



PATIENT PRESENTING CLINICAL SIGNS

Emma Kurz History: Chronic diarrhea

Abnormal PE/Chem/CBC/UA Results: WNL. GI panel WNL

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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.

Boxer

SEX

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

Female

AGE

10 months

The area of the aortic trifurcation was free of pathology.
No overt pathology in the area of the uterus or bilateral ovaries.

WEIGHT

Adrenal Glands

46 pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length and 0.54 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length and 0.56 cm width at the cranial pole.

INTERPRETED BY

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

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.

IMAGING

PERFORMED BY

Dr. Rodriguez

Liver

HOSPITAL NAME

Foxfield Veterinary
Services

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.

REFERRING VET

Dr. Rodriguez

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering owing to mildly prominent gastric mucosa. The lumen of the stomach contained mild retained anechoic gastric fluid with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.39 cm in width.

INVOICE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with subjective propensity for segmental to generalized mildly thickened to hyperechoic submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.44 cm in width.

DATE

06/01/2022



PATIENT

Normal visible colon wall layers were present with potential for generalized distention containing semi formed to soft feces in lumen.

Emma Kurz

Pancreas

SPECIES

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.

Canine

BREED

Free Abdomen

Boxer

Intermittent to multiple variably sized enlarged mesenteric and possible medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to mildly hypoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a node measured 4.9 cm x 0.61 cm.

SEX

Female

Scant peritoneal free fluid noted in the caudal abdomen around the urinary bladder as well as between the cranial spleen and caudal left liver margins.

AGE

10 months

ULTRASONOGRAPHIC FINDINGS

WEIGHT

46 pounds

- Mild gastritis pattern with possible mild gastric stasis
- Enteropathy-suspect IBD
- Intermittent nonspecific yet benign mesenteric and potential medial iliac lymphadenopathy-lymphoid hyperplasia, mild reactive lymphadenitis or immunologic immaturity likely
- Scant peritoneal free fluid-nonspecific assuming normal ALB levels

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific with potential for patient variant, the small intestine exhibited subtle to mild intestinal changes which may suggest an underlying inflammatory process i.e. IBD. General considerations for chronic GI signs could include dysbiosis (thought less likely given normal GI panel), dietary intolerance/food allergy, occult parasitism, IBD, low grade to mild pancreatitis (thought unlikely) with intestinal neoplasia considered unlikely. IBD or dietary intolerance assuming negative fecal testing may be considered primary differentials.

IMAGING PERFORMED BY

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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 (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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Although considered unlikely, adrenal screening with resting cortisol to assess for or rule out occult Addison's disease could be considered.

