



PATIENT

Remy Franek

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

3 years

WEIGHT

31 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Freedom AH

REFERRING VET

Dr. Roche

INVOICE

16757

DATE

5/4/23

PRESENTING CLINICAL SIGNS

2/21/23 Ultrasound- suspect colon IBD diarrhea ongoing despite meds, HP food, etc.

Current meds. Pred

Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 evidence of pathology in the area of the aortic trifurcation.

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 5.1 cm in length. The right kidney measured 5.1 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 2.0 cm length x 0.47 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 2.5 cm length x 0.42 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 sonographically unremarkable wall layering. The stomach exhibited moderate distention with retained variably echogenic fluid and mild nonshadowing ingesta/chyme. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.34 cm.



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Pancreas

The pancreas was normal in size and contour with heterogeneous subtly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt or significant omental lymphadenopathy was present, although minor benign / reactive appearing mesenteric lymph nodes are possible. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach - suggestive of metabolic / functional gastric ileus
- Enteropathy with variable duodenojejunal mucosal speckling / fogging
- Moderate ileitis
- Overtly normal visualized colon wall with semi-formed / soft fecal matter
- Possible low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the gastrointestinal tract is suggestive of inflammatory criteria with moderate ileitis. Potential for emerging PLE could be a consideration in this patient, even with current non-reported subnormal albumin levels. Infiltrative intestinal neoplasia is considered less likely yet cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal biopsies would be required to achieve a definitive diagnosis.

Empirically, continued novel protein / hydrolyzed diet, high colony count probiotic (Provable or Visbiome), cobalamin supplementation pending assessment of cobalamin levels, empirical deworming (Panacur 50 mg/kg SID x 5 consecutive days with potential repeat protocol in 3 weeks even if fecal testing is negative), +/- antibiotic trial with consideration for possible long-term effects on normal gastrointestinal flora and assessment of gastrointestinal response may prove beneficial. Monitoring of albumin levels going forward is recommended.



