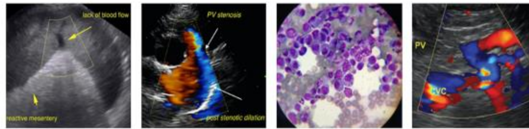


PATIENT

Brody Casciole

SPECIES

Canine

BREED

Lhasa Apso Mix

SEX

MN

AGE

2007

WEIGHT

20.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

INVOICE

14045

DATE

6/8/22

PRESENTING CLINICAL SIGNS

2 week duration diarrhea, restlessness, seemingly painful Metronidazole, Cerenia, Gabapentin, Prednisone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 0.8 cm in diameter.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild 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 4.2 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 1.6 cm length x 0.36 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 1.95 cm length 0.46 cm width at the caudal pole.

Spleen

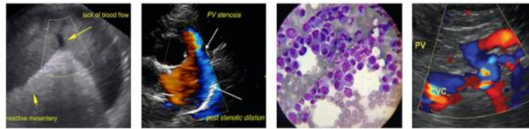
The spleen was mildly enlarged with asymmetrical lateral and medial capsule contour exhibiting generalized mild splenic parenchyma heterogeneity. Multifocal areas of ill-defined nonhomogeneously hyperechoic splenic parenchyma to possible coalescing nodules were present. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.50 cm width. Mild gastric distension was present. Mild anechoic fluid was present in the gastric lumen with mild luminal gas.



PATIENT
Brody Casciole

SPECIES
Canine

BREED
Lhasa Apso Mix

SEX
MN

AGE
2007

WEIGHT
20.2

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Easton AH

REFERRING VET
Dr. Craig

INVOICE
14045

DATE
6/8/22

The small intestine presented generalized intact yet prominent to thickened wall layering owing to a generalized propensity for prominent to thickened mucosa. Diffuse hyperechoic mucosal striations were present throughout the small intestine to the level of the ileum. No overt evidence of a mechanical obstructive pattern or overt small bowel foreign material. Mild areas of nonobstructive small Intestinal ileus were present. The duodenum wall width measured 0.63 cm. The jejunum wall width measured 0.57 cm.

The colon walls presented intact yet prominent wall layering with mildly thickened to echogenic submucosa. The colon was primarily empty with a mild amount of semi-formed feces present in the descending colon.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. No sonographic evidence of active pancreatitis or pancreatic neoplastic criteria.

Free Abdomen

Generalized, primarily peri intestinal hyperechoic mesentery was present. Intermittent small pocket of scant peri Intestinal free fluid was noted. Evidence of significant hypoechoic to swollen mesenteric lymphadenopathy was not noted, although suspected mild mesenteric lymphadenopathy is likely.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Generalized gastroenterocolonopathy exhibiting mild gastric hypomotility and diffuse small bowel hyperechoic mucosal striations - gastroenterocolitis, infectious gastrointestinal disease, IBD, emerging PLE, occult neoplasia, or other gastroenterocolonopathy possible
- Associated primarily peri intestinal reactive to possibly inflamed mesentery and intermittent small pockets of scant peri Intestinal free fluid
- Irregular spleen exhibiting multifocal ill-defined areas of hyperechoic parenchyma to potential coalescing nodules - ill-defined to coalescing myelolipomas, nodular hyperplasia, previous infarcts possible, neoplastic criteria considered less likely
- Hepatic parenchymal remodeling - subjectively benign

Secondary Findings

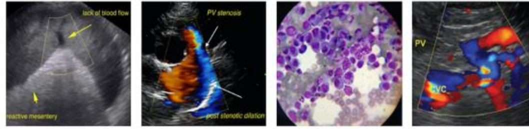
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to assess for or rule out parasitic ova/ Giardia, if not done, is suggested. Some or all of the following protocol may be considered empirically with monitoring of albumin levels.

Endoscopic intestinal biopsies are likely required for a definitive diagnosis. Recheck sonogram as needed based on clinical response to conservative therapy Is suggested.

Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Brody Casciole

SPECIES

Canine

BREED

Lhasa Apso Mix

SEX

MN

AGE

2007

WEIGHT

20.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

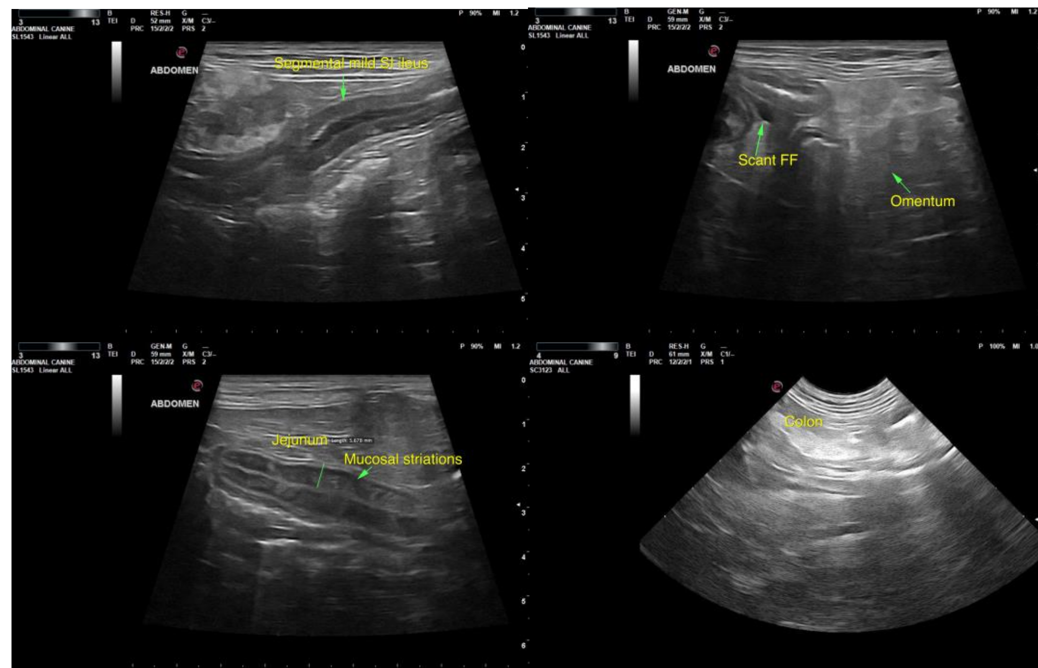
INVOICE

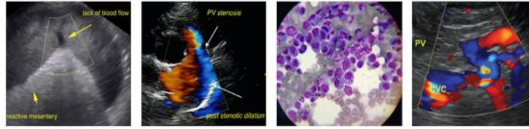
14045

DATE

6/8/22

Part or all of this protocol may be considered based on your clinical impression of the patient:
OBJECTIVE: keep albumin levels > 2 g/dl, avoid thromboembolism and cavitary effusions, monitor concurrent PLN (Wheaton Terrier PLE/PLN) and liver disease:
Plasma 10 mL / kilogram IV over 4 hours
Or **Human albumin** 2 ml/kg/h over 10 hours. Total daily volume 20.l/kg/day
And Colloids/Hetastarch
10 to 20 mL per kilogram per day and dogs
10 to 15 mL per kilogram per day cats
(Can bolus first 1/3 of dose over 15 minutes)
& maintain on LRS maintenance otherwise.
Metronidazole (10-20 mg/kg po bid)
Famotidine 1 mg/kg Iv Im po dc Sid /bid
Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry **Or Misoprostol** 1-5 ug/kg po tid
Diet: Highly digestible high quality protein, low fiber, low fat diet (< 15% of dry matter). Hydrolyzed protein or novel protein. Purina HA or Royal Canine HP or similar.
Prednisone or prednisolone 2 mg/kg bid x 3-5 days then 2 mg/kg sid. **Chlorambucil** in refractive severe IBD/alimentary lymphoma cases (monitor cbc for rare bone marrow suppression) 4 mg/m^2 Q 24-48 hours.
Cobalamine (B12) 250-1500 ug/dog weekly x 6 weeks.
Calcium supplementation if necessary.
Aspirin 0.5-1 mg/kg/day **or Clopidrel** (Plavix) 1-5 mg/kg/day.





PATIENT

Brody Casciole

SPECIES

Canine

BREED

Lhasa Apso Mix

SEX

MN

AGE

2007

WEIGHT

20.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

INVOICE

14045

DATE

6/8/22

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