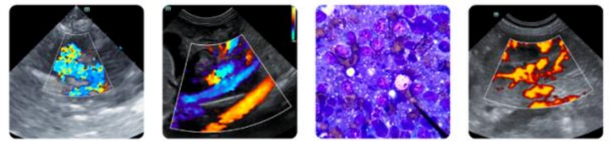


PATIENT

Glitch Waters

SPECIES

Canine

BREED

Blue Tick Coonhound/Australian Shepherd Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

29.2 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Mayfield

HOSPITAL NAME

Ark Animal Clinic

REFERRING VET

Dr. Reed

INVOICE

16284

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Seen on 4/8 for vomiting and loss of appetite that started in early March. Previous labwork from March showed elevated ALT (131, RR 10-124). Gave Cerenia and rechecked labs. ALT WNL, CPL 562 (0-200) Cerenia/Gabapentin and "honest kitchen senior diet" seemed to help at first. Recheck on 4/21 - O reported no more vomiting or borborygmi, stools were normal, Eating more but still not like he used to. Discussed rechecking cPL after 12hr fast. Seen on 4/29 for not eating and bloody stool. Was started on sucralfate/omeprazole and Bloody diarrhea RealPCR panel w/ fecal ran - NSF on that labwork.
No improvement with new medications. 5/5 - additional diagnostics recommended (AUS, GI panel, Cortisol) vs Abx trial vs Diet trial. Re-recommended hypoallergenic low fat diet trial. O elected to start Tylan 1/4tsp BID

Abnormal PE/Chem/CBC/UA Results: 4/8 - Elevated cPL @ 562 (0-200), remainder WNL 4/29 - Bloody Diarrhea RealPCR panel w/ fecal antigen - NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change 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 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 6.6 cm in length. The right kidney measured 7.2 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 0.49 cm width at the caudal pole.

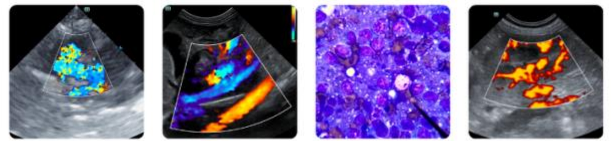
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole.

Spleen

The spleen revealed a mildly expansive, primarily fluid filled, splenic mass with associated, primarily symmetrical splenic capsule distortion without evidence of capsular rupture or parenchymal escape. The splenic mass measured approximately 5.0 cm in diameter. The remainder of the spleen was sonographically normal.

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.



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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 no signs of ileus, obstruction or foreign material.

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 0.54 cm wall width. The jejunum wall measured 0.40 cm wall width.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract/colon with semi-formed/soft fecal matter.
- Normal liver.
- Primarily fluid filled splenic mass.
- Mild age-related renal changes.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, infectious disease, dysbiosis, non-structural inflammatory bowel, mild pancreatitis which may present sonographically normal, are all potentials. No evidence of gastroenterocolic neoplastic criteria. No evidence of intra-abdominal or cardiac macrometastasis associated with the fluid filled splenic mass.

A GI panel to include PLI, TLI, cobalamin and folate, and although thought less likely given normal adrenal presentation, screening cortisol level to rule out occult Addison's disease is recommended. 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), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Assuming no pathology on three view chest radiographs, diagnostic and prophylactic splenectomy and gastrointestinal biopsies are recommended.

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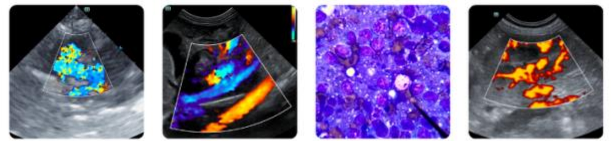

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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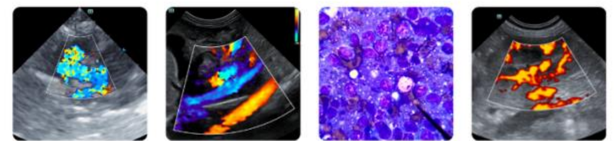

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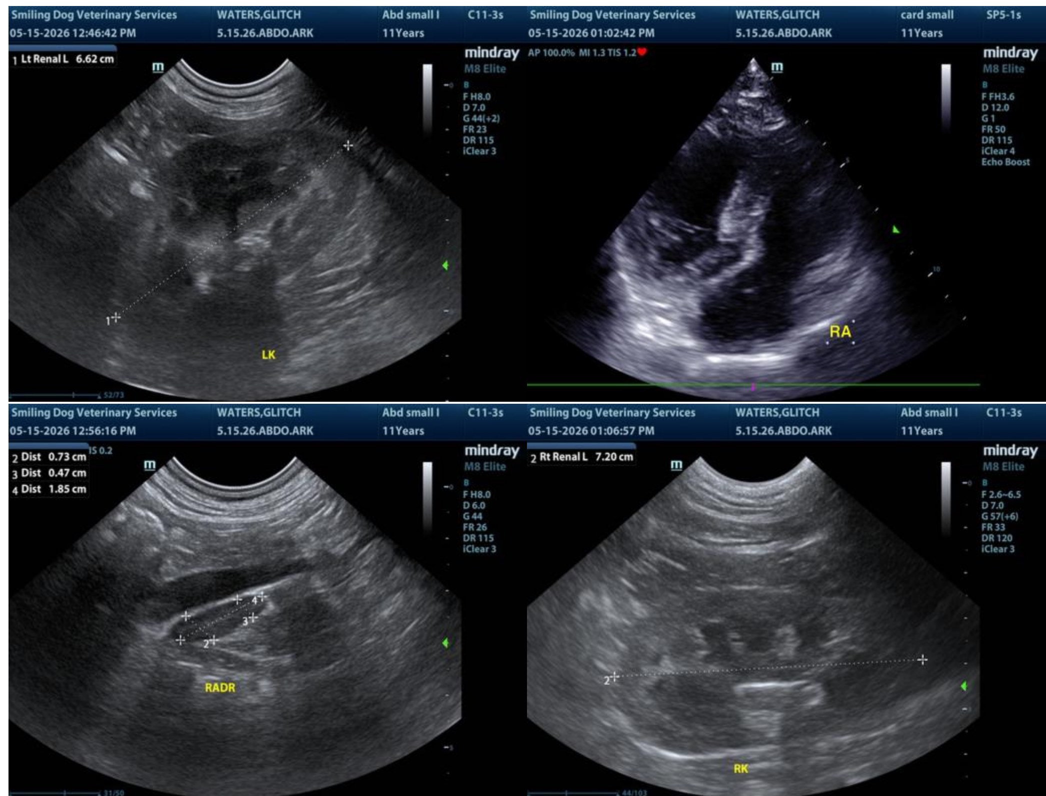

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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