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Clinical Sonography & Telecytology
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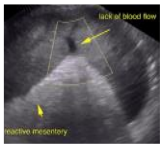

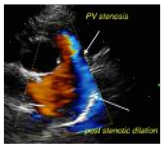

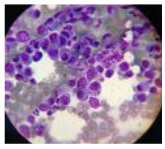
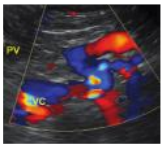

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Benny Doherty

SPECIES

Canine

BREED

Jack Russel

SEX

Male

AGE

8

WEIGHT

14.25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shanna Sallee

HOSPITAL NAME

Dr. Shanna Sallee

REFERRING VET

Dr. Shanna Sallee

INVOICE

14636

DATE

8/16/22

PRESENTING CLINICAL SIGNS

Owners pulled a string out of rectum last week, was having bloody diarrhea consistent with colitis. Was doing better while in hospital, sent home for the weekend and started vomiting

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 prostate was free of pathology.

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 3.7 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 0.52 cm width at the caudal pole and 0.48 cm width at the cranial pole. The right adrenal gland was not definitively visualized. No overt pathology was noted in the area of the right adrenal gland.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. No evidence of gastric distention with retained ingesta, fluid, or foreign material, with mild luminal gas. The ventral gastric body wall width measured 0.36 cm.

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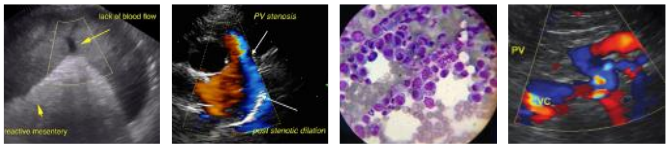

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.29 cm 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

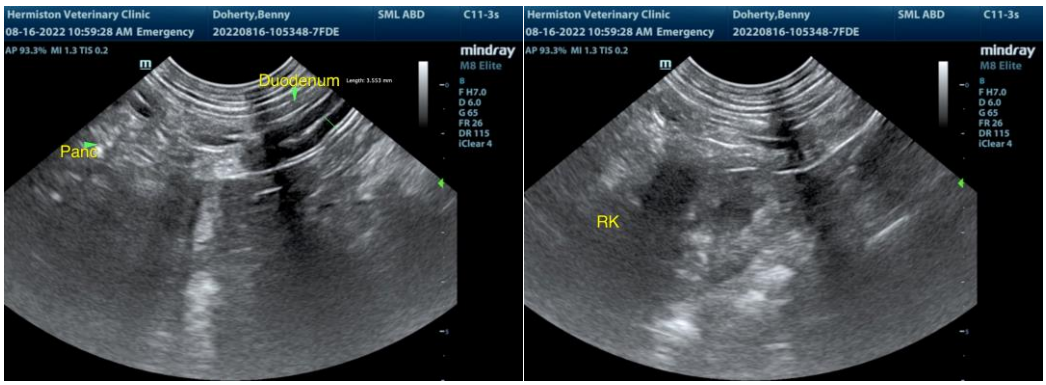
- Sonographically unremarkable gastrointestinal tract and colon
- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral, specifically gastroenterocolic or pancreatic, pathology as a definitive cause of the patient's clinical signs.

At times, the gastroenterocolic presentation may not correlate with current gastrointestinal signs that are present. Some degree of low-grade colitis Is suspected, given the history of hematochezia, while structurally insignificant inflammatory gastroenteropathy, dietary intolerance / food allergy, and occult parasitism, could be considered. Fresh fecal analysis to assess for parasitic ova / Giardia is suggested if not already done.

If persistent GI signs, a GI panel to include PLI/TLI/Cobalamin/Folate +/- a resting cortisol level to rule out occult Addison's Disease, would be warranted. Gastrointestinal supportive care, which may include prophylactic deworming and a bland to hydrolyzed diet trial, should prove beneficial.