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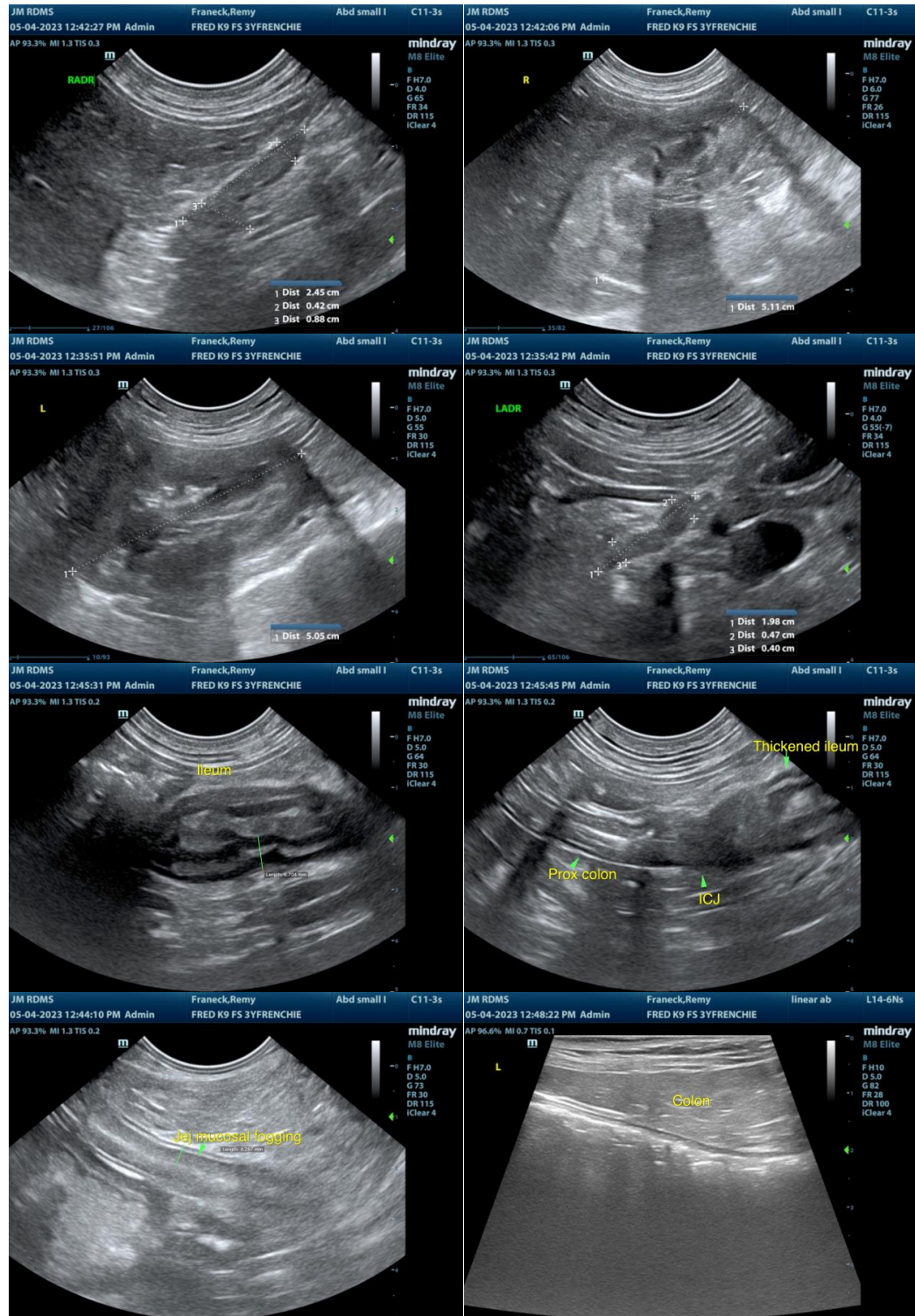
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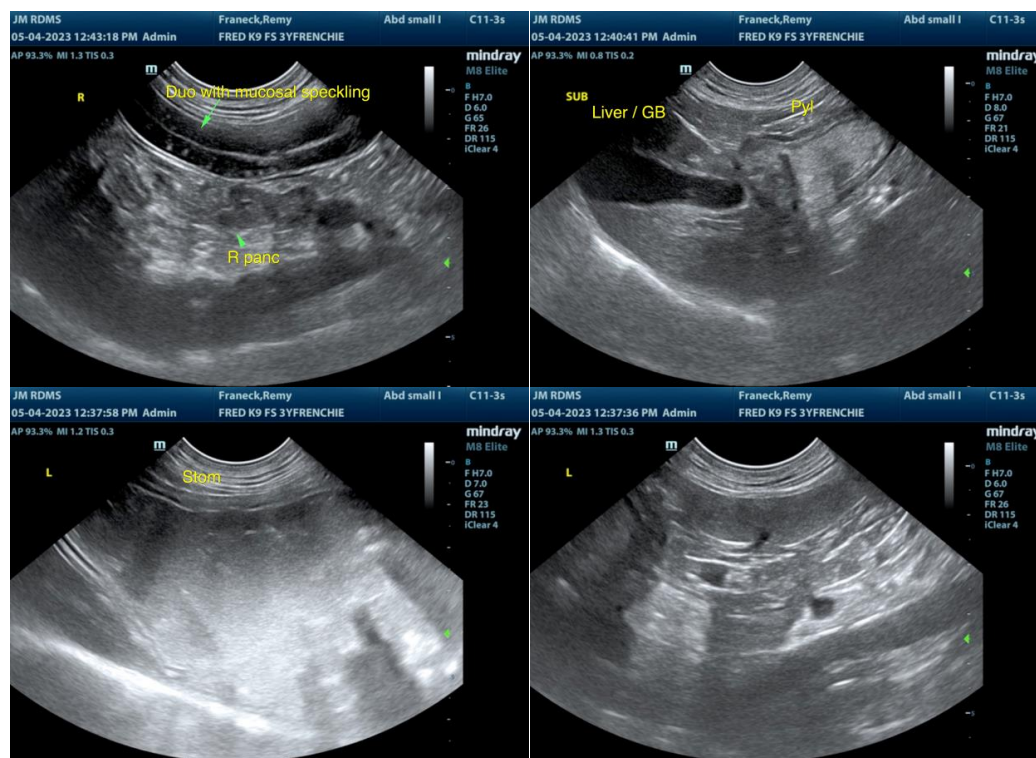
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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