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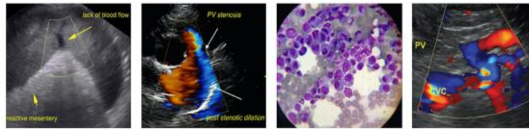

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Molly Graham

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
FS

AGE
2009

WEIGHT
21.2

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Lehighton AH

REFERRING VET
Dr. Mriss

INVOICE
14145

DATE
6/28/22

PRESENTING CLINICAL SIGNS

Unresolved diarrhea, inappetence, cough Pred, Zofran

ALT 145, Lipase 2812

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 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 4.1 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

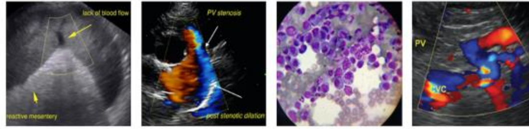
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.50 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.8 cm length x 0.60 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 exhibited moderate enlargement extending past the level of the gastric axis with variable lobar swelling. Generalized mild nonuniform parenchyma with evidence of parenchymal remodeling and intermittent primarily uniform mildly hyperechoic intraparenchymal nodules were present. An example of a nodule measured 2.2 cm In diameter. The gallbladder was non distended in size with moderate, nondependent yet nonorganized biliary sludge. The gallbladder was otherwise normal. No evidence of peripheral gallbladder inflammation was noted. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. Mild retained anechoic gastric fluid was present. The ventral gastric body wall width measured 0.46 cm.

The small intestine exhibited Intact yet generalized thickened wall layering owing to a propensity for prominent muscularis layer. Areas of mild segmental small intestinal corrugation and metabolic Ileus were present. No evidence of mechanical obstruction or foreign material. The jejunum wall width measured 0.36 cm. The duodenum wall width measured 0.40 cm.

The colon walls presented intact yet moderately prominent wall layering with moderate thickened to echogenic submucosa. The colon was empty.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Subtle peri intestinal reactive mesentery was noted. No free fluid was present. No overt or significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Inflammatory enterocolonopathy pattern with segmental small bowel corrugation and nonobstructive ileus
- Hepatomegaly exhibiting variable lobar swelling, nonuniform parenchyma, Intermittent likely benign intraparenchymal nodules - nodules suggestive of probable lipogranulomas, potential for neoplastic criteria thought less likely
- Moderate gallbladder debris (non-mucocele)
- Suspect concurrent low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the gastrointestinal tract is suggestive of inflammatory enterocolonopathy such as IBD or other inflammatory disease. Potential for neoplastic infiltrative enteropathy i.e., lymphoma or other cannot be definitively excluded based on sonographic appearance. Potentially, current Prednisone use may be suppressing gastroenterocolic mural changes. Intestinal biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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 (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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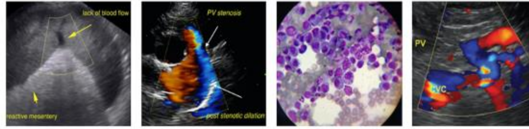

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Assuming normal clotting status, hepatic FNA could be considered for screening cytology. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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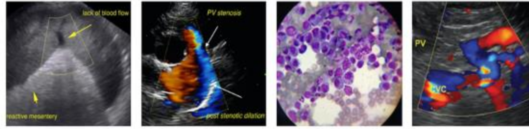

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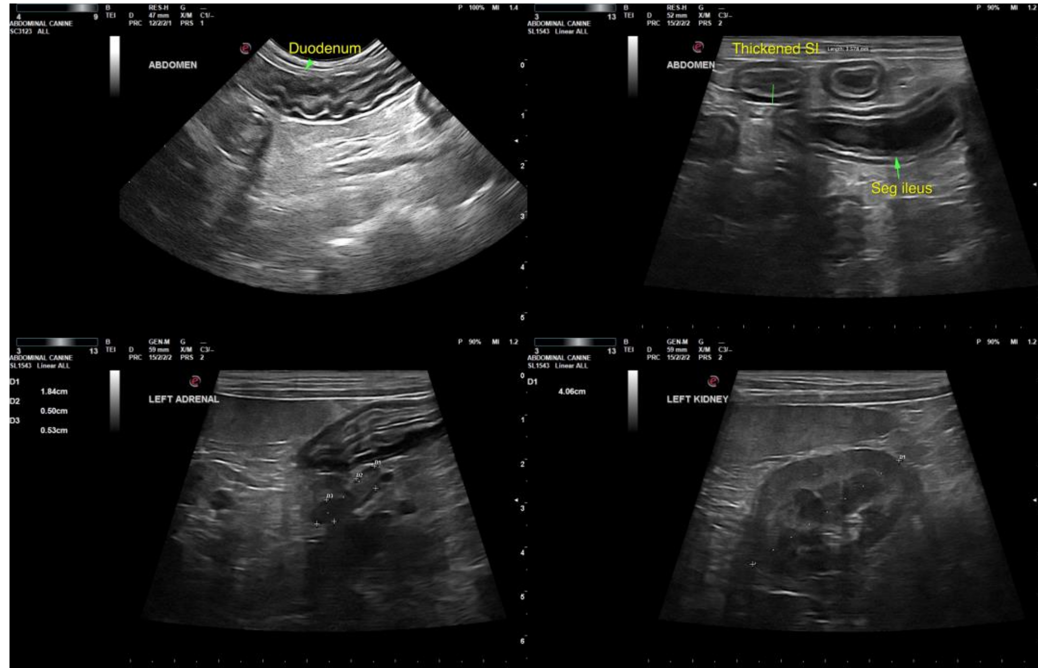

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com