SonoPath
Clinical Sonography & Telecytology
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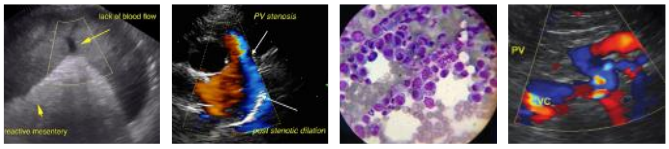


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mocha Harrison

SPECIES

Canine

BREED

Min Pin

SEX

F/S

AGE

10 years

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. E. Johnson

INVOICE

14842

DATE

8/17/23

PRESENTING CLINICAL SIGNS

Decreased appetite with vomiting for 2/52. Low T4. Hematochezia. Diarrhea. Min Pin, F/S.

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.

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 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 3.3 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was mildly prominent in size based on caudal pole width measurement in light of body weight yet maintained symmetrical capsule contour. Subtle, nonhomogeneous, hyperechoic nodule was noted in the cranial left adrenal pole measuring 0.8 cm x 0.54 cm. The overall left adrenal gland measured 0.66 cm width at the caudal pole and 0.62 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 0.40 cm width at the caudal pole.

Spleen

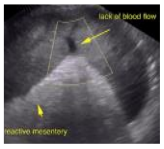
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

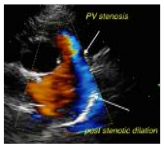
Liver/ Gallbladder

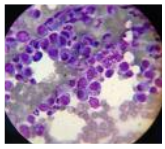
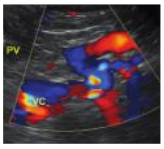
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing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

Gastrointestinal

The stomach presented intact, mildly prominent wall layering. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.47 cm.





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The small intestine presented generalized intact wall layering with an overtly normal wall layer ratio. Generalized propensity for mildly prominent to hyperechoic duodenojejunal submucosa layer to the level of the ileum. There was no overt pathology noted at the level of the ileocolic junction.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Generalized semi-formed to soft fecal matter was present in the colon 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

- Gastroenterocolitis pattern, potential inflammatory bowel
- Mildly prominent left adrenal gland with non-expansive cranial pole nodule - suspect adenoma
- Mild gallbladder sediment (non-mucocele)
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific with potential for patient variant, the small intestine exhibited minor mural changes, specifically propensity for mildly prominent to hyperechoic intestinal submucosa layer, which at times may be seen with inflammatory enteropathy / IBD. There is no evidence of gastroenterocolic or intrabdominal neoplastic criteria.

A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis to rule out parasitic ova / Giardia may be considered. 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, if clinically indicated with consideration for possible adverse effects of 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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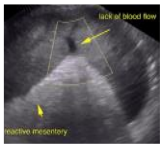

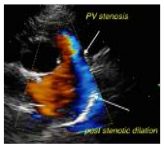

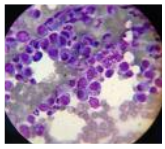
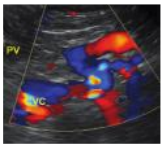

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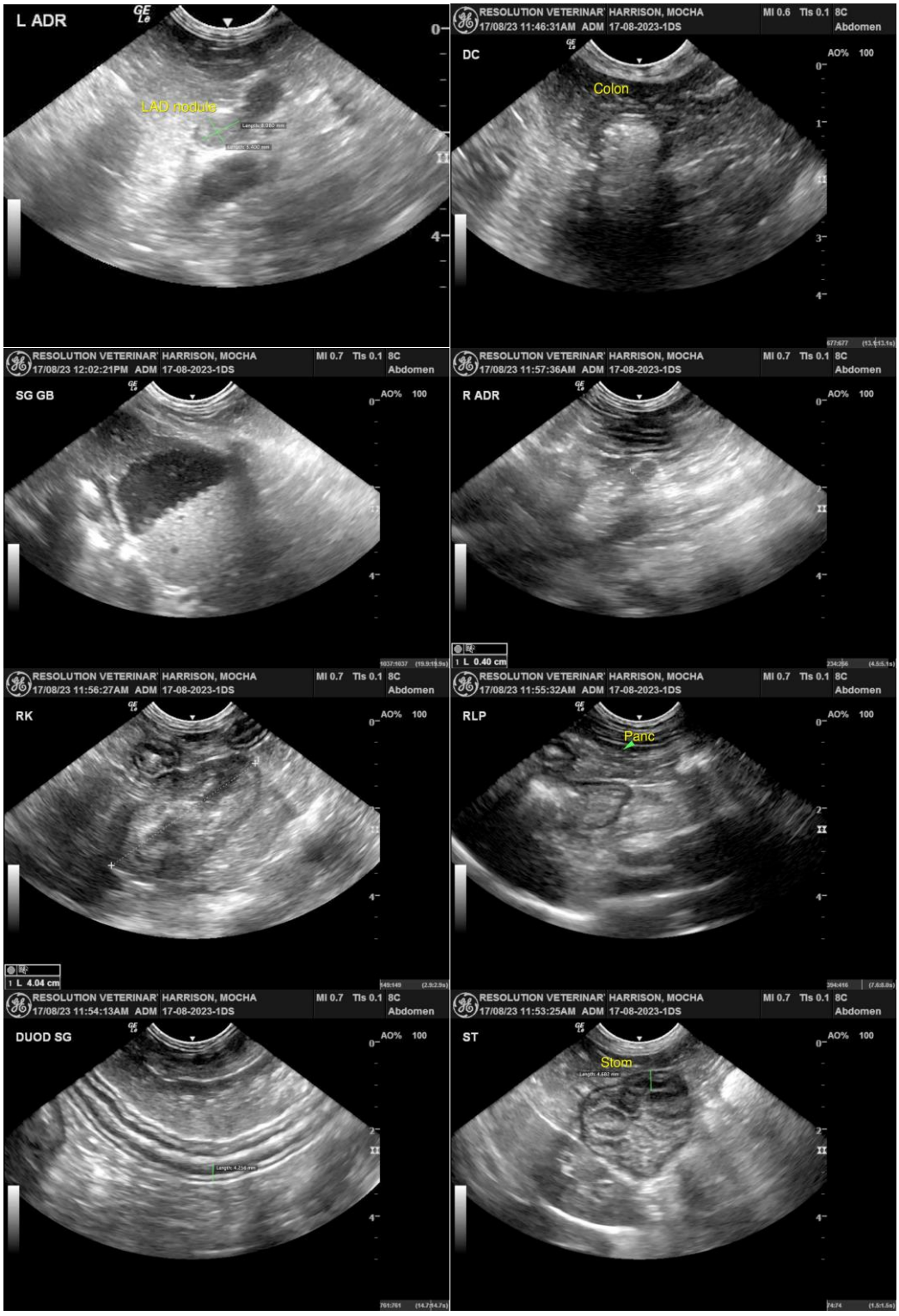

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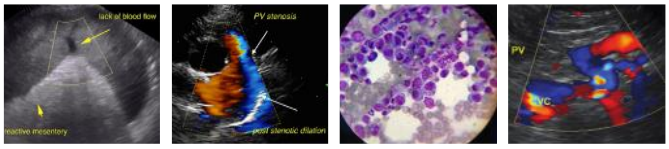

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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