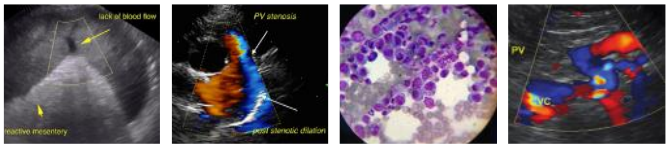
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sophie Barnes

SPECIES

Canine

BREED

Basset Hound

SEX

F/S

AGE

9 years

WEIGHT

27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Resolution Veterinary Ultrasound LTD

REFERRING VET

Dr. Laurina LeBoldus

INVOICE

14834

DATE

8/16/23

PRESENTING CLINICAL SIGNS

Diarrhea. Not responding to meds. Mild increase in ALP/GGT. PU/PD. Negative for Cushings. Abdominal discomfort. High lipase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented mild uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The dorsoapical urinary bladder wall measured 0.65 cm width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Anechoic urine was present in the lumen with no sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. There were no urinary bladder tumors.

No evidence of pathology in the area of the aortic trifurcation.

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 6.4 cm in length. The right kidney measured 6.2 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 0.63 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole and 0.59 cm width at the cranial pole.

Spleen

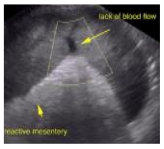
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

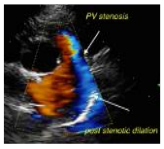
Liver/ Gallbladder

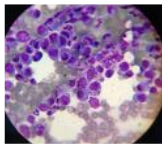
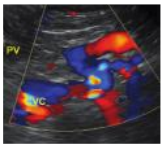
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

Gastrointestinal

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.





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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.

Normal visible colon wall layers were present with subjective semi-formed fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to subtly heterogeneous parenchyma compared to adjacent nonreactive peripancreatic omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern
- Sonographically unremarkable liver - consistent with benign hepatopathy
- Mild gallbladder sediment (non-mucocele)
- Structurally normal gastrointestinal tract / colon with subjective semi-formed fecal matter
- Subtly heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of significant visceral pathology.

The liver, although nonspecific, may indicate mild vacuolar hepatic changes or nonobstructive cholestasis. Given the elevated ALP/GGT combination, potential for emerging inflammatory hepatopathy, i.e., cholangiohepatitis or similar, are possible without evidence of hepatobiliary or intrabdominal neoplastic criteria.

Potential for low-grade / chronic pancreatitis, which may present as essentially sonographically normal, may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory bowel, low-grade / chronic pancreatitis, and occult infiltrative intestinal neoplasia (considered unlikely) are all potentials.

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 (may consider Tylosin trial if nonresponse to previous Metronidazole, with consideration for possible long-term adverse effects on normal gastrointestinal flora) 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.

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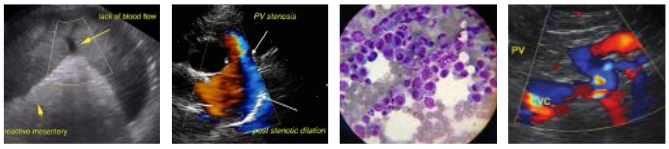

