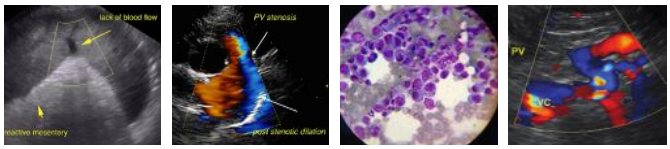
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sal Bienia

SPECIES
Canine

BREED
Mix

SEX
MN

AGE
12y

WEIGHT
44lb

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

IMAGING PERFORMED BY
Jose

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr. Kwasnik

INVOICE
11082ag

DATE
07/09/2022

PRESENTING CLINICAL SIGNS

History: Hx of chronic diarrhea, no responding to metronidazole, III/VI L SHM Appetite varies, no vomiting, loss weight.

Abnormal PE/Chem/CBC/UA Results: BCS 4/9, loss weight, HM, muscle waste, Fecal 2/5/2022: Negative BW 2/5/22: WNL UA: Not-Performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. Visualization of the urinary bladder was limited due to size. The trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.7 cm in length. The right kidney measured 5.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 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 0.5 cm width at the caudal pole.

Spleen

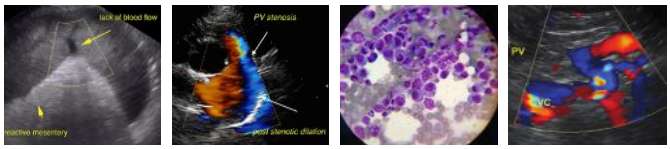
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease..

Liver

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 with mild debris. 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 0.34 cm in width.

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 small intestine wall measured 0.43 cm in width. The duodenum wall measured 0.54 cm in width. The jejunum wall measured 0.43 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral mild to moderate chronic renal changes
- Overtly normal GI tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, a geriatric abdomen without evidence of significant abdominal visceral pathology as a cause of the patient's GI signs or weight loss. At times the sonographic GI presentation does not always correlate with GI signs present. In patients with chronic GI signs and weight loss, low grade to chronic pancreatitis or structurally insignificant inflammatory bowel both of which may present in similar sonographic manner could be present. Dysbiosis, dietary intolerance, occult parasitism or less likely occult infiltrative GI neoplasia are possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs to rule out occult thoracic pathology are recommended. Although considered unlikely, a resting cortisol level to rule out occult Addison's disease would be warranted.

A limited antigen diet trial with potential long term dietary therapy, prophylactic deworming ie Panacur 50 mg/kg PO SID x 5 consecutive days with repeat protocol in 3 weeks, high colony count probiotic, antibiotic trial (Tylosin) and as needed GI support would be reasonable. Endoscopic intestinal biopsies may be indicated for definitive diagnosis if continued/progressive GI signs and weight loss despite supportive care.

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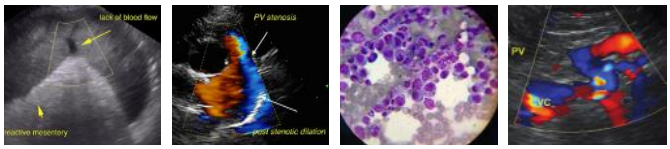

