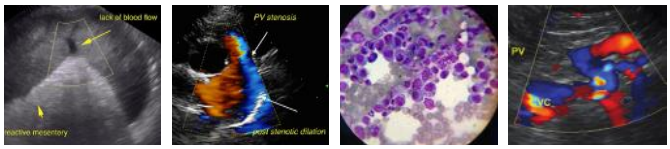
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ash Mitchell

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

7

WEIGHT

29.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alistair Westcott DVM

REFERRING VET

Dr. Westcott

INVOICE

11466ag

DATE

08/22/2022

PRESENTING CLINICAL SIGNS

Reason for Abdominal U/S No weight loss Chronic diarrhea since April 2022 No weight loss Appetite reasonable and no PU/PD TLI very high in May Spec cPL normal Diarrhea seems to be controlled with Metronidazole

Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia Mild neutropenia Low TT4 - likely sick euthyroid USG aspirate bile - clumps of plump cocci

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 6.4 cm in length. The right kidney measured 6.9 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 0.65 cm width at the caudal pole and 3.4 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.

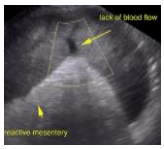
Spleen

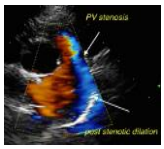
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

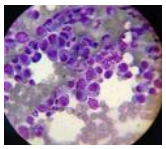
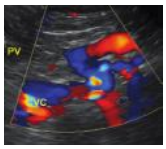
Liver

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, non-dependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation. The common bile duct was normal.

Gastrointestinal





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

PATIENT

Ash Mitchell

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

7

WEIGHT

29.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alistair Westcott DVM

REFERRING VET

Dr. Westcott

INVOICE

11466ag

DATE

08/22/2022

The stomach presented intact with minor prominent 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 0.51 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental prominent submucosal layer was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.44 cm in width.

The descending colon exhibiting intact to subtly prominent wall layering with semi formed feces in lumen. The descending colon wall measured 0.25 cm in width.

Pancreas

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

Free Abdomen

Minor volume anechoic peritoneal free fluid present primarily in the cranial abdomen around the liver and in the caudal abdomen dorsal to the urinary bladder.

Focal, mildly prominent to enlarged gastric/pancreaticoduodenal node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 3.3 cm x 1.0 cm.

Subtle evidence of increased echogenicity in the right cranial abdomen around the pancreas base, right pancreatic limb and stomach.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild to moderate hepatomegaly-subjectively benign
- Moderate non-dependent echogenic gallbladder debris with concurrent luminal mucus-potential early non-inflamed mucocele
- Heterogeneous pancreas-not consistent with active pancreatitis, remodeling owing to previous inflammation possible
- Enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

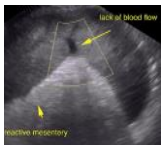
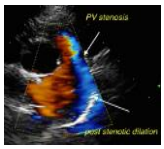
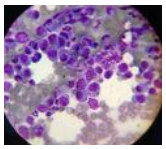
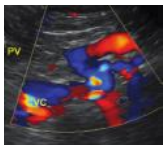
The small intestine exhibited subtle mural changes suggestive of underlying enteropathy, potential for IBD is possible. The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, inflammatory bowel disease, chronic pancreatitis or other. Assessment of serum cobalamin and folate levels could be considered.

The mild volume free fluid is nonspecific assuming normal ALB levels. Addison's disease is considered unlikely given the normal adrenal presentation.

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 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.

Assessment of FT4 +/- TSH given low total T4 levels is suggested as gallbladder mucoceles have been associated with hypothyroidism.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ash Mitchell

