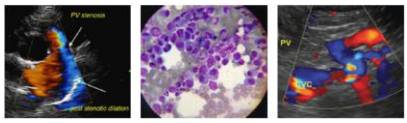


PATIENT

Maggie Ploen

SPECIES

Canine

BREED

Australian Shepherd

SEX

SF

AGE

9 years

WEIGHT

40 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Joe Westerhof

INVOICE

14675

DATE

8/23/22

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea, lethargic.
Abnormal PE/Chem/CBC/UA Results: Elevated AMY of 2342 and TBIL 0.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 aortic trifurcation was free of pathology.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

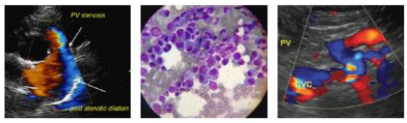
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm length x 0.70 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.65 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 presented normal in size and contour. The liver exhibited mildly hypoechoic hepatic parenchyma compared to adjacent falciform fat with a mild coarse echotexture. Minor increased prominence of the portal vascular borders was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size containing primarily anechoic content with mild subjective mobile, hyperechoic gallbladder debris. The common bile duct was sonographically normal without evidence of post hepatic obstructive criteria.



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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. The gastric body wall width measured 0.42 cm.

The small intestine presented intact yet generalized prominent wall layering owing to propensity for mildly prominent to hyperechoic submucosa layer, mildly prominent muscularis layer, as well as segmental increased mucosa echogenicity. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.30 cm width. No overt pathology was noted in the area of the ileocolic junction.

The colon exhibited intact to sonographically unremarkable wall layering. The colon contained generalized nonformed to liquid feces consistent with clinical history of diarrhea.

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

Midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 4.5 cm x 0.78 cm. No free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy exhibiting intact yet generalized prominent wall layering
- Mild colitis pattern
- Associated midabdominal mesenteric lymphadenopathy with evidence of mild perilymphatic omental reactivity - hyperplasia or reactive lymphadenitis suspected, emerging lymphatic neoplastic criteria cannot be definitively excluded
- Overtly normal pancreas - potential for low-grade to chronic pancreatitis vs. reactive amylase elevation owing to primary gastrointestinal disease possible
- Mild age-related kidneys
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential underlying considerations for the GI signs and lethargy in this patient may include dietary Intolerance / food hypersensitivity, occult parasitism, dysbiosis, primary enteropathy such as IBD, with potential for infiltrative neoplasia, with some contribution owing to low-grade to chronic pancreatitis possible.

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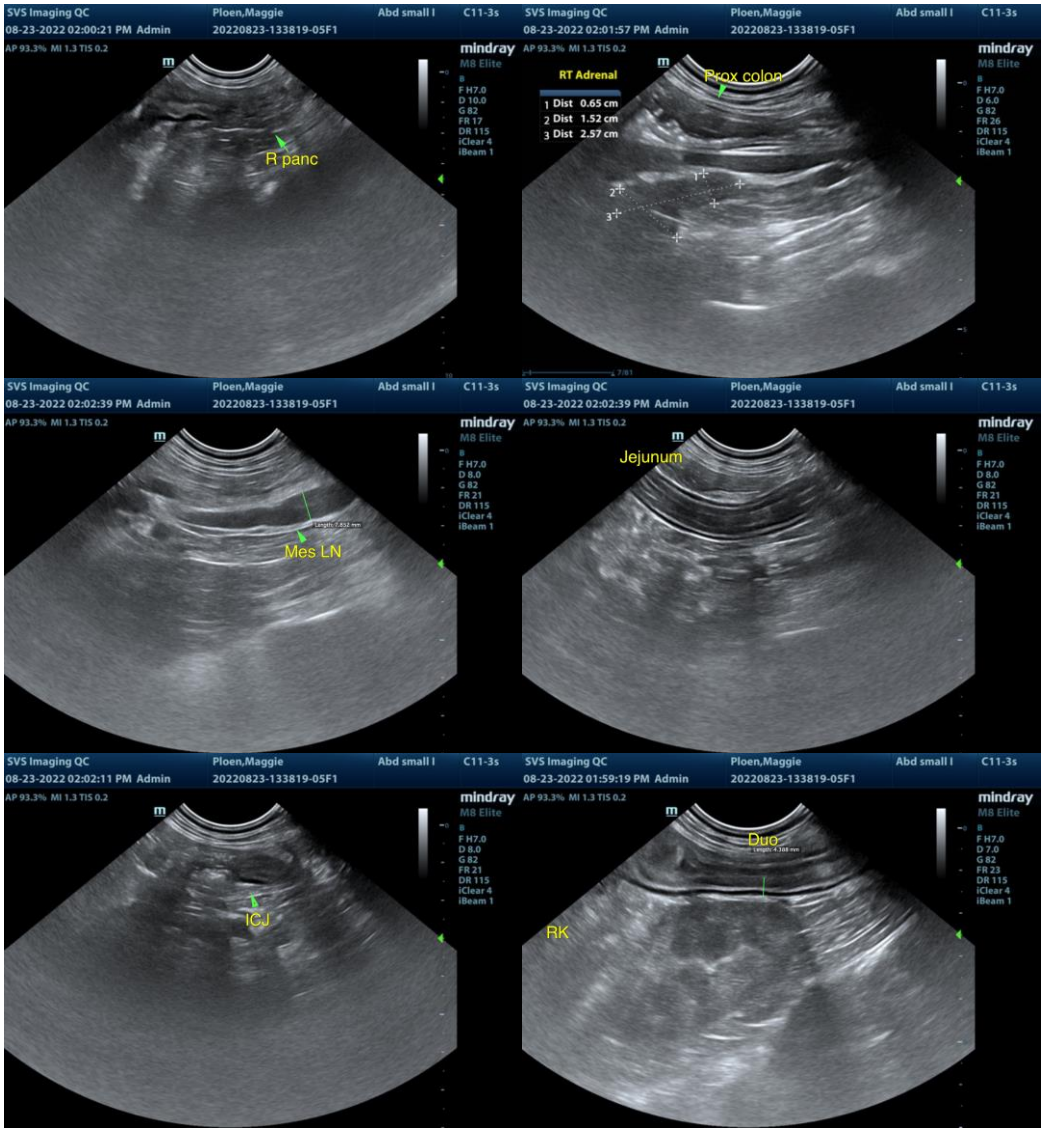
A GI panel to include PLI/TLI/Cobalamin/Folate, and resting cortisol level to rule out occult Addison's Disease are warranted, although the bilateral adrenal glands appear to be sonographically normal.