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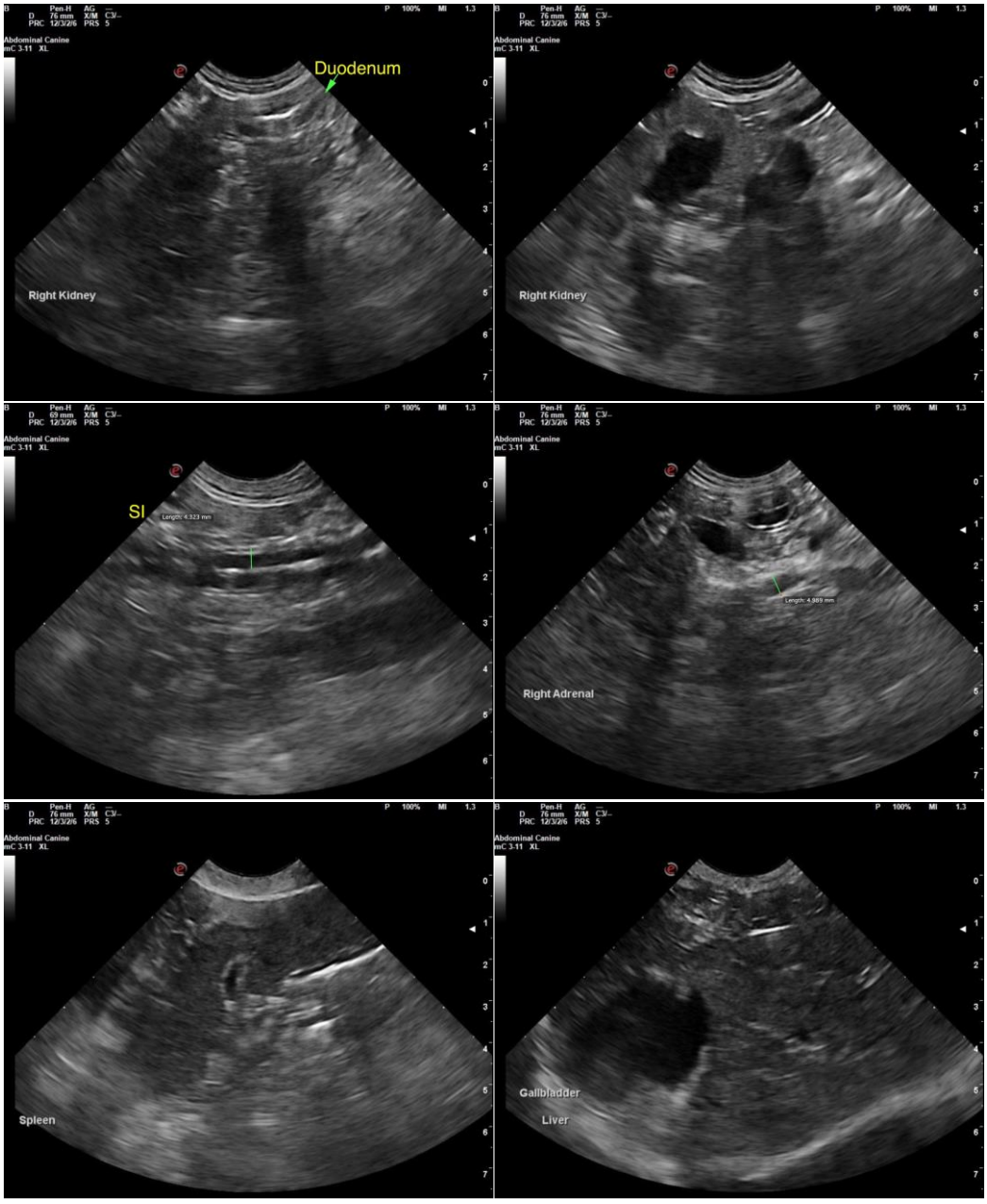

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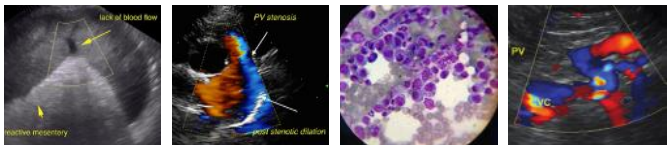

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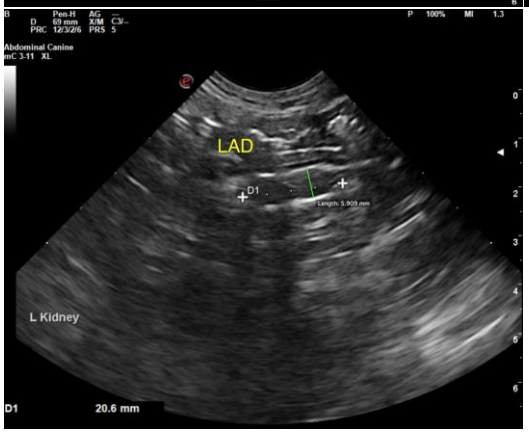

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com