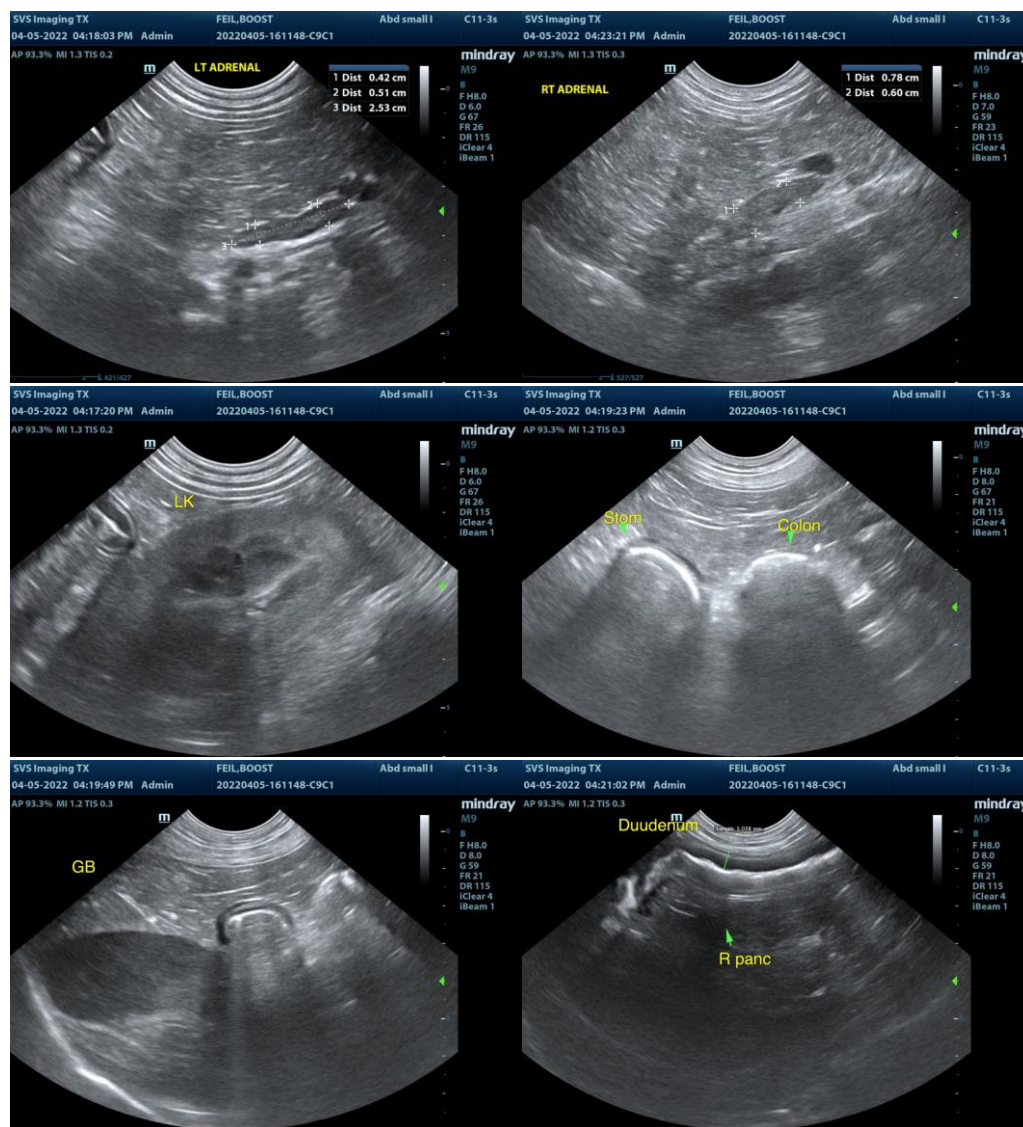
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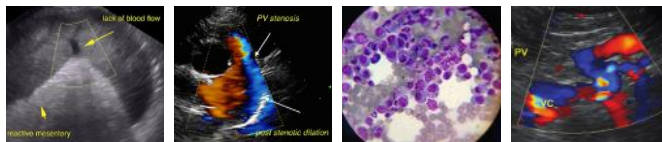
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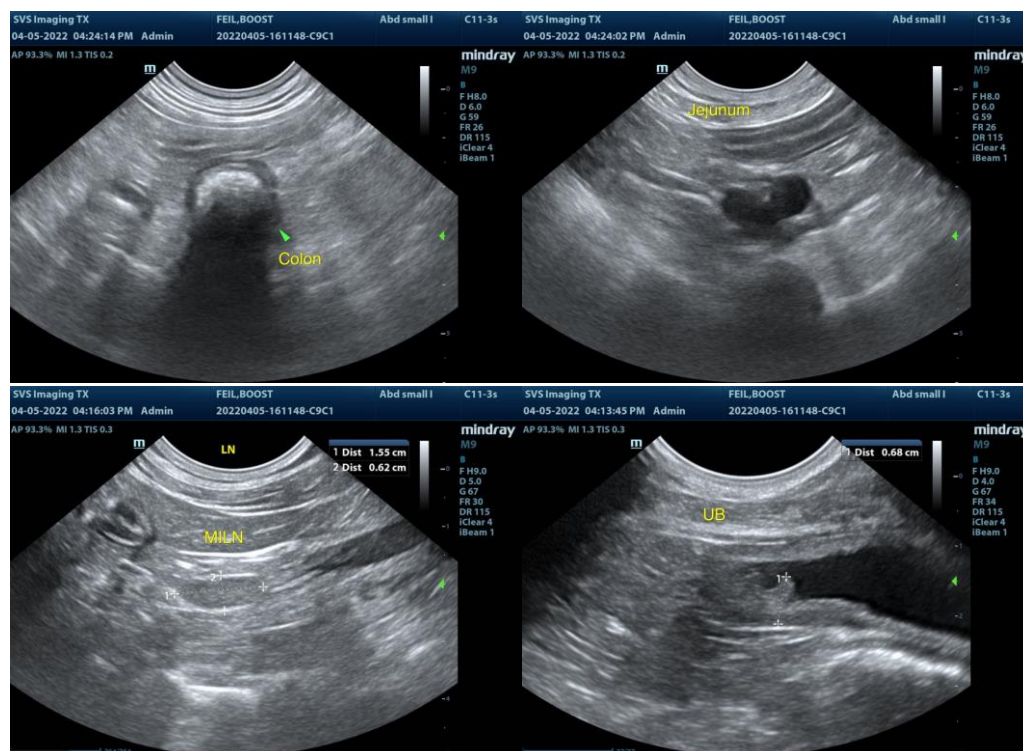
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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