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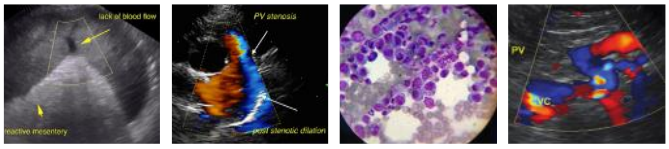

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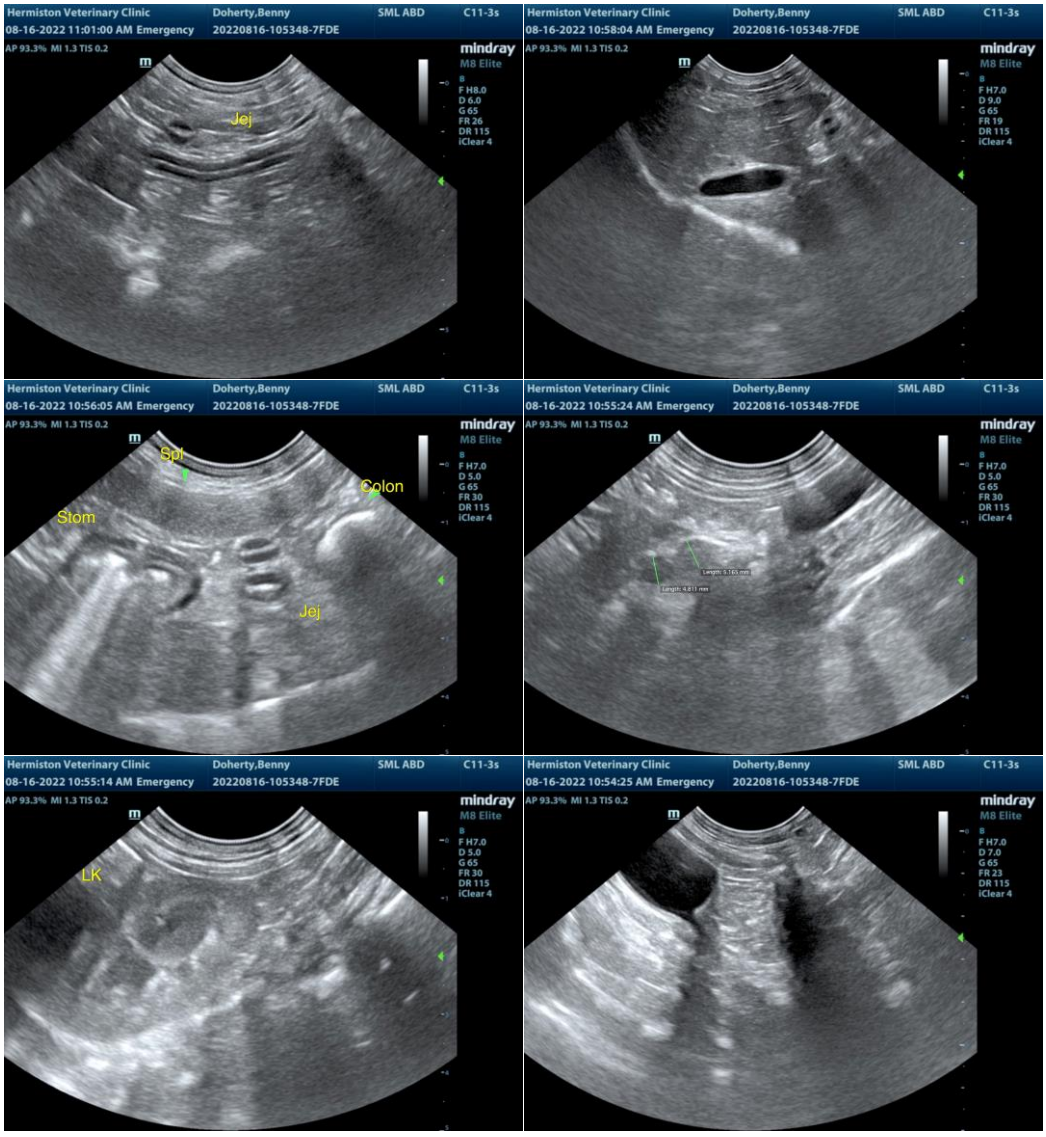

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com