



PATIENT

Bessie Lake

PRESENTING CLINICAL SIGNS

4 days of vomiting and diarrhea, Anorexia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: RBC: 10.5, HCT: 63, amy: 2402, Lipas: 1252 WBC; 14.9

BREED

Lab Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

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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 5.9 cm in length. The right kidney measured 6.1 cm in length.

AGE

9.5yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

57lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.59 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 2.8 cm length.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size and contour with a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary discrete hypoechoic nodule was present in the cranialateral spleen measuring ~ 0.5 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

A. Rodriguez

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 with minor non-organized hyperechoic debris. The cystic and common bile ducts were normal.

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A. Rodriguez

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach containing mild non-shadowing ingesta sonographically suggestive of retained food with no signs of ileus, obstruction or foreign material.

INVOICE

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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.

DATE

05/08/2023

The colon walls presented intact yet prominent wall layering with mild to moderate thickened to echogenic submucosa. Variable colonic distention with non-formed fecal matter and pockets of gas



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were present in the colon lumen. Prominent to thickened colon walls extended into the area of the distal descending colon dorsal to the urinary bladder and potentially into the area of the colorectum. Concurrent dilated cecum containing fluid and non-formed fecal matter possible.

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Pancreas

The right pancreatic limb was mildly prominent in size exhibiting minor capsule asymmetry and non-homogenous mildly hyperechoic parenchyma.

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Free Abdomen

No omental masses or overt lymphadenopathy was present.

Scant peri colonic free fluid was present in the area of the cecum.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Colitis with potential typhlitis.
- Minor retained gastric ingesta.
- Overtly normal small bowel-no evidence of mechanical/metabolic intestinal ileus.
- Mildly non-homogenous right pancreas-not sonographically consistent with significant or active pancreatitis. Low grade to chronic pancreatitis possible.

AGE

9.5yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

57lb

No overt evidence of gastrointestinal obstructive criteria or definitive foreign material. The possibility of passing foreign material within the colon lumen cannot be definitively excluded. Based on the GI presentation, there is no overt indication for immediate surgical intervention.

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(Canine and Feline)

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. A fresh fecal analysis is recommended to rule out parasitic ova/giardia. Hospitalization with rehydration protocol given elevated HCT with as needed GI support and empirical therapy for colitis/typhlitis with assessment of clinical response is recommended.

IMAGING PERFORMED BY

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Sonographic reassessment of the GI tract/colon may be indicated if persistent/progressive GI signs despite empirical therapy.

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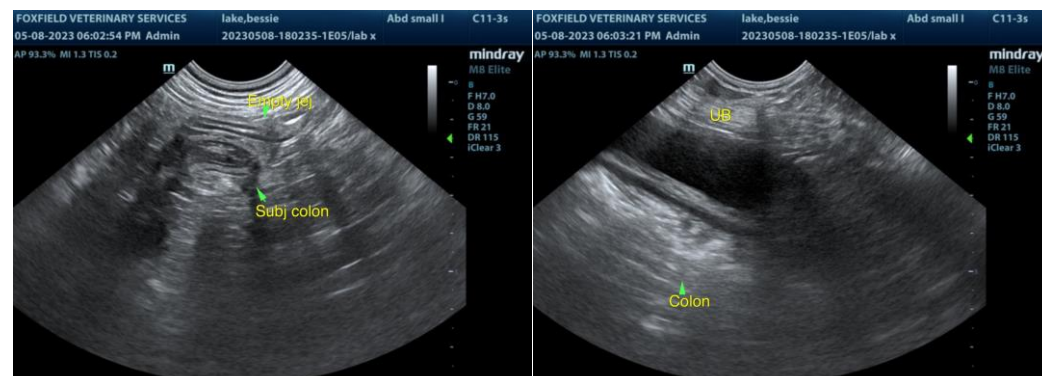
Although considered unlikely considering normal adrenal presentation, a resting cortisol level to rule out occult Addison's disease is recommended.

