IMAGING PERFORMED BY

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

PATIENT

Ginny Cox

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

22 months

WEIGHT

26 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 Hartmann

INVOICE

12273

DATE

9/21/21

PRESENTING CLINICAL SIGNS

-Vomited once last Thursday. Has been having bloody diarrhea and poor appetite. Has been on probiotic and Metronidazole with little to no improvement. Symptoms started Last Thursday after eating a marrow bone treat. Treated with Metronidazole, fortiflora, fluids, cerenia injection. She improved the next day but by Monday appetite diminished and bloody diarrhea worsened. Owners report in the past she seems to have a sensitive stomach (nonspecific) and they try to limit what she eats.
Abnormal PE/Chem/CBC/UA Results: Dx: HGE Radiographs unremarkable HCT 50%, TP 5.1, Albumin 2.1, ALP <10, CPL - normal PE - rectal produced frank blood on glove, no stool. Abdomen - normal, non-painful. Did eat today.

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 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 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 4.9 cm in length. The right kidney measured 4.9 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 2.6 cm length x 0.39 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 2.1 cm length x 0.51 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.32 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent to echogenic submucosa. Subtle duodenal corrugation was present. No evidence of mechanical small intestinal obstruction, foreign material, intussusception, or other mural pathology was noted. The duodenum wall width measured 0.42 cm. The jejunum wall width measured 0.31 cm.

The colon exhibited intact yet variable mild prominent wall layering along with nonformed feces, consistent with diarrhea. The descending colon wall width measured 0.22 cm.

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

Intermittent, mesenteric lymph nodes were present in the mid-abdomen. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric ingesta - consistent with recent meal ingestion, potential for mild gastric hypomotility
- Enterocolitis - dietary indiscretion / food intolerance, occult parasitism, hemorrhagic or infectious enterocolitis, structurally insignificant Inflammatory bowel disease or episode possible
- Intermittent, minor mesenteric lymphadenopathy - consistent with reactive hyperplasia, minor potential for reactive lymphadenitis or immunologic immaturity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, fresh fecal analysis to assess for parasitic ova / Giardia, a GI panel to include PLI/TLI/Cobalamin/Folate, +/- resting Cortisol to rule out occult Addison's disease is warranted. Continued high colony count probiotic such as Proviable and antibiotic therapy would be appropriate. A potential Tylosin trial may be considered if the patient is refractory to Metronidazole. A limited antigen to hydrolyzed trial with potential long-term dietary therapy, as well as prophylactic deworming i.e., Panacur 50 mg/kg SID for 5 consecutive days with potential repeat protocol In 3 weeks, even if fecal testing is negative, is recommended. Therapeutic Barium may be considered if concern for ulcerative disease i.e., melena. However, no overt evidence of ulceration was noted. Pending additional diagnostics and response to additional conservative therapy, upper and lower endoscopic biopsies may be indicated for further clarification.

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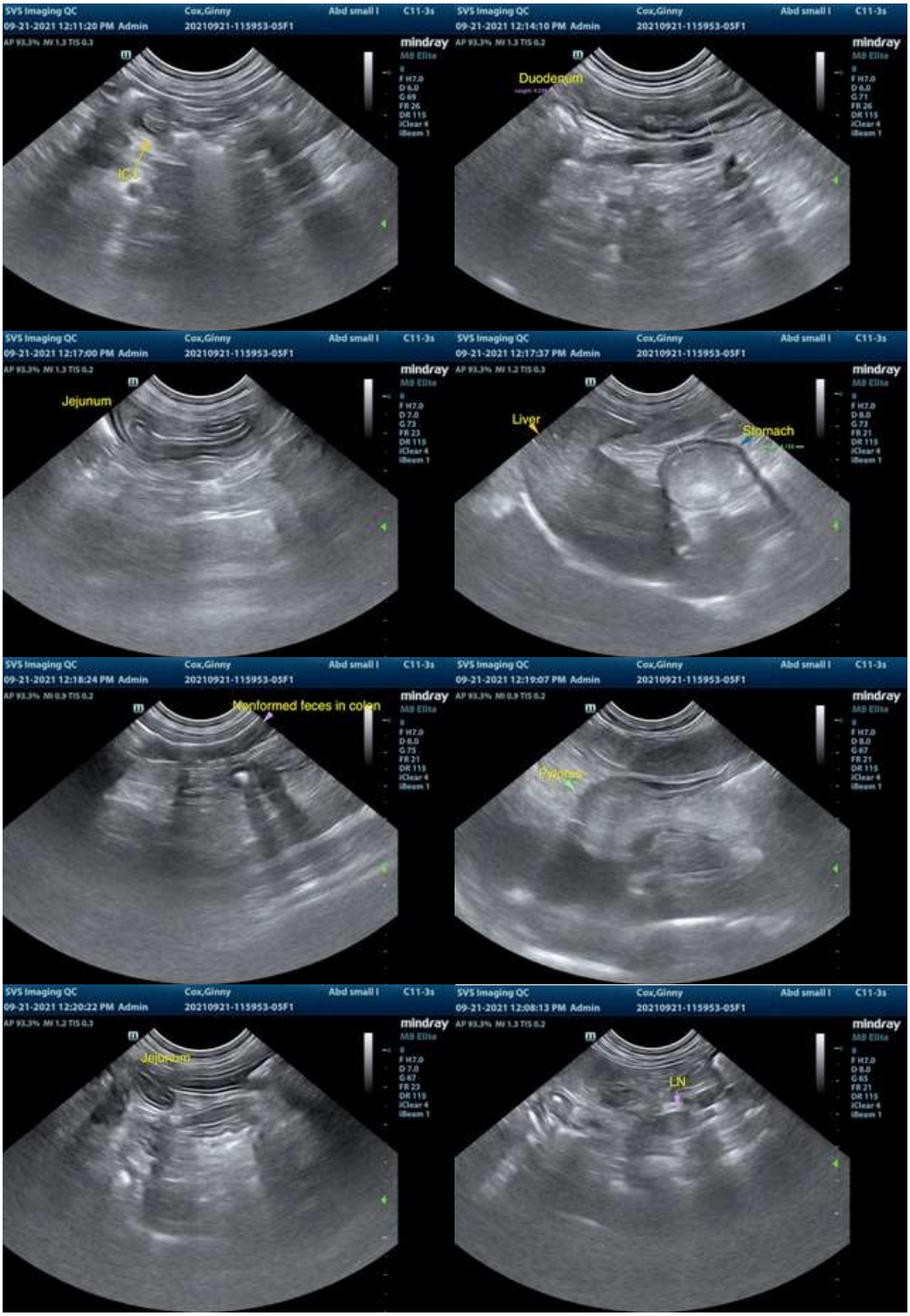

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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