

PATIENT

Lily Ridling

SPECIES

Canine

BREED

Akita Mix

SEX

F/S

AGE

14 yrs

WEIGHT

68 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Trae Cutchin

HOSPITAL NAME

Friendship Springs
VC

REFERRING VET

Trae Cutchin

INVOICE

14722

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Diarrhea unresponsive to empiric treatment

Abnormal PE/Chem/CBC/UA Results: CBC, chems, T4, UA, CXR, AXR, HWT fecal parasite testing are within normal limits except spondylitis noted.

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.

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 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 6.1 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

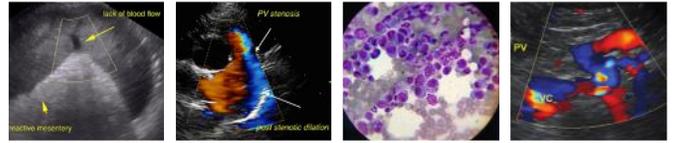
The left adrenal gland exhibited borderline caudal pole enlargement, yet maintained symmetrical capsule contour and primarily homogeneous parenchyma. The left adrenal gland measured 2.5 cm length x 1.1 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/ Gallbladder

The liver exhibited potential for mild enlargement. 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 containing mild, dependent, mildly hyperechoic debris. This is likely incidental given the lack of cholestasis. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate to possibly persistent, non-shadowing, variably echogenic ingesta/ chyme. Obvious evidence of a mechanical pyloric outflow obstruction was not visualized, although the area of the pylorus and upper duodenum was indistinctly visualized. The ventral gastric body wall width measured 0.35 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild non-shadowing small intestinal chyme was present. The duodenum wall measured 0.41 cm width.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized soft to mildly non-formed fecal matter was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.36 cm.

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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.

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Free Abdomen

A solitary probable spherical homogeneous mesenteric lymph node potentially in the area of the ileocolic junction was present measuring 1.3 cm in diameter. No overt evidence of additional intraabdominal lymphadenopathy or evidence of peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Overtly normal gastrointestinal tract with potential persistent retained gastric ingesta
- Colitis pattern
- Focal probable nonspecific yet subjective benign or reactive mesenteric lymph node

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Secondary Findings

- Borderline prominent to mildly large caudal left adrenal gland - nonspecific

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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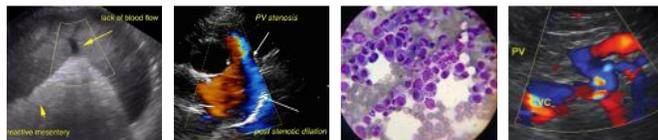
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The borderline to mild enlarged caudal left adrenal gland was not overtly consistent with neoplastic criteria with potentials including patient variant, mild adenomatous change, or mild benign hyperplasia. No overt evidence of adrenal neoplastic criteria, which is considered unlikely.

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A definitive cause of the potential persistent retained gastric ingesta was not definitively evident. This finding between studies could indicate some degree of metabolic gastric hypomotility, although technically, the possibility of obstructive upper intestinal pathology cannot be definitively excluded. However, since the patient is not reported to be vomiting, correlation with most recent meal ingestion is recommended, as well as monitoring for evidence of gastric emptying going forward.



