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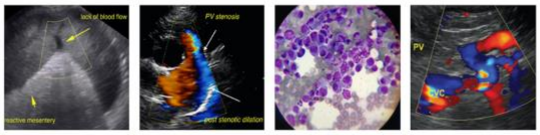

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Milo Rivera

SPECIES

Canine

BREED

Lab Mix

SEX

M

AGE

7M

WEIGHT

53.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Dengler

INVOICE

15253

DATE

5/18/22

PRESENTING CLINICAL SIGNS

Adopted December, loose stool, intermittent diarrhea, responds to medical management, but reoccurs upon discontinuation, thin body habitus

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Full evaluation of the urinary bladder was difficult owing to lack of urine distention yet no overt evidence of mural pathology.

The prostate was sonographically normal for a young intact male canine.

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 6.6 cm in length. The right kidney measured 5.9 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 2.8 cm length x 0.30 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 2.1 cm length x 0.45 cm width at the caudal 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.

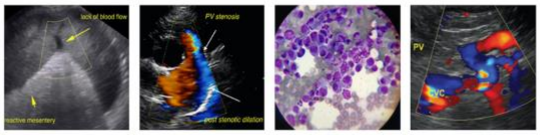
Liver/ Gallbladder

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 intact yet mildly prominent wall layering. The stomach was primarily empty with mild luminal gas. The ventral gastric body wall measured 0.58 cm.

The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent duodenojejunal mucosa. The intestine contained subjective increased gas pattern. No evidence of mechanical/metabolic gastrointestinal ileus obstruction or foreign material. The duodenum wall measured up to 0.74 cm. The jejunum wall measured 0.30 cm- 0.35 cm.



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

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

Mid abdominal mesenteric lymph nodes, as well as focal medial iliac 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 of mesenteric lymph node measured 3.7 cm x 1.6 cm. An example of medial iliac lymph node measured 3.3 cm x 1.1 cm.

No effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Intact yet segmental to generalized mildly prominent gastrointestinal walls with subjective increased intestinal gas pattern
- Intermittent nonspecific yet subjectively benign mesenteric and focal mild medial iliac lymphadenopathy- lymphoid hyperplasia, minor reactive lymphadenitis or immunologic immaturity possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the small intestine exhibited minor segmental to generalized mural changes, which may indicate a normal patient variant but may also suggest underlying inflammatory process in conjunction with benign/reactive mesenteric lymph nodes. Given the patient history, dietary intolerance/food hypersensitivity or potential dysbiosis/antibiotic responsive diarrhea, may be considered primary differentials, although some contribution owing to potential occult parasitism or inflammatory bowel disease is possible. No overt evidence of obvious structural pathology, such as intussusception was noted.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although considered unlikely, resting cortisol level to rule out occult Addisons disease could be considered.

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 and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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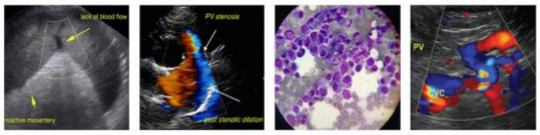

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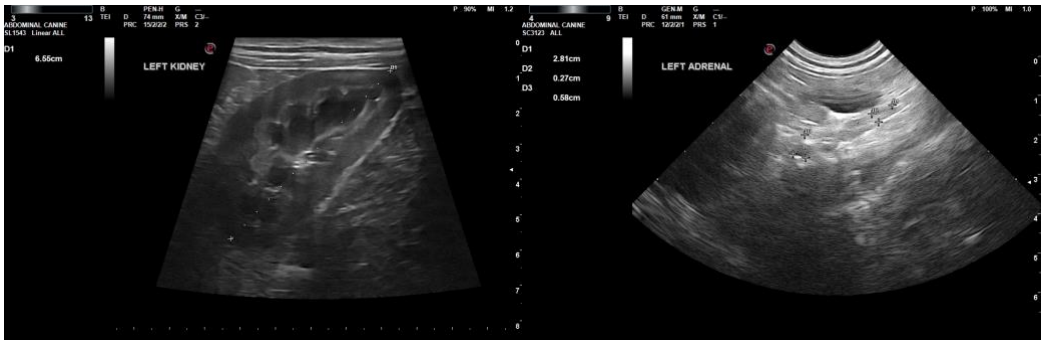

