



PATIENT

Summit Little

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

7yr

WEIGHT

72lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Jennifer Todd

INVOICE

14634ag

DATE

08/17/2023

PRESENTING CLINICAL SIGNS

Summit is a seven year old, FS, Labrador Retriever with a history of chronic diarrhea with episodes of intermittent vomiting. CBC, Chemistry, cPL, multiple comprehensive intestinal parasite screens are normal. ACTH stimulation test was normal. PLI, cobalamin, folate were normal. Hydrolyzed protein diet has been fed for over a year. Provable probiotics are given chronically.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild 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 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 5.6 cm in length. The right kidney measured 7.1 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 0.45 cm width at the caudal pole and 2.6 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 2.8 cm length.

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. Normal vascular volume. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material. The stomach wall measured 0.5 cm in width.

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The small intestine presented intact wall layering with overall maintained normal muscularis/mucosa ratio. Segmental to generalized mildly prominent to hyperechoic submucosa layer was present. Minor segmental non-obstructive jejunal ileus was present. Intact variably prominent ileal wall to the level of the colon was present. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.36 cm width. The ileum wall measured 0.56 cm width.

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

Pancreas

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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

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

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ULTRASONOGRAPHIC FINDINGS

- Possible mild gastritis and gastric hypomotility.
- Enteropathy with subjective mildly prominent, hyperechoic submucosa layer.
- Subjective ileitis.
- Overtly normal colon containing semi formed/soft feces.
- Normal pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes which may suggest inflammatory bowel criteria, specifically subjective mildly prominent to hyperechoic intestinal submucosa layer which at times may be the layer affected in dogs with IBD. No evidence of intra-abdominal or GI neoplastic criteria. No intestinal obstructive criteria was present.

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Given previous diagnostic and recent dietary/probiotic therapy, recheck cobalamin levels depending on time frame of most recent GI panel or empirical cobalamin supplementation specifically if levels are >400 may prove beneficial. Gradual change to another novel protein or hydrolyzed diet with long term dietary therapy may be considered. Prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) is suggested. A Tylosin trial may be considered if diarrhea pattern is more small bowel than large bowel.

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A full thickness intestinal surgical biopsy is likely required for a definitive diagnosis and may be considered if persistent GI signs despite empirical therapy.

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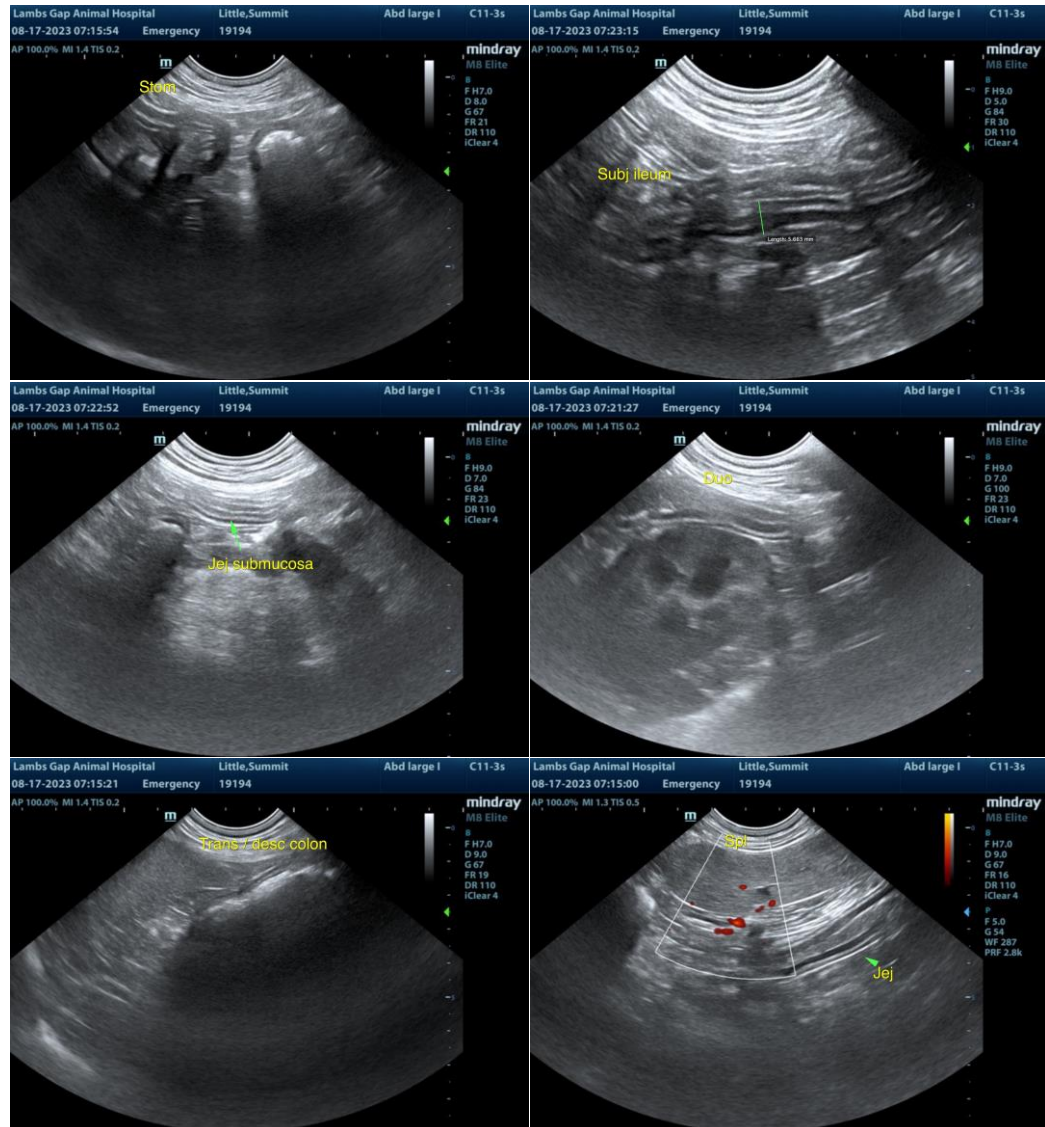
Dr. Jennifer Todd