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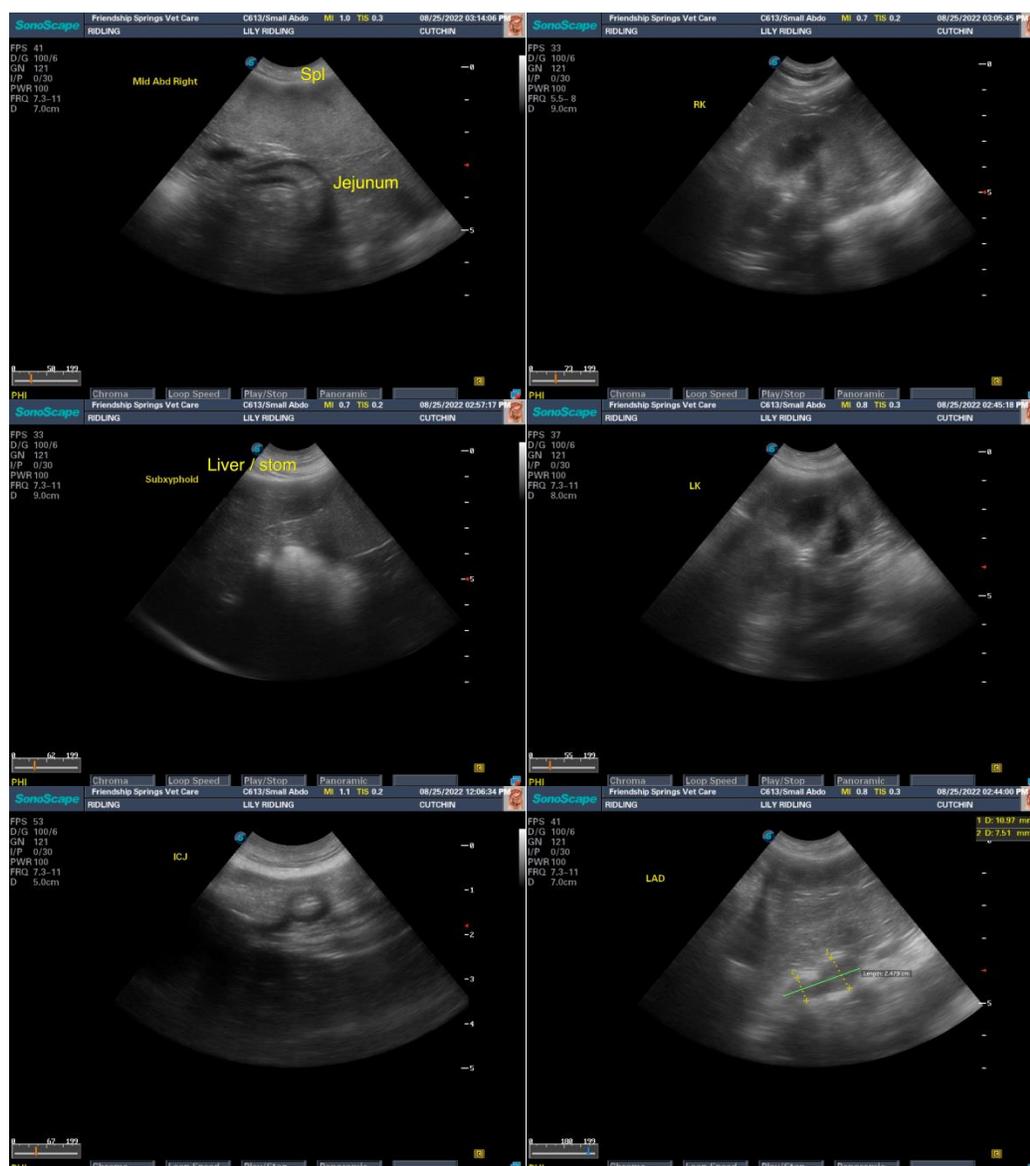
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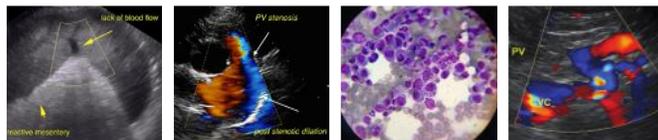
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In patients with chronic gastrointestinal signs, considerations may include; infectious disease, dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism, inflammatory bowel disease, or low-grade to chronic pancreatitis, both which may present as sonographically normal, while the possibility of early infiltrative criteria specifically involving the colon cannot be definitively ruled out.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- resting cortisol level to rule out occult Addison's Disease. 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 (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal support with an assessment of clinical response may prove beneficial. Endoscopic intestinal biopsies may be indicated if GI signs continue despite empirical therapy.





