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Clinical Sonography & Telecytology
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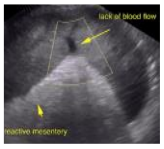
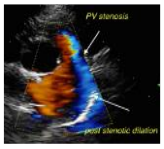
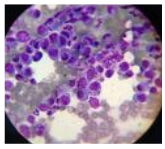
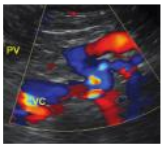




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rocko Fox

SPECIES

Canine

BREED

Dachshund

SEX

M/N

AGE

14 years

WEIGHT

14.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

17113

DATE

6/20/23

PRESENTING CLINICAL SIGNS

Patient has histopathologic evidence of proctatitis (colitis). Signs initially seemed to involve only the distal structures (rectum/anus), but now patient having signs of large bowel diarrhea, and not just painful defecation.

Abnormal PE/Chem/CBC/UA Results: Health profile is pending.

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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.64 cm in diameter.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.9 cm in length. Minor areas of medullary mineral were noted in both kidneys.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.53 cm width at the caudal pole and the right measured 0.59 cm width at the caudal pole.

Spleen

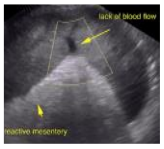
The spleen was overall normal in size with primarily finely textured homogeneous parenchyma. A solitary, mildly expansive, nonhomogeneous nodule was noted in the medial spleen measuring 1.5 cm in diameter. No evidence of splenic capsular escape associated with the nodule.

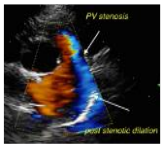
Liver/ Gallbladder

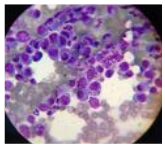
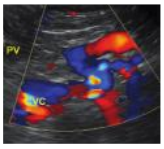
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with moderate inspissated yet nonorganized hyperechoic gallbladder sediment. No evidence of inflammatory gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

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.





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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.

The descending colon and colorectal wall exhibited intact, moderately thickened wall layering. The descending colon and colorectum was primarily empty with a mild amount of soft descending colon to colorectal fecal matter. The visualized proximal colon appeared to exhibit intact sonographically unremarkable wall layering with formed to semi-formed fecal matter. The descending colon wall width measured 0.42 cm.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic descending colitis
- Sonographically unremarkable stomach and small bowel
- Vacuolar hepatopathy pattern
- Moderate inspissated gallbladder debris - not consistent with mucocele criteria
- Mild chronic renal changes
- Mildly expansive nonspecific nonhomogeneous splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the descending colon and colorectal presentation are suggestive of inflammatory criteria in conjunction with previous histopathology, the possibility of infiltrative descending colon and colorectal disease cannot be definitively excluded. In addition to current Prednisone therapy, a novel protein or hydrolyzed diet, high colony count probiotic, as well as empirical antibiotic therapy, which may include Metronidazole or Metronidazole / Enrofloxacin combination, may prove beneficial.

The incidental splenic nodule is nonspecific with considerations including hyperplasia, hematopoiesis, small hematoma, focal splenitis, or similar. Potential for emerging nodular splenic neoplasia cannot be definitively excluded. Sonographic monitoring of the splenic nodule with initial recheck in 4 weeks +/- screening nodular FNA cytology using a 25-gauge needle is recommended. Hepatosupportive medications including Denamarin and Ursodiol are suggested if evidence of cholestasis.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

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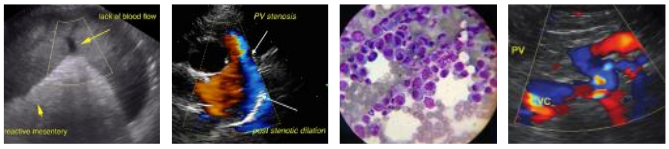

