

PATIENT

Raisin Versailles

PRESENTING CLINICAL SIGNS

Intermittent diarrhea, decreased appetite, 10# weight loss Prednisone 20mg Labs: Albumin 2.5, sodium to potassium ratio 32

SPECIES

Canine

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 was noted.

BREED

Lab Mix

SEX

MN

No overt pathology in the area of the residual prostate.

AGE

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The area of the aortic trifurcation was free of 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 6.2 cm in length. The right kidney measured 6.0 cm in length.

WEIGHT

51

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.50 cm width at the cranial pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole and 0.48 cm width at the cranial pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen was overall normal in size, exhibiting finely textured homogeneous parenchyma. A solitary mildly expansive mixed echogenic macronodule in the medial spleen with mild associated symmetrical distortion of the medial capsule contour. The macronodule measured 2.3 cm in diameter. Splenic vascularity was normal.

HOSPITAL NAME

St. Francis AH

Liver/ Gallbladder

REFERRING VET

Dr. Mriss

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.

INVOICE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.32 cm.



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The small intestine exhibited intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent to hyperechoic submucosa layer. Mild areas of segmental jejunal ileus without evidence of obstructive pattern. No evidence of loss of intestinal wall layering or intestinal masses noted. The duodenum wall measured 0.50 cm. The jejunum wall measured 0.36 cm.

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Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was primarily empty. The descending colon wall measured 0.47 cm.

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Pancreas

Lab Mix

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.

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Free Abdomen

No evidence of overt or significant lymphadenopathy. No peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Enterocolonopathy- suspect IBD
- Mildly expansive mixed echogenic splenic macronodule

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall small intestine and colon exhibited mild mural changes, which, although patient variant is possible, the presentation is suggestive of inflammatory enterocolic disease, such as IBD. In patients with chronic gastrointestinal signs and/or evidence of weight loss, dietary intolerance/food allergy, dysbiosis, low-grade to chronic pancreatitis, which may present as sonographically normal, IBD, or potential intestinal neoplasia could be possible.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Potentially, current prednisone may be masking intestinal mural changes.

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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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Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

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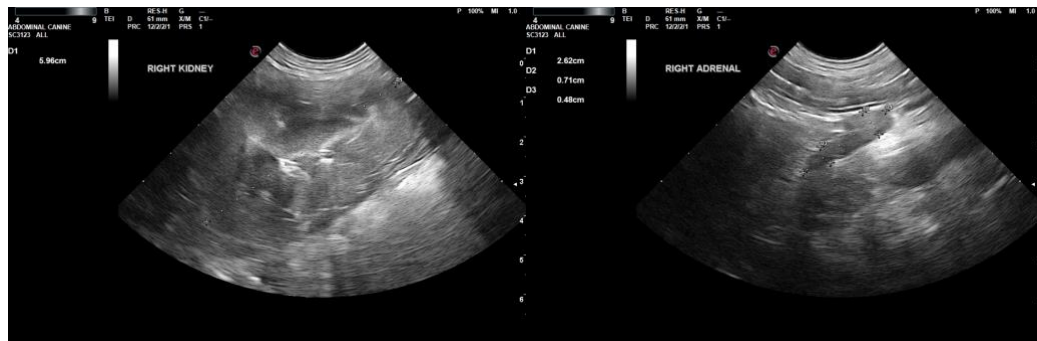
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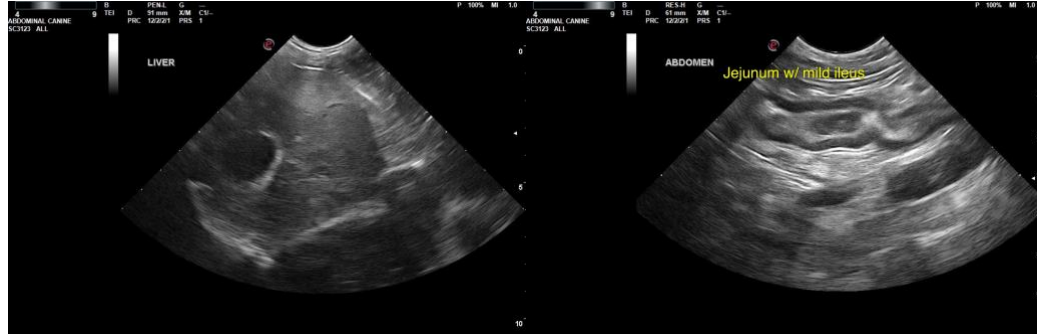
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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