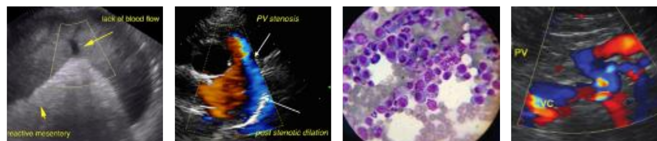


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Ollie Bordner

SPECIES

Canine

BREED

Beagle X

SEX

MN

AGE

4.5 years

WEIGHT

37.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal Hospital and Urgent Care

REFERRING VET

Dr. Kristen Mitchell

INVOICE

13901

DATE

5/18/22

PRESENTING CLINICAL SIGNS

Chronic hx intermittent GI signs, most recent episode 4 days of increased BM but no diarrhea, eating grass and fur voraciously. Hx IVDD earlier this year (presumed)
Abnormal PE/Chem/CBC/UA Results: BCS 7/9, grade 2 pddz, stiff and sore when walking with mild pain TL palpation, cervical palpation. Abdomen NSF. Hematochezia noted today during ultrasound
BW: ALT 187 (10-125) otherwise unremarkable.

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 was noted.

No overt pathology was noted 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 6.4 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

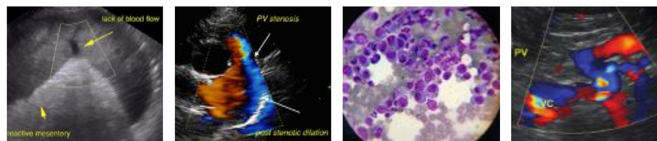
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.47 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 with potential for mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach exhibited moderate distention with strongly shadowing ingesta. The visualized gastric walls were sonographically normal. The pylorus wall width measured 0.59 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent jejunal submucosa. The jejunum wall width measured 0.38 cm. The duodenum wall width measured 0.46 cm. The duodenum was normal containing formed feces at the time of the ultrasound.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

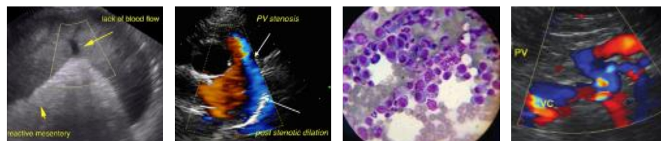
- Strongly shadowing gastric ingesta
- Overtly normal small bowel with subjective propensity for mildly prominent jejunal submucosa
- Low-grade hepatopathy - benign, suspect low-grade primary vs. secondary inflammatory hepatopathy
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing gastric ingesta is nonspecific and may correlate with post prandial presentation. Assessment of most recent meal ingestion prior to the ultrasound Is suggested. If documented NPO, some degree of potential gastric stasis could be considered while the possibility of gastric foreign material cannot be excluded.

The appearance of the small intestine exhibited potential for subtle mural changes which may be a normal patient variant yet may potentially indicate at least segmental inflammatory enteropathy. Likewise, the history of Pica in this patient may suggest an underlying gastrointestinal disease. Potential for structurally insignificant concurrent colitis, given the hematochezia, is suspected.

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. Monitoring for evidence of gastric emptying following a documented fast or if clinically indicated is suggested.



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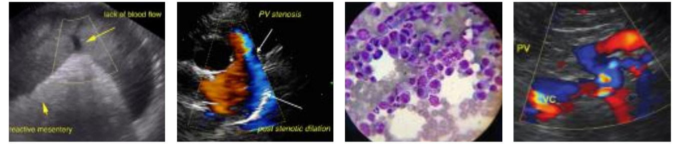

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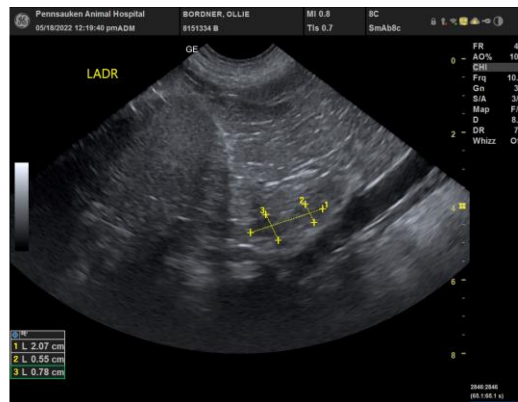

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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