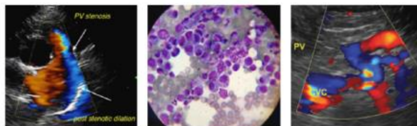
IMAGING PERFORMED BY
SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



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

PATIENT
Dexter Mills

SPECIES
Canine

BREED
Cattle Dog Mix

SEX
MN

AGE
2 years

WEIGHT
42 lbs.

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

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
14237

DATE
7/6/22

PRESENTING CLINICAL SIGNS

Owner went out of town Saturday, stopped eating Sunday/Monday and began vomiting Monday (6 times). Monday evening owner gave Maropitant and he improved until next day when he vomiting once and still not eating. Last 2 days has had liquid diarrhea.
Abnormal PE/Chem/CBC/UA Results: Low electrolytes and protein. Urine WNL, Fecal negative.
DVM concerned about possible denser area in stomach (fundus/body) on radiograph. AUS requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 5.3 cm in length. The right kidney measured 5.4 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 0.40 cm width at the caudal pole and 0.41 cm width at the cranial pole. The right adrenal gland appeared to be mild subnormal in size yet normal position and overall shape measuring 0.33 cm width at the caudal pole and 0.41 cm width at the cranial 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 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.

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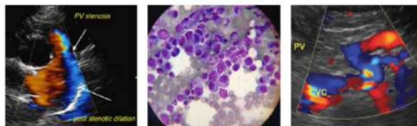

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Gastrointestinal

The visualized gastric walls were sonographically normal exhibiting intact wall layering and without evidence of mural pathology. The stomach exhibited moderate distention with gas. No obvious evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.38 cm.

The small intestine presented intact wall layering with primary maintained 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent jejunal submucosa layer. No evidence of mechanical / metabolic small intestinal ileus pattern or foreign material was noted. The duodenum wall measured 0.50 cm width. The jejunum wall measured 0.33 cm width.

The colon exhibited intact yet mildly prominent wall layering with focal areas of mild mural thickening in the descending colon along with semi-formed to non-formed feces, consistent with diarrhea and luminal gas.

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

Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a jejunal lymph node measured 5.3 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern with mild to moderate gastric gas distention

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory bowel or potential occult Addison's disease are all warranted potentials in this case. The overall presentation of the small intestine Is not overtly consistent with protein-losing enteropathy, yet if persistent / progressive decreased protein levels, intestinal protein loss, assuming normal hepatic functionality, could be present. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Resting cortisol level to rule out occult Addison's Disease is suggested.

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. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy. 24 Hour hospitalization with IV fluid, electrolyte correction, and monitoring of protein levels going forward would be reasonable.

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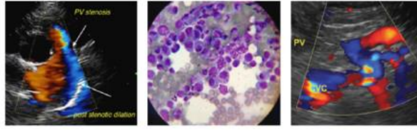

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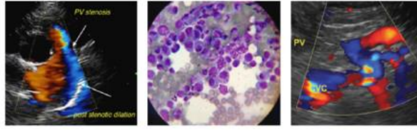

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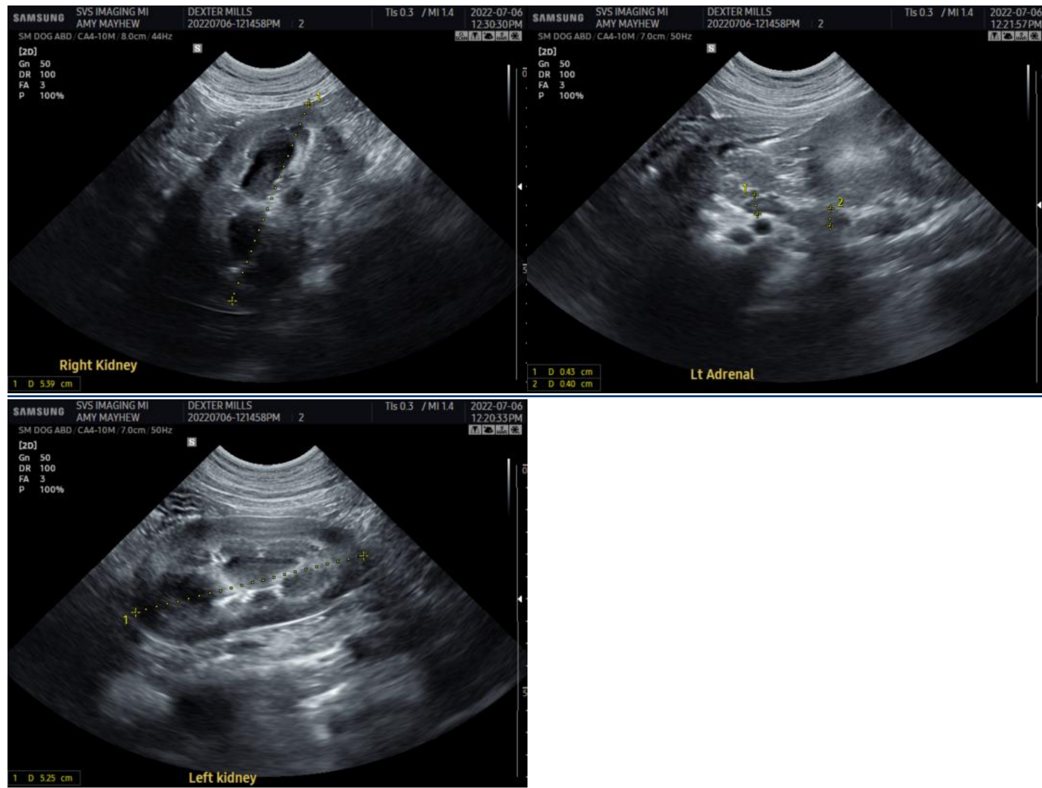

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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