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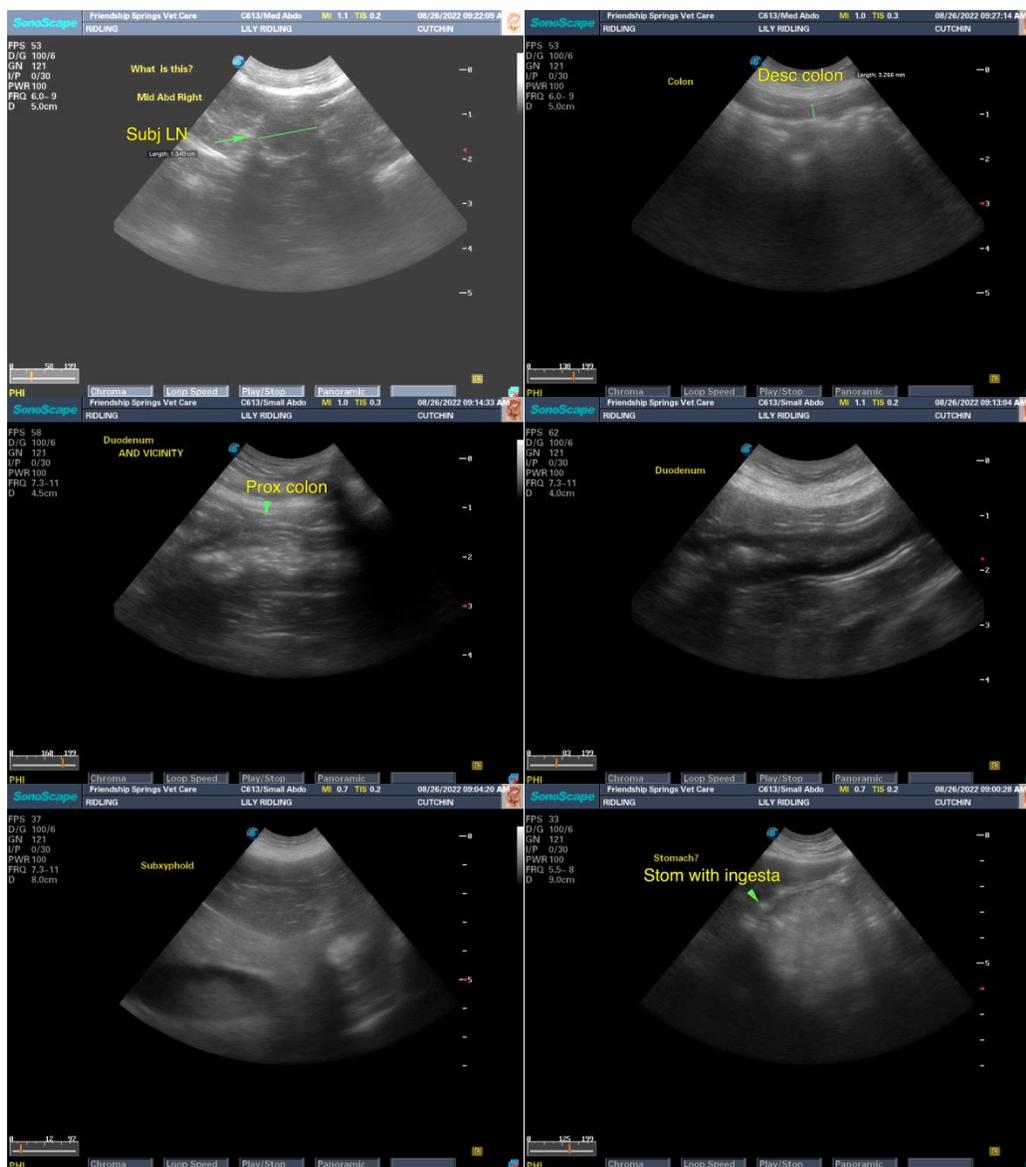
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com