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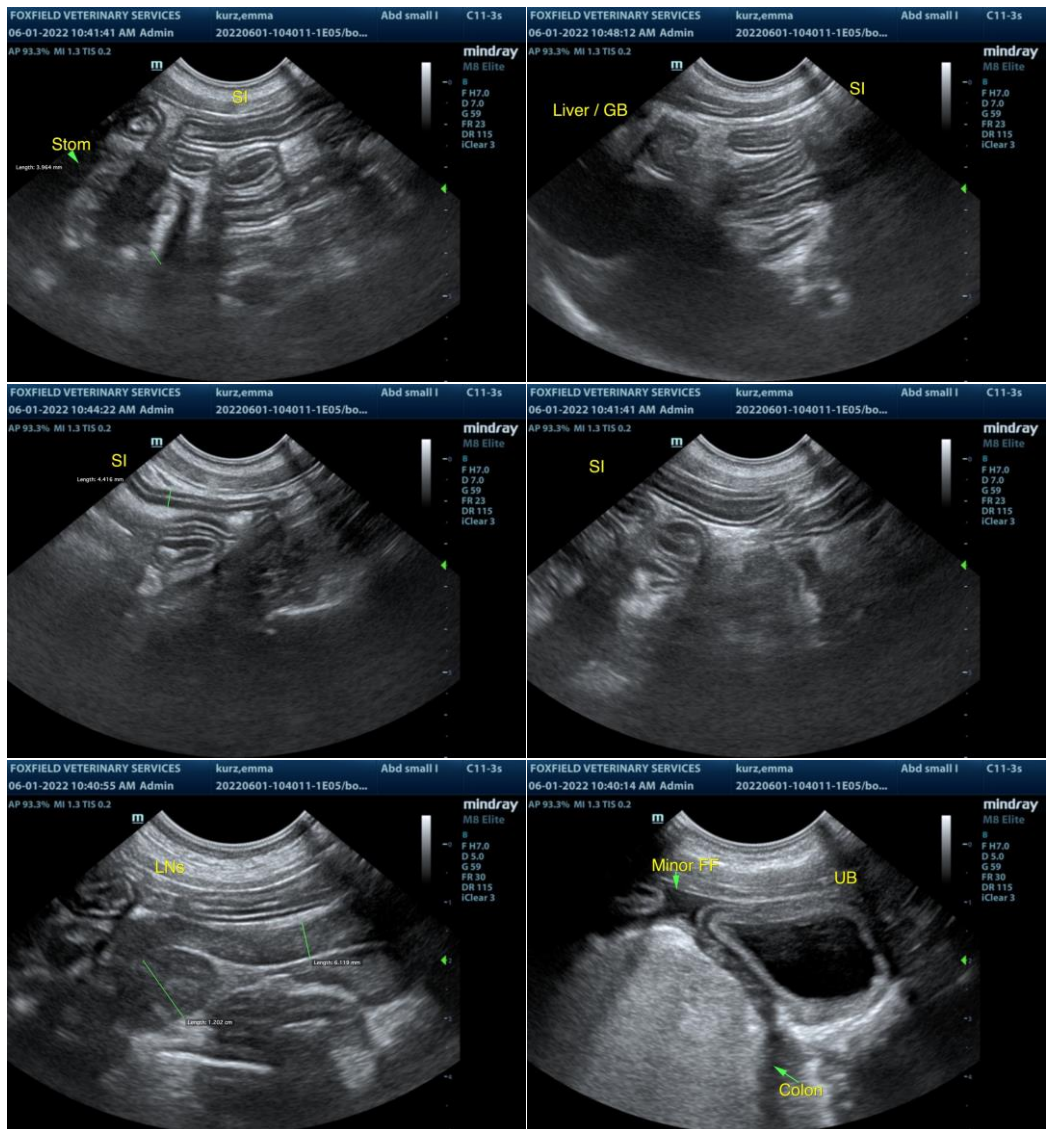
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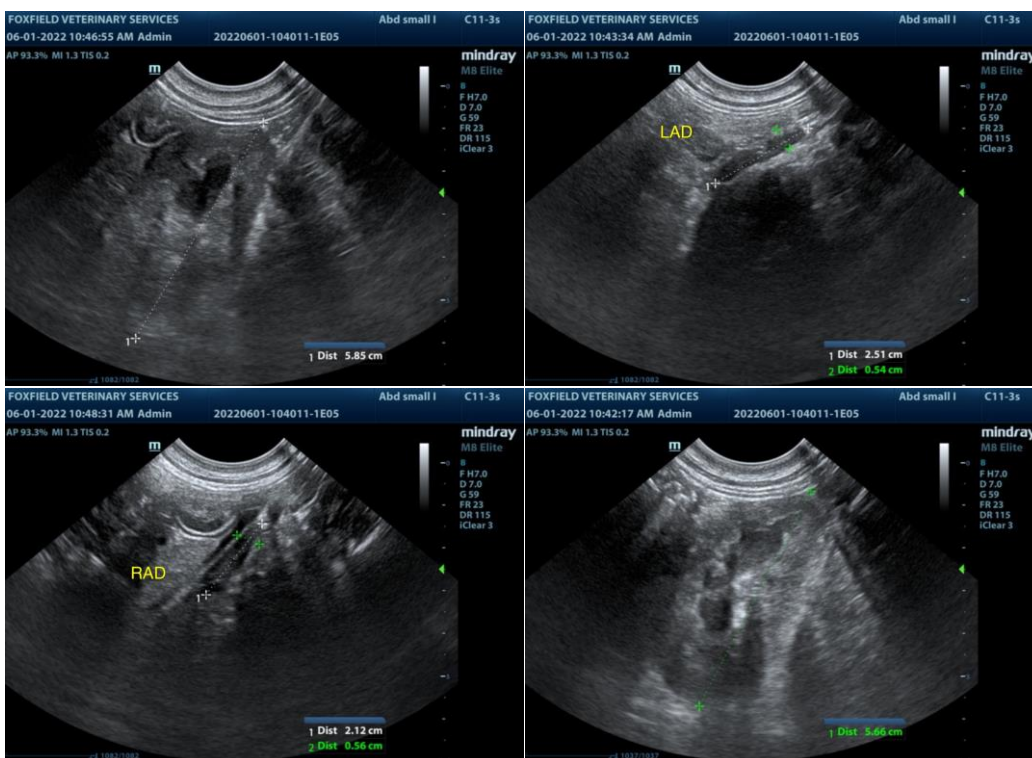
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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