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 an assessment of clinical response may prove beneficial. Endoscopic or full thickness Intestinal biopsies may be indicated if GI signs persist despite empirical therapy, or if evidence of weight loss and pending additional diagnostics.



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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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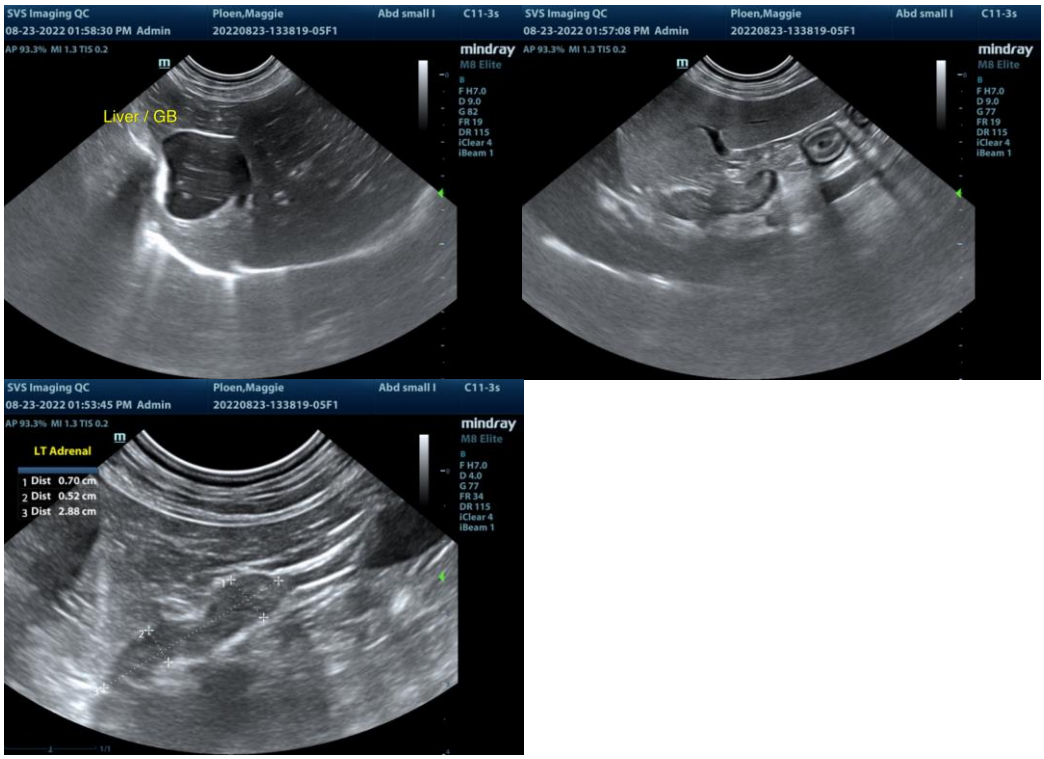

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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