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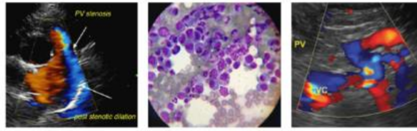
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Gracie Hizon 270237

SPECIES
Canine

BREED
Cockapoo

SEX
Spayed Female

AGE
10 Years

WEIGHT
30 Pounds

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
WVRC

INVOICE
37804

DATE
5/20/22

PRESENTING CLINICAL SIGNS

Acute onset of lethargy for 24 hours.
Abnormal PE/Chem/CBC/UA Results: Thrombocytopenia (~40k).

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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 5.1 cm. The left kidney measured 5.0 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measured 0.70 cm at the cranial pole and 0.48 cm 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

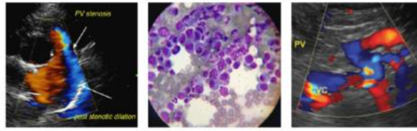
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation. The gallbladder walls were sonographically normal without evidence of inflammation. No evidence of peripheral gallbladder inflammation or effusion.

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. Gastric body wall measured 0.36 cm.

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. Duodenum wall measured 0.43 cm. Jejunum wall measured 0.42 cm.

The descending colon just proximal and likely level to the urinary bladder exhibited mildly prominent yet intact wall layering containing potential semiformed to soft feces. Adjacent to the descending colon was regional mildly hyperechoic mesentery and intermittent pericolic mildly prominent to hypoechoic mesenteric lymphadenopathy. Example of pericolic mesenteric lymph node measured 5.5 cm x 2.9 cm.



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Intermittent concurrent mid abdominal mesenteric lymph node exhibiting isoechoic echogenicity and maintained width to length ratio was also noted. Example measured 2.1 cm x 0.37 cm. No evidence of peritoneal free fluid.

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 was evident.

ULTRASONOGRAPHIC FINDINGS

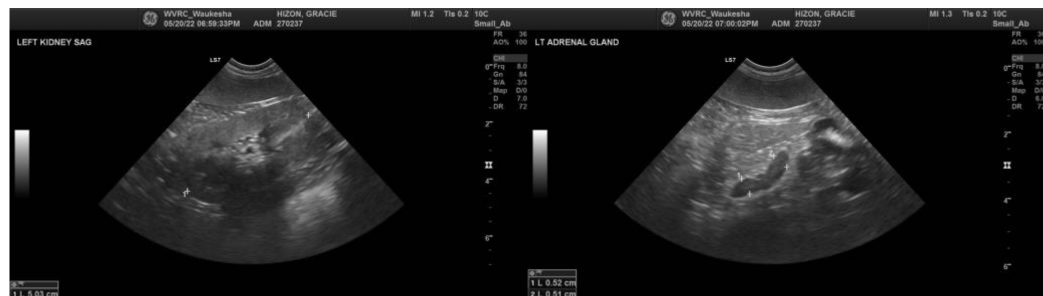
- Mildly prominent descending colon wall with regional pericolic reactive to potentially inflamed mesentery and concurrent subjectively benign/reactive mesenteric lymphadenopathy.

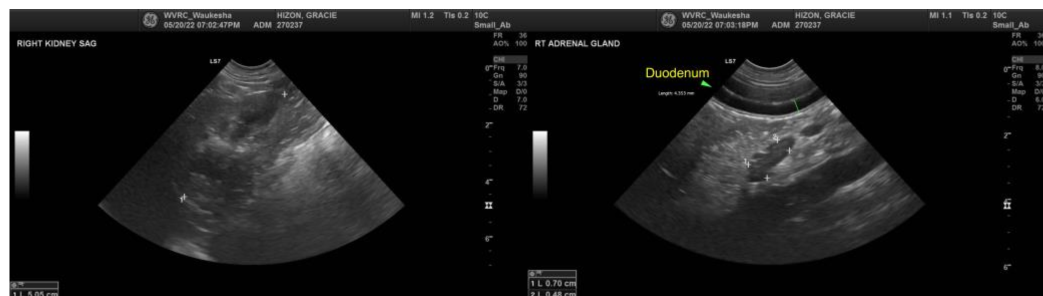
- Partial to early gallbladder mucocele – non-inflamed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the mildly prominent descending colon walls with regional pericolic reactive mesentery and lymphadenopathy may suggest sectorial descending colon inflammation and associated reactive pericolic mesentery and lymphadenopathy. No overt evidence of neoplastic criteria. Correlate with clinical signs or if evidence of diarrhea/hematochezia is present.

Given lack of associated inflammatory criteria, the partial to emerging gallbladder mucocele is of unclear clinical significance, yet with lack of reported cholestatic signs, the gallbladder presentation may not be a clinical player at this stage. However, continued monitoring for evidence of cranial abdominal/subxiphoid pain or discomfort on palpation as well as emerging cholestasis is suggested. Assessment of T4 levels recommended, as gallbladder mucoceles, aside from hyperadrenocorticism, which is not suspected, may be associated with hypothyroidism. No other evidence of intraabdominal abnormalities. 3-view chest radiographs recommended to rule out occult thoracic disease could be considered.