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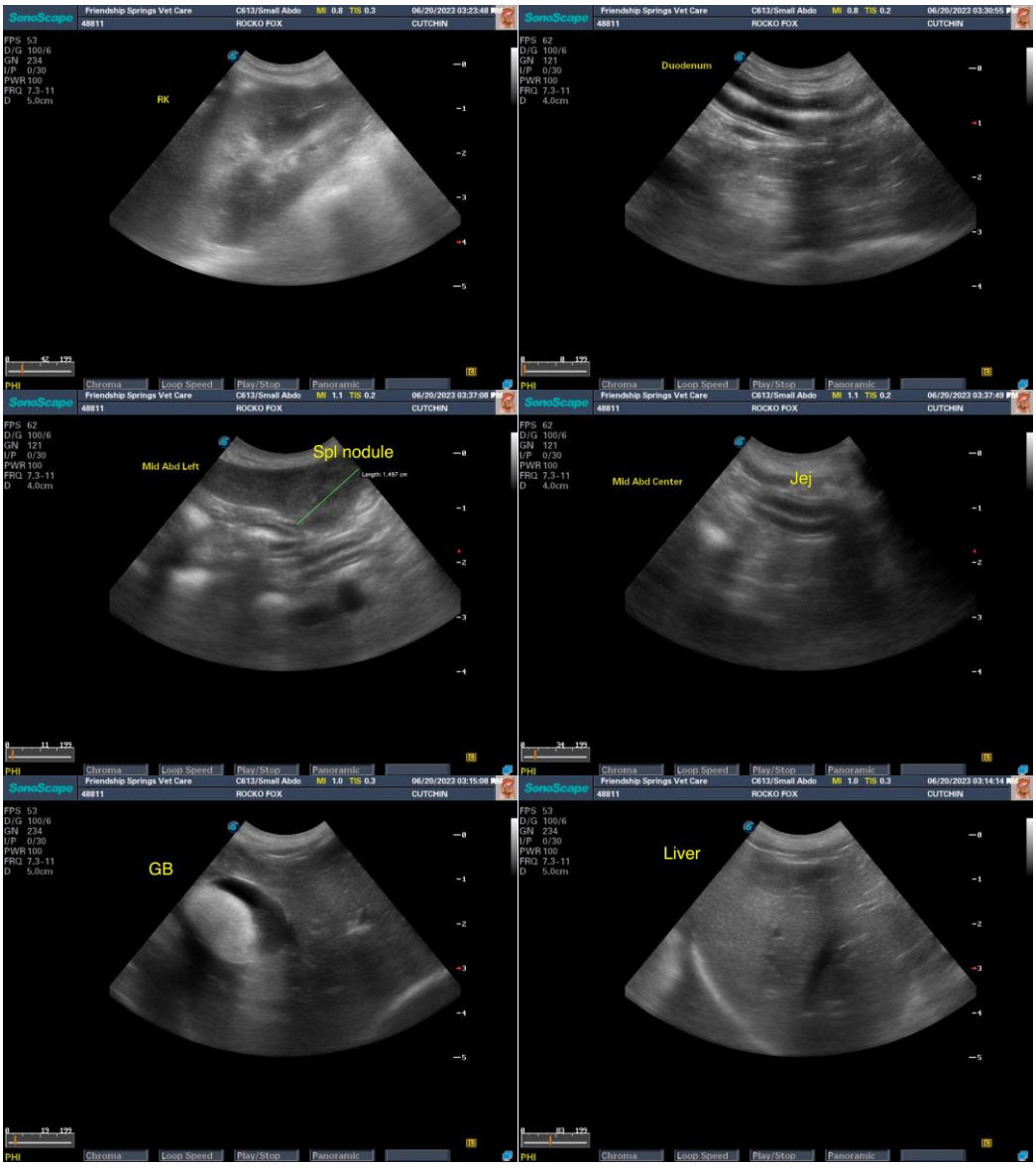
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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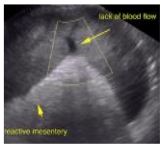
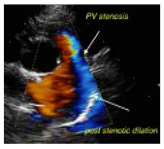
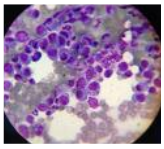
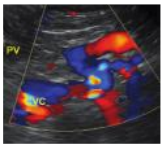

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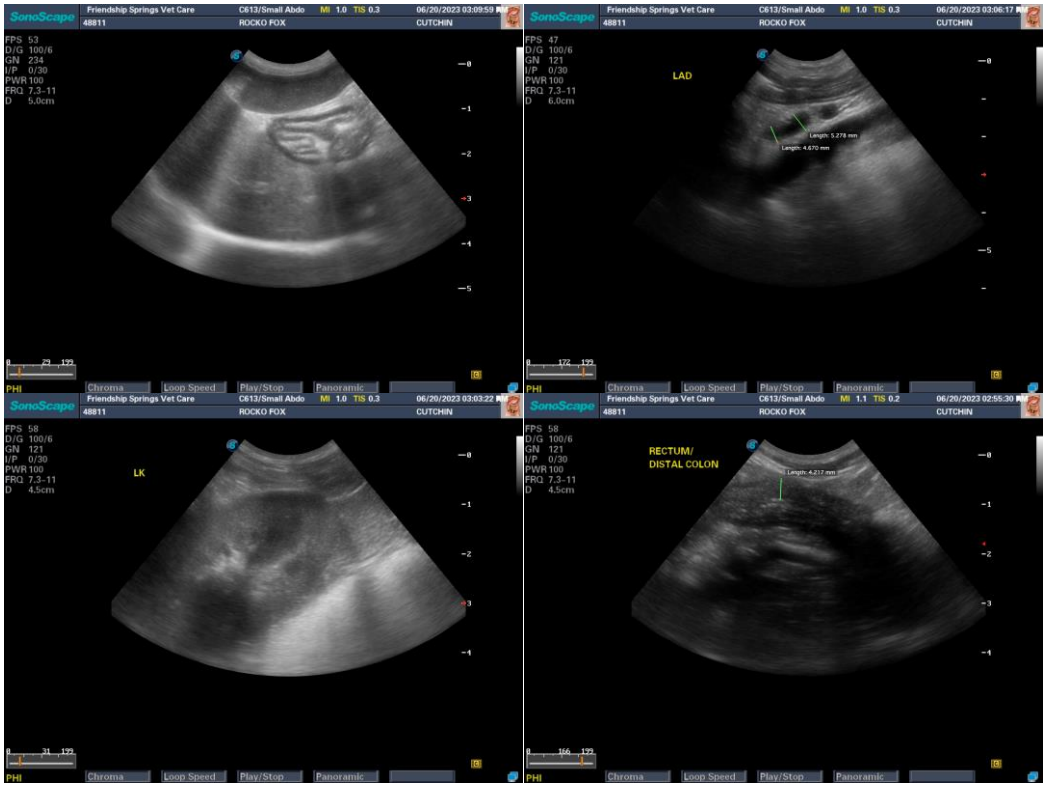

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com