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

7

WEIGHT

29.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alistair Westcott DVM

REFERRING VET

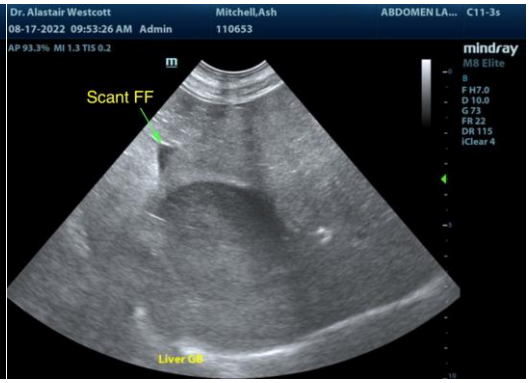
Dr. Westcott

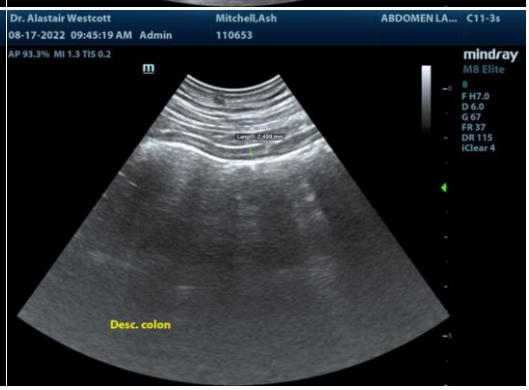
INVOICE

11466ag

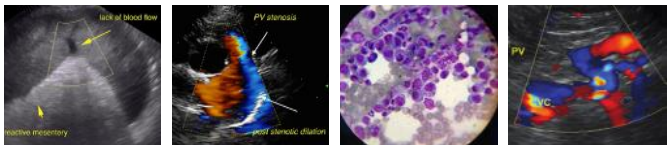
DATE

08/22/2022





SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Ash Mitchell

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

7

WEIGHT

29.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alistair Westcott DVM

REFERRING VET

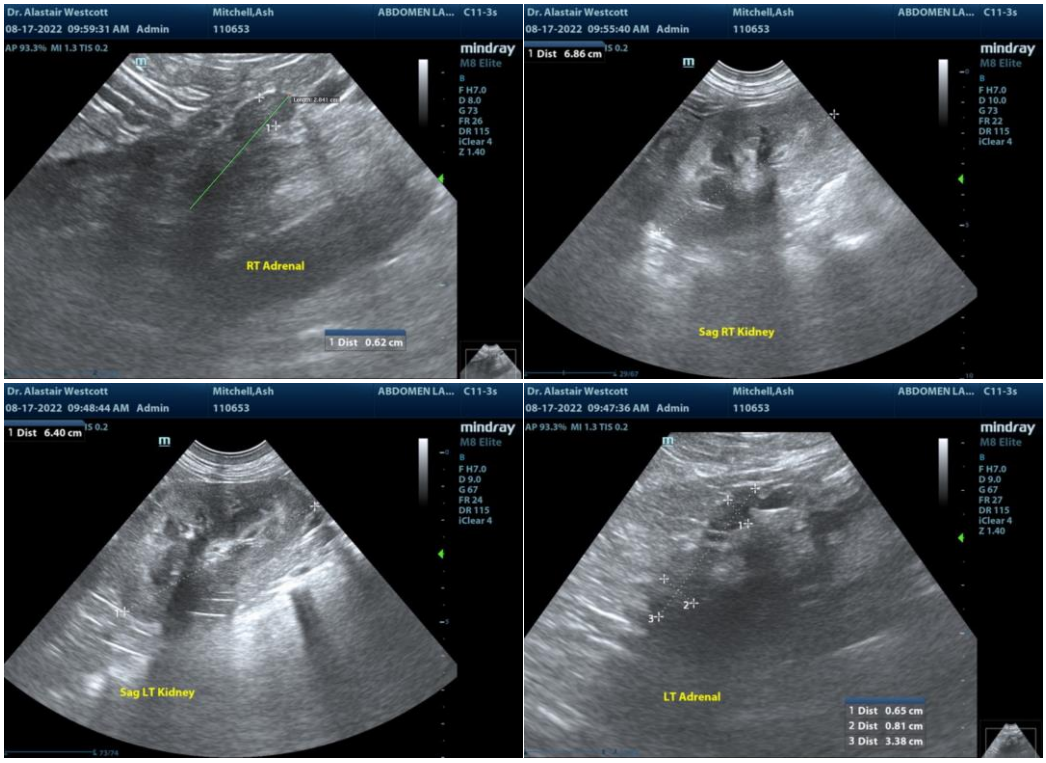
Dr. Westcott

INVOICE

11466ag

DATE

08/22/2022



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