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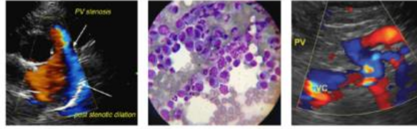

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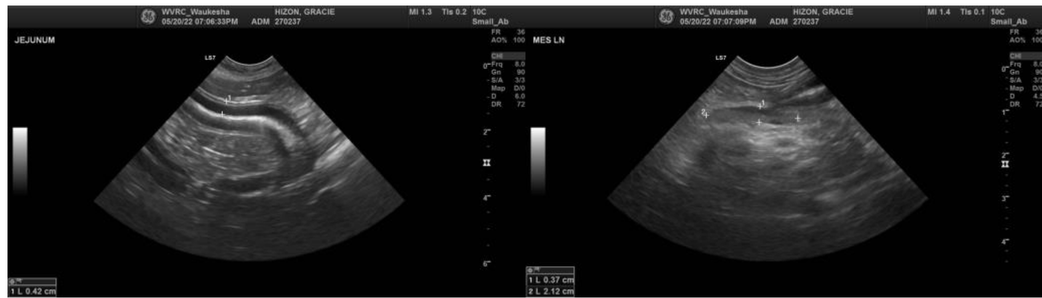

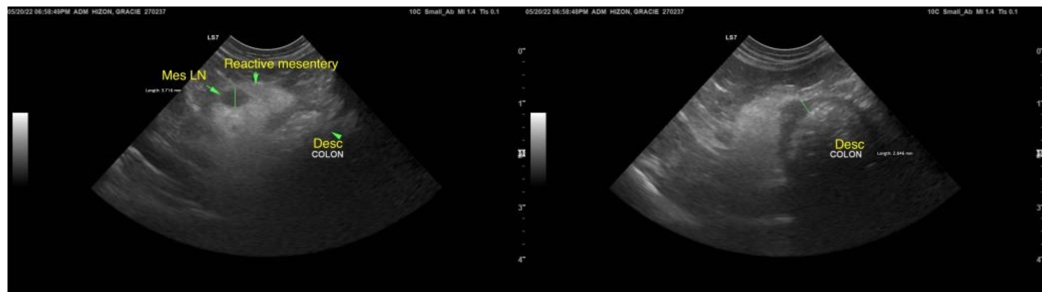

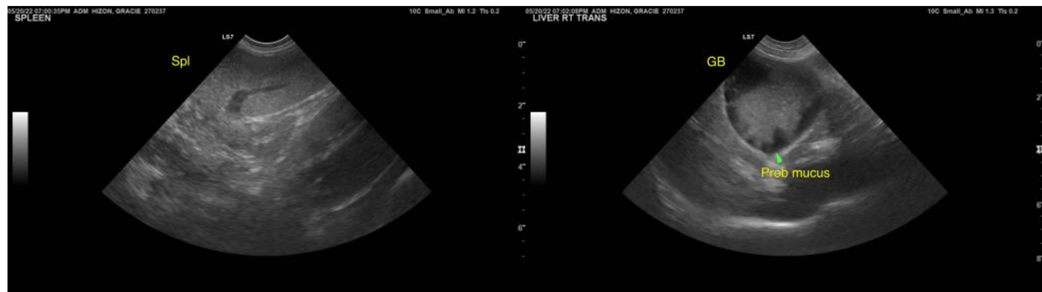

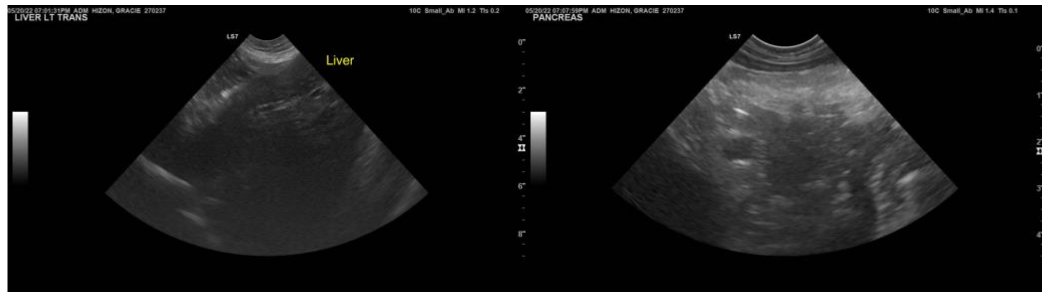

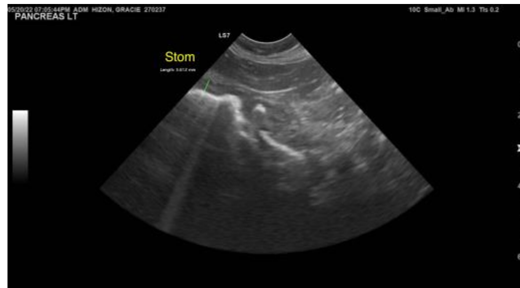

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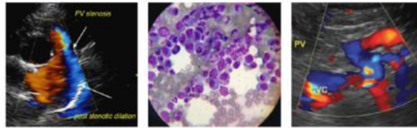

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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