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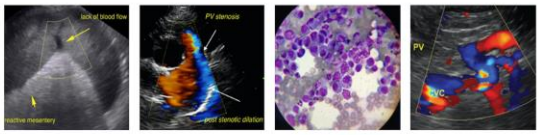


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Josie Cerami

SPECIES

Canine

BREED

GSD

SEX

F

AGE

1 Year

WEIGHT

58

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

13955

DATE

5/31/22

PRESENTING CLINICAL SIGNS

Chronic diarrhea with weight loss, previous clinic ultrasound suspect cancer Prednisone (weaning off)

CBC- leukocytosis with lymphocytosis and neutrophilia

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 changes was noted.

No overt pathology was noted in the area of the uterus. The left ovary was overtly normal measuring 2.3 cm in length. The right ovary was not definitively visualized yet without overt 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 6.5 cm in length. The right kidney measured 7.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized likely owing to suppression secondary to Prednisone therapy.

Spleen

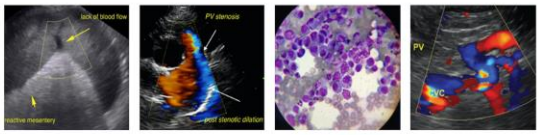
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing. The ventral gastric body wall width measured 0.43 cm.



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The small intestine presented intact wall layering with a maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material. The duodenum wall width measured 0.52 cm. The jejunum wall width measured 0.36 cm.

The colon exhibited sonographically unremarkable wall layering yet generalized distention with semi-formed to soft feces consistent with diarrhea.

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

Intermittent small pockets of scant peritoneal free fluid were present. No evidence of significant lymphadenopathy, although minor subjectively benign / reactive mesenteric lymph nodes were likely. The omentum exhibited uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with a diffuse gastrointestinal ingesta / chyme
- Small pockets of scant peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal specifically gastroenterocolic pathology. At times, the chronicity of gastrointestinal signs does not always correlate with the ultrasonographic gastrointestinal presentation. Likewise, gastrointestinal mural changes may be suppressed owing to current prednisone therapy. In cases with chronic gastrointestinal signs, considerations may include dysbiosis, dietary Indiscretion/food intolerance, low-grade to mild pancreatitis, or structurally insignificant inflammatory bowel, both of which may present sonographically normal, with Intestinal neoplasia considered a less likely differential diagnosis.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, and fresh fecal analysis to rule out parasitic ova / giardia (if not done). 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), +/- empirical cobalamin supplementation pending GI panel results, antibiotic trial and as needed gastrointestinal support with an assessment of clinical response would be reasonable. This breed may be prone to alterations and gastrointestinal flora (dysbiosis), therefore long-term limited antigen or hydrolyzed diet, as well as a high colony count probiotic is likely indicated.

Endoscopic or surgical biopsies may be considered if gastrointestinal signs and weight loss continue despite empirical therapy.

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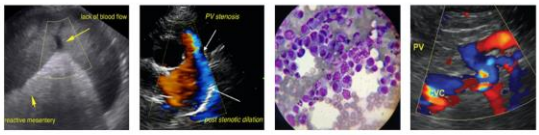

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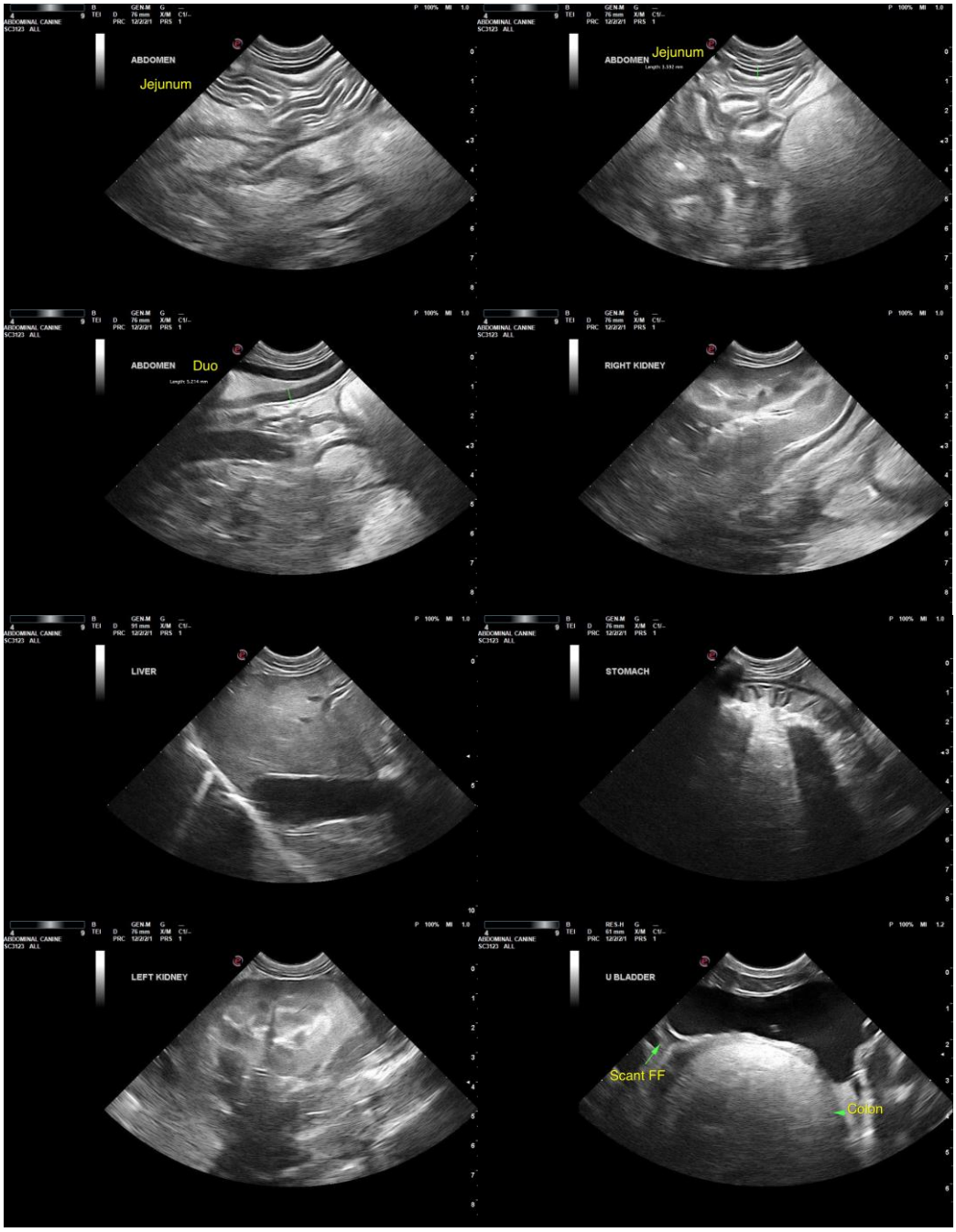

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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