

PATIENT PRESENTING CLINICAL SIGNS

Kaya Pieper

Was on RC Hypoallergenic diet for years. Allergies were not being fully managed for tried a 12 week diet trial with RC Hypo HP. No change in frequency of ear infections or pruritus, but coat quality worsened. Went back to RC Hypoallergenic (now RC Hypo PD) on August 8 and stools were formed but soft. Was put on a probiotic and no change. Fecal centrifugation was performed and no parasites were seen. Metronidazole 11 mg/kg BID x 7 days instituted and stools improved. Stools were normal for about a week and then were soft again. Transitioned to Purina HA and stools worsened to diarrhea. Panacur 50 mg/kg SID x 5 days had no improvement. Repeat fecal NPS. Repeat course of Metronidazole for 14 days made no difference. Prednisone 0.5 mg/kg (for allergies) made no difference to diarrhea. Bloodwork run July 30th revealed mild lymphocytosis and monocytosis, chemistry panel unremarkable. Transitioned to Hills Derm Complete diet

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

12 Years

WEIGHT

31 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

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 6.0 cm. A solitary, non-expansive, subtly hypoechoic to non-homogeneous nodule was noted in the cranio-lateral left kidney measuring 1.4 cm x 0.8 cm. The nodule did not distort the splenic capsule or surrounding parenchyma.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.5 cm length x 0.52 cm at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.66 cm at the caudal pole.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Morin

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild, echogenic, non-mineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

DATE

9/13/21

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. Gastric body wall measured 0.40 cm.



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The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subtle jejunal mucosal speckling to segmental increased mucosal echogenicity. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.40 cm.

SPECIES

Canine

The visualized colon walls were sonographically unremarkable. The colon exhibited generalized semiformal to soft feces.

Pancreas

BREED

Lab

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.

SEX

Spayed Female

Free Abdomen

Focal, mildly prominent to enlarged mesenteric node was present in the mid abdomen, measuring 0.9 cm diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

AGE

12 Years

No effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

31 kg

- Segmental to generalized enteritis
- Sonographically unremarkable colon with generalized semiformal to soft feces
- Focal reactive mesenteric lymph node
- Mild age related renal changes with solitary, non-specific left kidney nodule
- Mild gallbladder debris - incidental

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Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Given the lack of response to dietary therapy, previous yet refractory response to antibiotic therapy, and broad-spectrum deworming, potential for dysbiosis may be considered. Empirically, a Tylosin trial as well as cobalamin supplementation may prove beneficial pending GI panel results. Potential for occult Addison's disease is considered unlikely given lack of response to previous Prednisone trial. CBC pathology review may be considered, given the lymphocytosis.

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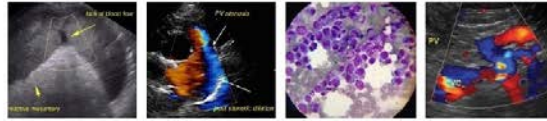
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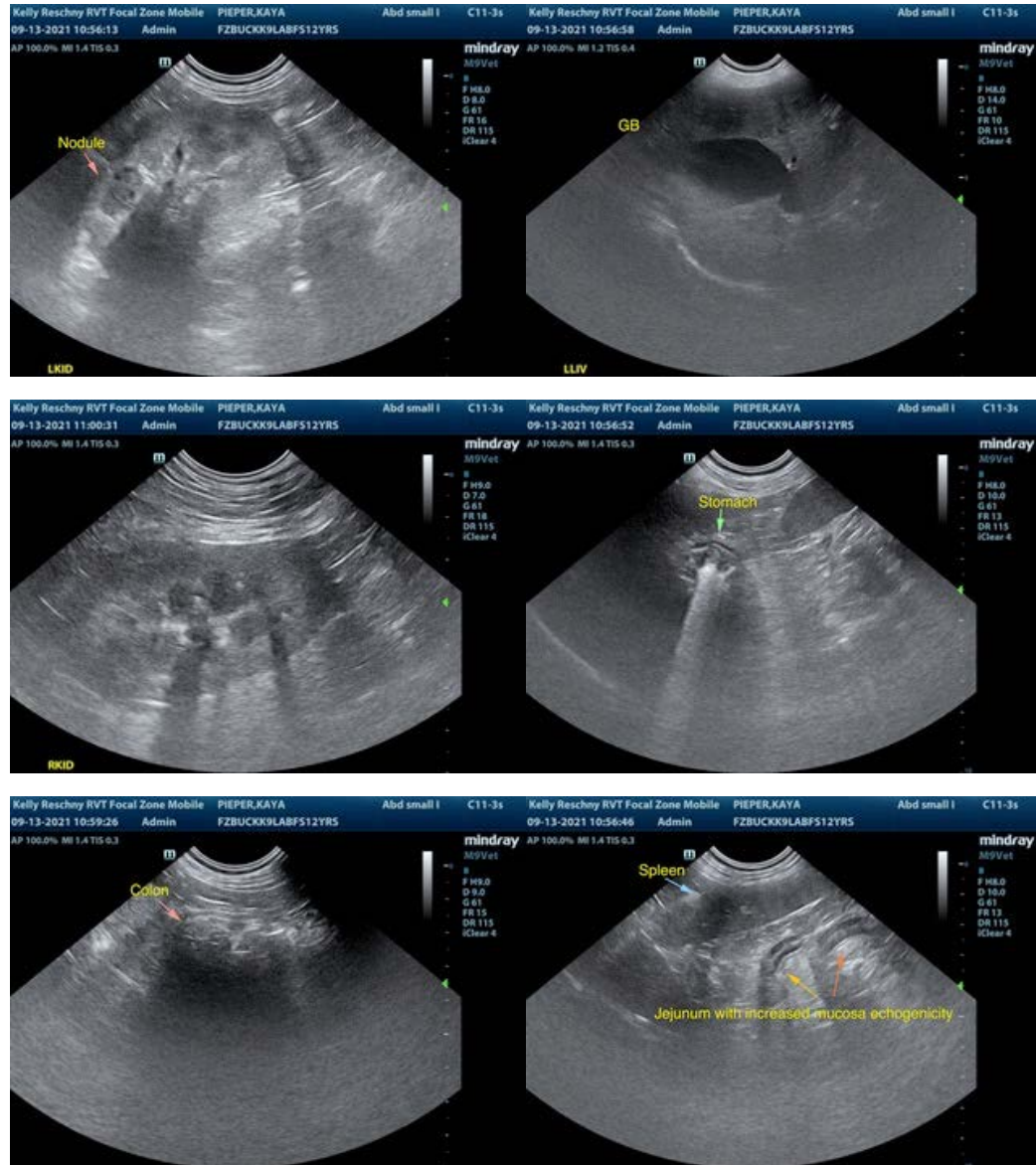
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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