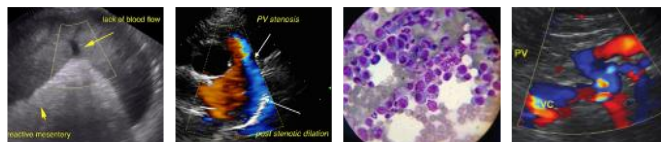
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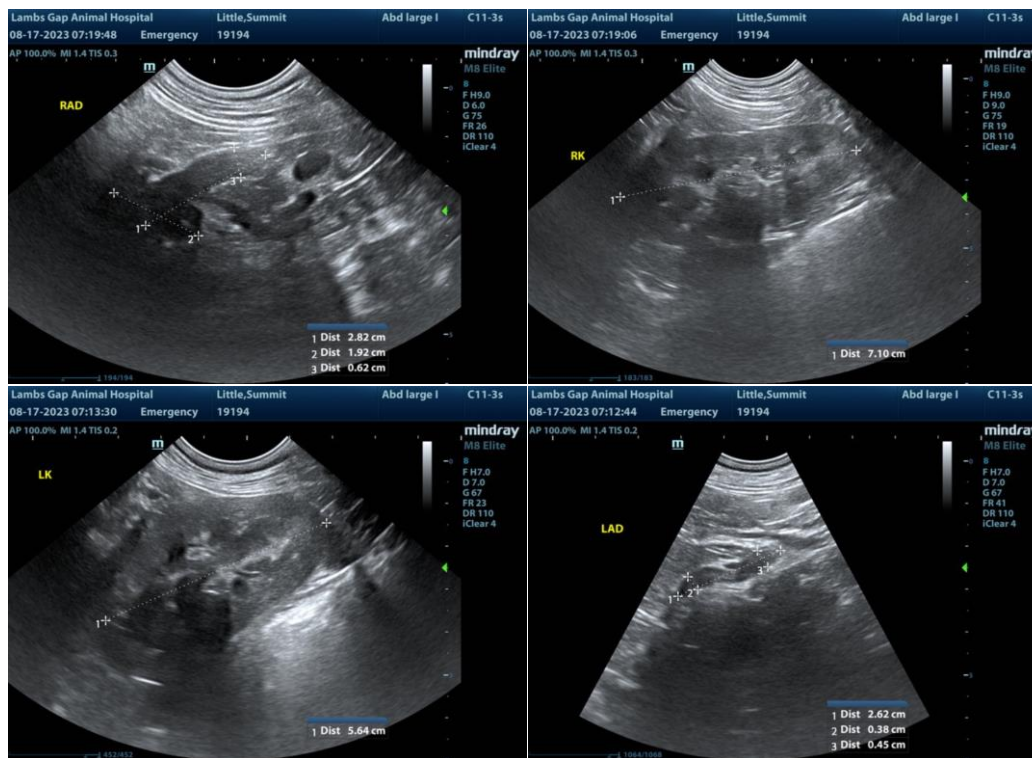
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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