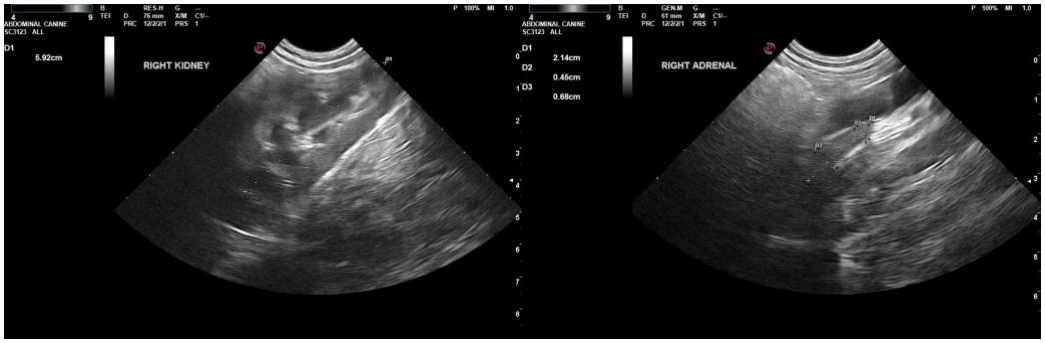

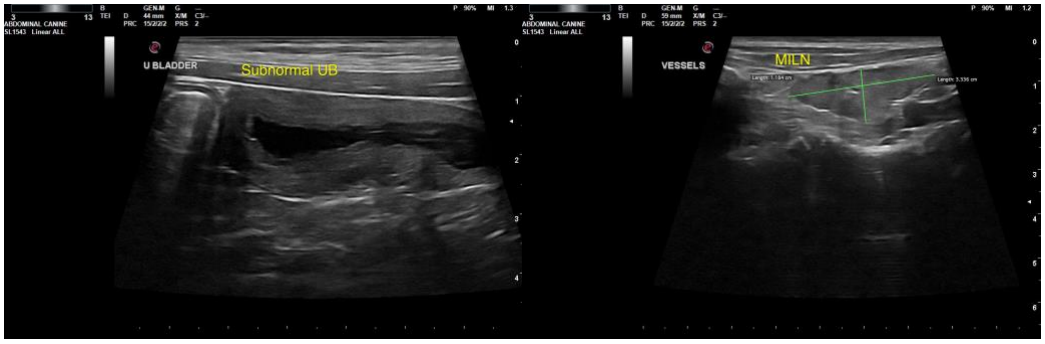

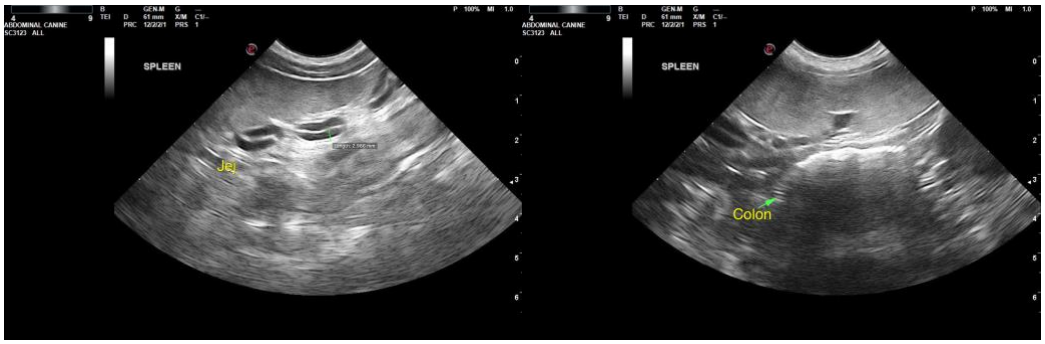

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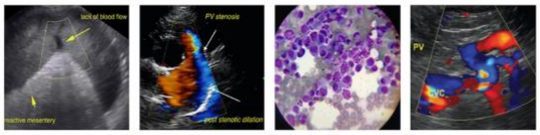

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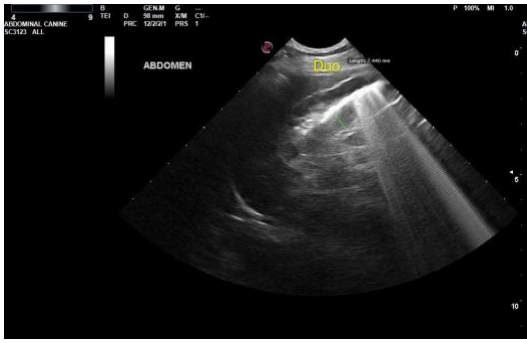

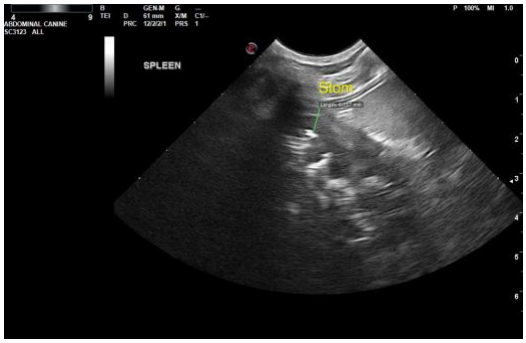

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com