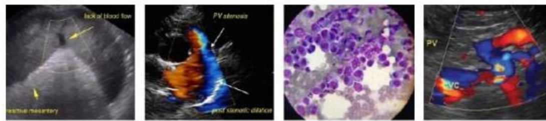


PATIENT

Ella Boers

SPECIES

Canine

BREED

Husky X

SEX

Spayed Female

AGE

8 Years

WEIGHT

44 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Fisher Mills AH

REFERRING VET

Dr. Gupta

INVOICE

15831

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: History of vomiting off and on since a puppy. New to this clinic. Weight loss, recently a loss of 2kg over the last few weeks. Upon exam 5% dehydrated, Temp 38.1, still vomiting, very thin and pot bellied. Very nauseous and groaning throughout scan.

Abnormal PE/Chem/CBC/UA Results: Was put on IVF, Metronidazole, Ampicillin, Cerenia. T.protein elevated, Sodium elevated, Neutrophils elevated, CPLi normal, ALP/ALT elevated, RBC elevated, Hgb elevated, HCT elevated.

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. Aortic trifurcation was normal.

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 5.8 cm in length. The right kidney measured 6.1 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 1.8 cm in length x 0.56 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 2.4 cm in length x 0.69 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.

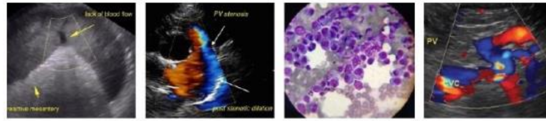
Liver

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 wall layering with a normal wall layer ratio. The stomach exhibited subjective moderate gas distention. Potential for minor retained fluid possible yet not obvious.



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Complete visualization of the gastric interior was limited by the presence of luminal gas. No overt evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. Concurrent subjective increased segmental intestinal gas pattern with areas of mild duodenojejunal ileus. No overt evidence of mechanical obstruction or obvious foreign material. No obvious evidence of loss of intestinal wall layering or intestinal masses.

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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Intact visualized gastric walls with moderate gastric gas distention
- Intact small intestinal walls with concurrent increased segmental intestinal gas pattern and mild duodenojejunal ileus
- Benign hepatopathy

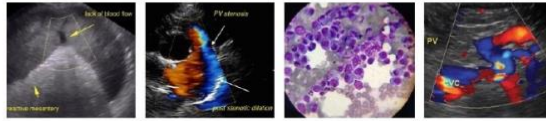
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastrointestinal mural pathology or obvious mechanical obstruction. At times, the severity of gastrointestinal signs exhibited does not always correlate with the gastrointestinal sonographic presentation. In cases of chronic gastrointestinal signs +/- weight loss, dietary intolerance/food hypersensitivity, structurally insignificant inflammatory bowel, low-grade to chronic pancreatitis (considered less likely, given pancreatic presentation and normal CPL), thoracoesophageal abnormalities, occult intestinal neoplasia (thought unlikely) may be considered.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as (if not done) three-view thoracic radiographs to rule out occult thoracic or esophageal pathology given the patients weight loss.

Depending on the type and degree of hepatic enzyme elevations, metabolic, vacuolar, reactive hepatopathy, inflammatory/immune mediated/infectious hepatopathy or other hepatopathy could be possible without evidence of hepatic neoplastic criteria. Ultrasound guided hepatic FNA, using a 25-gauge needle and assuming normal clotting status, +/- leptospirosis titers/PCR could be considered.

Empirically, as needed gastrointestinal support (i.e., gastric protectants, novel protein or hydrolyzed diet trial with smaller more frequent feedings) +/- contrast study to assess gastrointestinal motility and correction of dehydration with assessment of the clinical response would be reasonable. Pending additional diagnostics, surgical or endoscopic intestinal biopsies are likely required for a definitive diagnosis.



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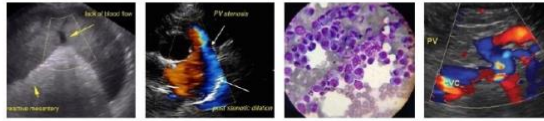
Although considered unlikely, resting cortisol level to screen for or rule out occult Addisons disease would be appropriate, although the bilateral adrenal glands exhibited overtly normal size.



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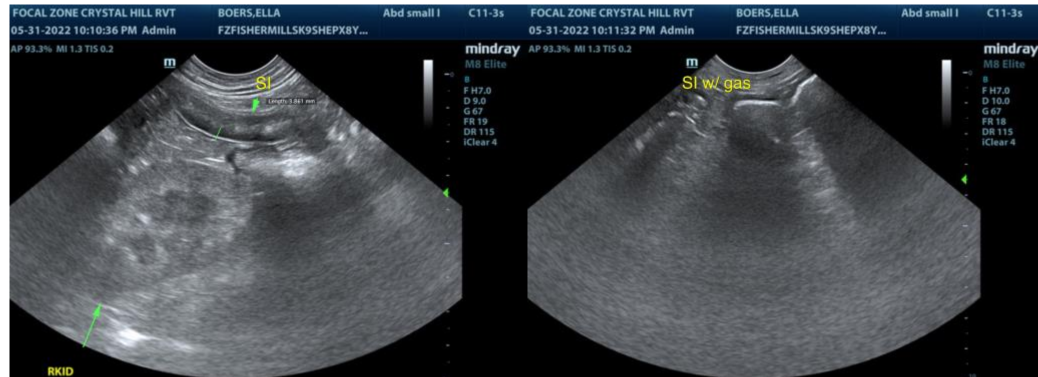

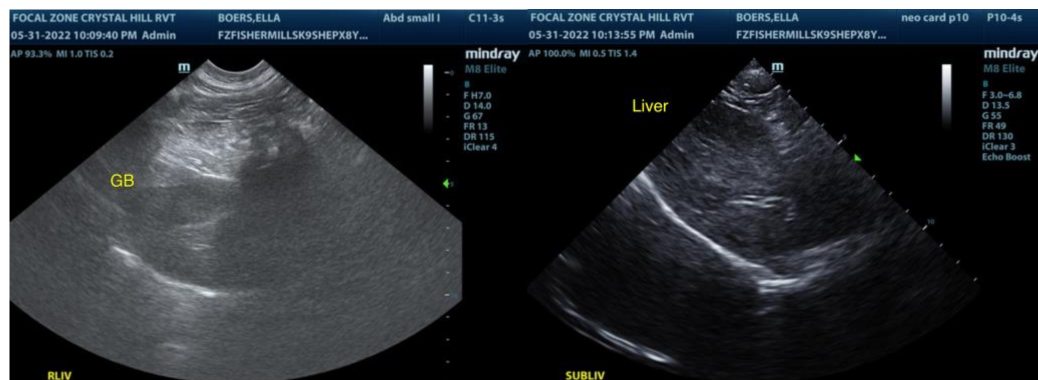

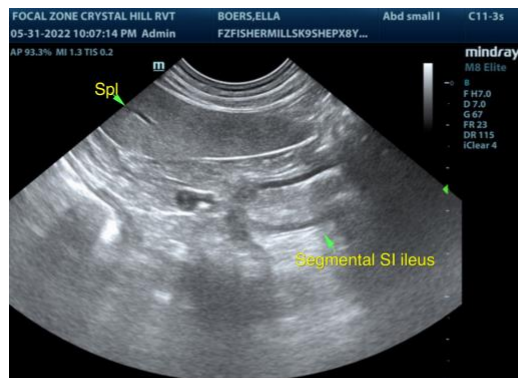

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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