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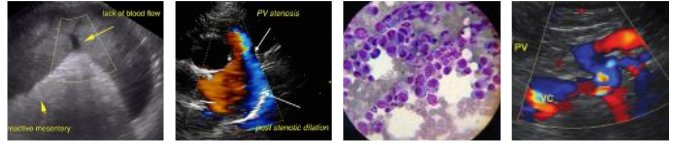
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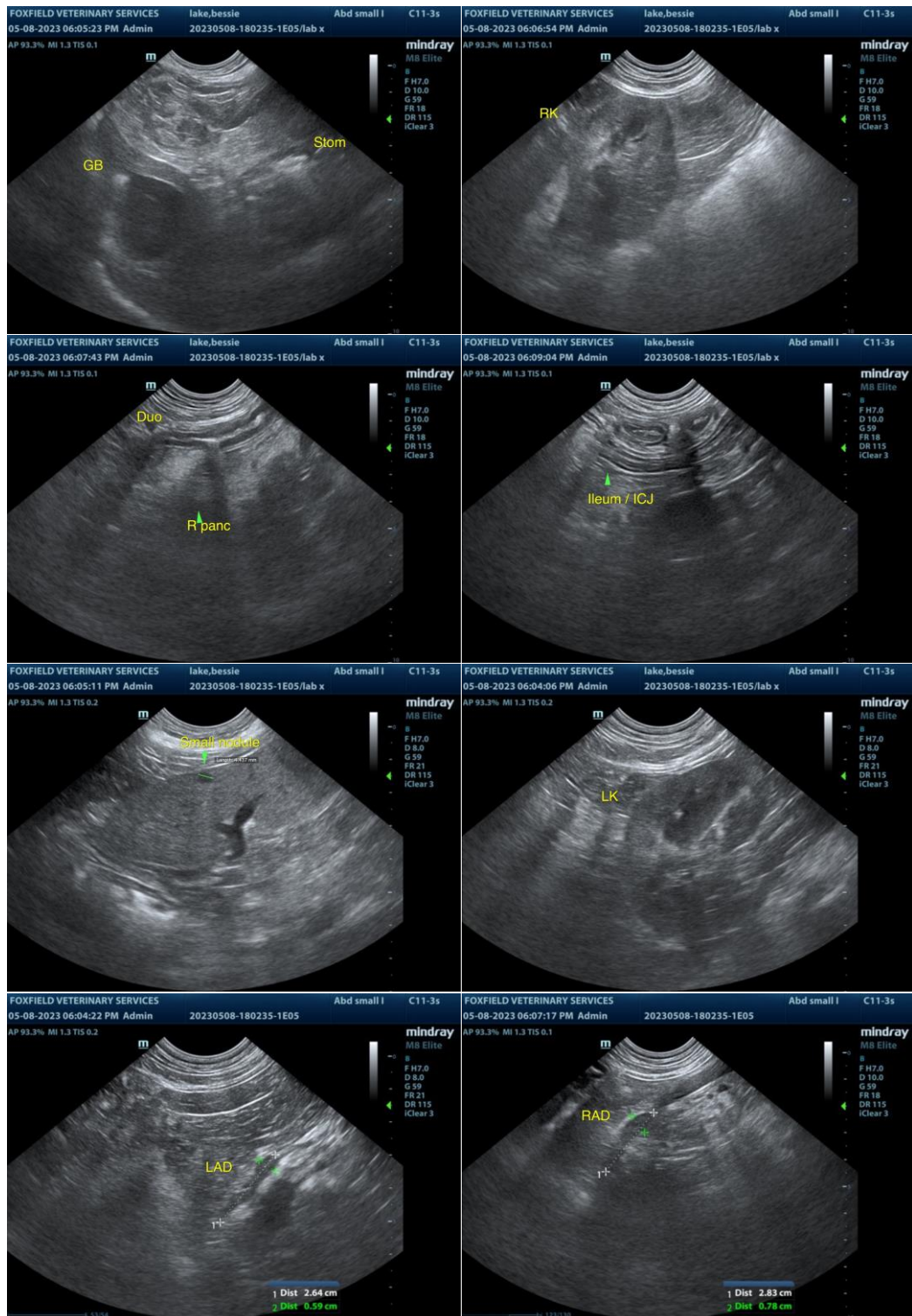
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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