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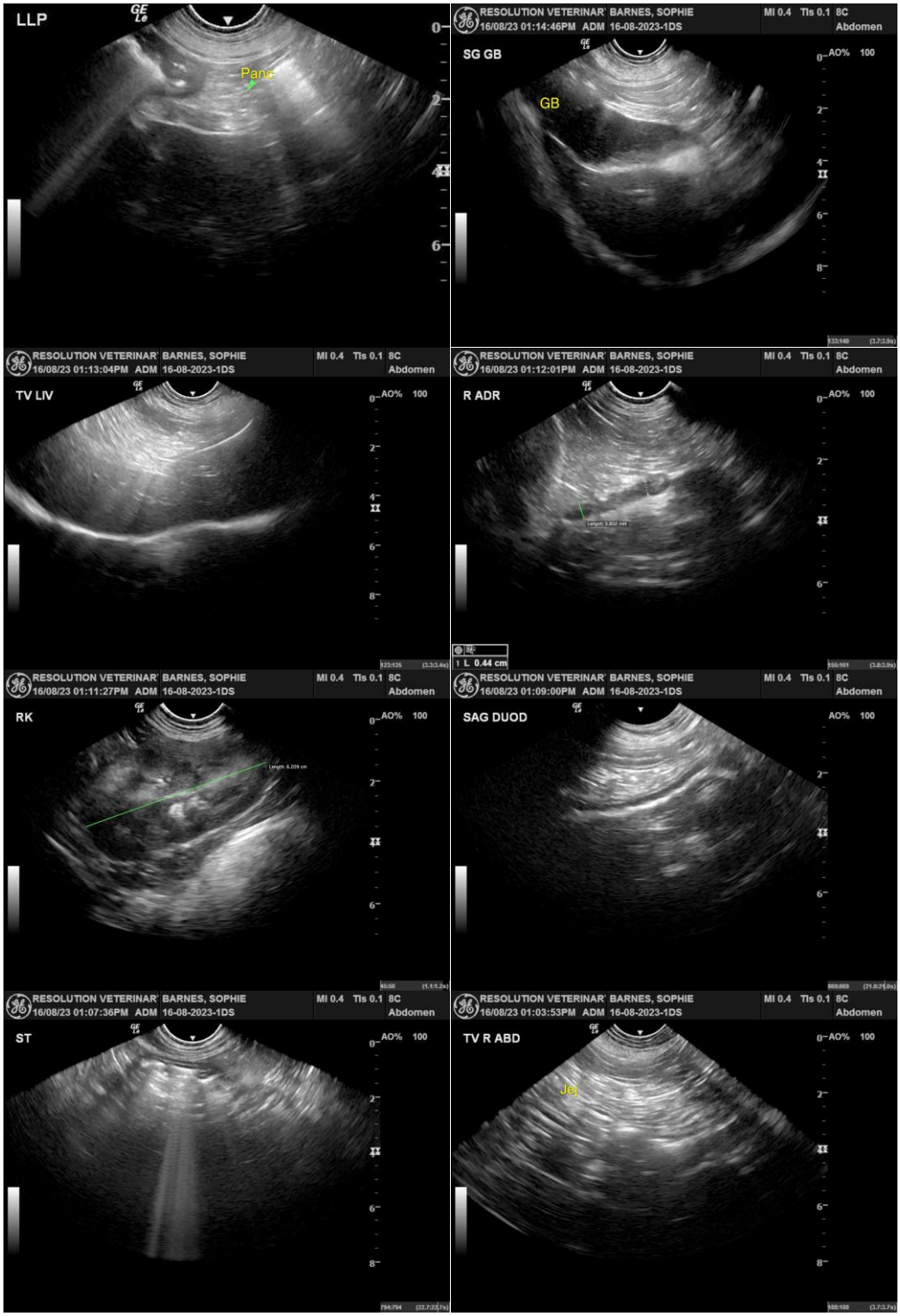

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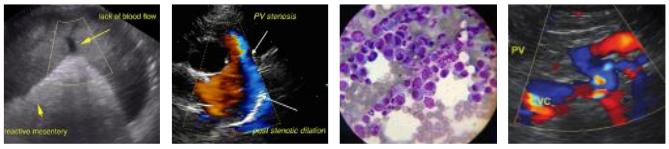

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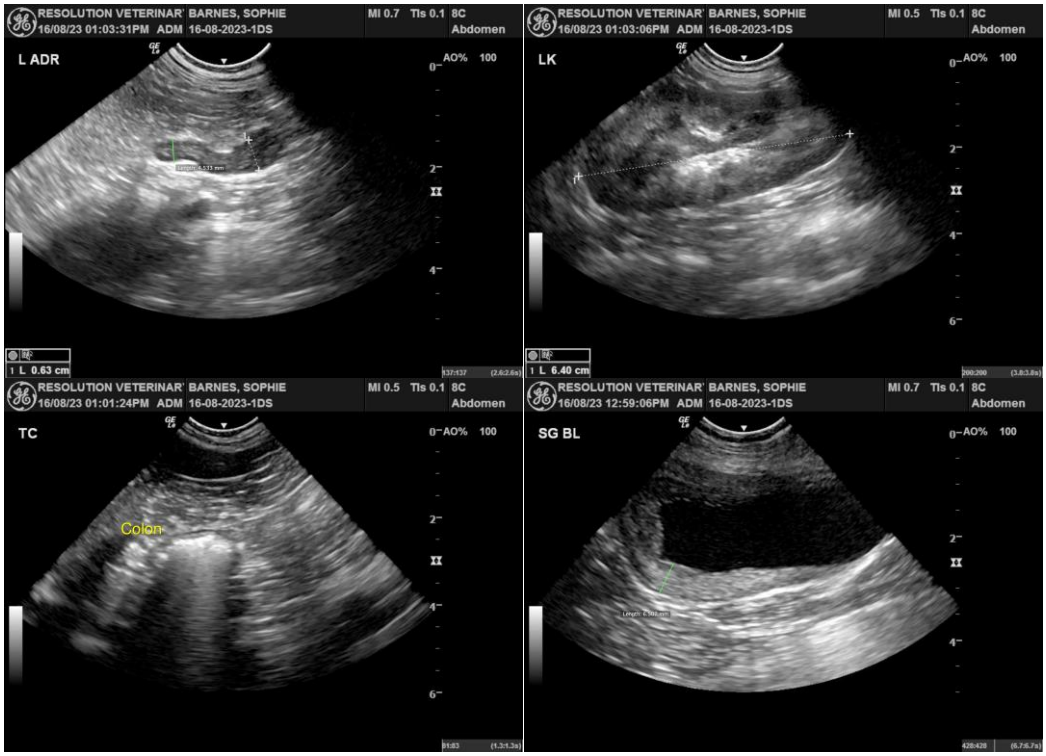

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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