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Clinical Sonography & Telecytology
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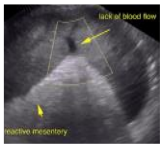
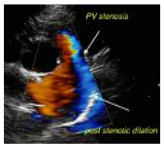
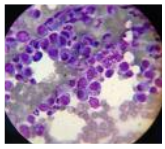
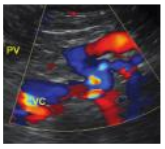




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Dhaliwal

SPECIES

Canine

BREED

Border Collie X

SEX

MN

AGE

5 years

WEIGHT

28.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Bowness AH

REFERRING VET

Dr. Satnam

INVOICE

15045

DATE

9-29-22

PRESENTING CLINICAL SIGNS

A few weeks ago started vomiting. Would vomit 4 days in a row and then stop for a few days. Vomiting has reduced significantly now. Now has developed watery diarrhea, no blood. Appetite has been reduced although did eat this morning. CBCand chem unremarkable. Mild dehydration.

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 residual prostate was free of overt pathology.

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 5.7 cm in length. The right kidney measured 6.1 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 0.41 cm width at the caudal pole and 0.35 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

Spleen

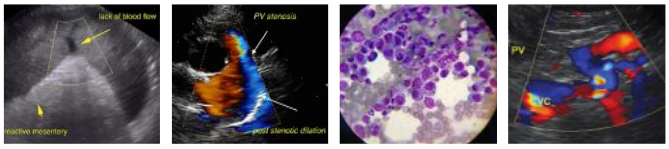
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with recent meal ingestion or post prandial presentation without signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent to hyperechoic submucosa. The duodenum wall measured 0.58 cm width. The jejunum wall measured 0.50 cm width. Segmental small intestinal ingesta / chyme was present with no evidence of an obstructive pattern.

Normal visible colon wall layers were present with subjective formed to semi-formed fecal matter.

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

No evidence of overt lymphadenopathy, omental masses or evidence of peritoneal effusion was present.

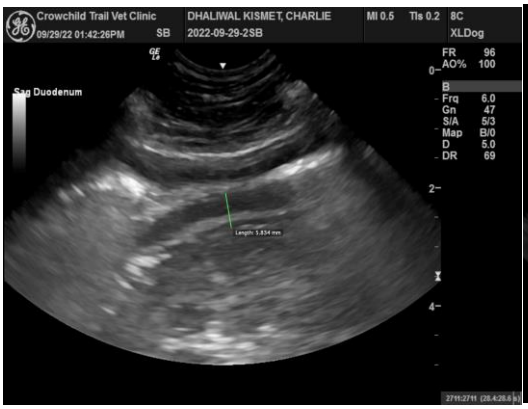
ULTRASONOGRAPHIC FINDINGS

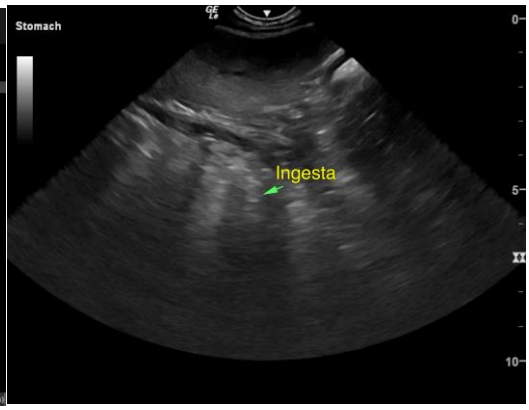
- Gastric ingesta
- Intact small intestinal wall layering exhibiting propensity for segmental prominent to mildly hyperechoic submucosa layer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant gastrointestinal structural pathology such as mechanical obstructive pattern, loss of intestinal wall layering, intestinal masses, or foreign material. The subjective mildly prominent to hyperechoic submucosa layer may possibly suggest underlying inflammatory enteropathy such as IBD. Additional considerations may include dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, occult Addison's Disease, or less likely infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

A resting cortisol level to rule out occult Addison's Disease is suggested. Empirically, a novel protein or hydrolyzed diet trial with potential long-term dietary therapy, high colony count probiotic, empirical deworming even if fecal texting is negative i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks and as-needed gastrointestinal support may prove beneficial. Recheck sonogram may be considered if continued GI signs following a documented fast.





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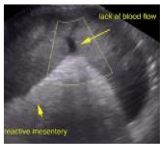

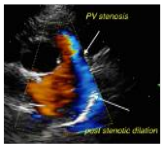

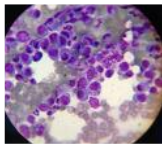
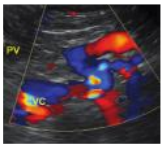

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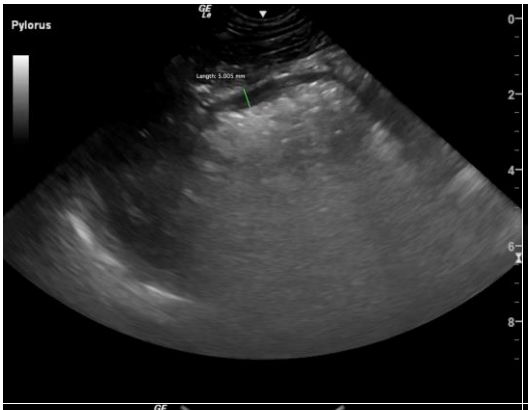

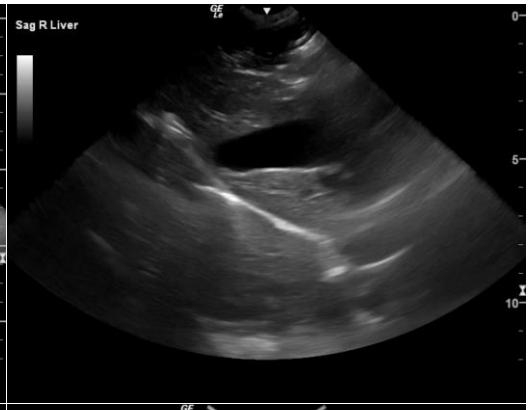

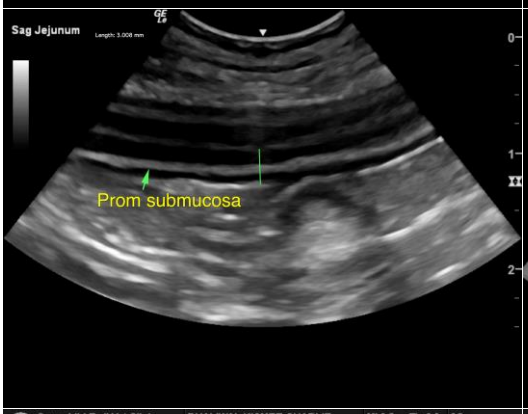

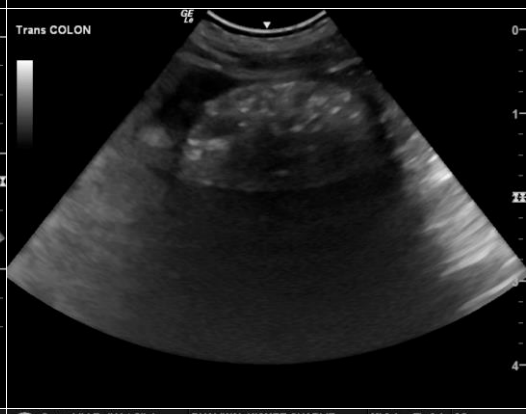

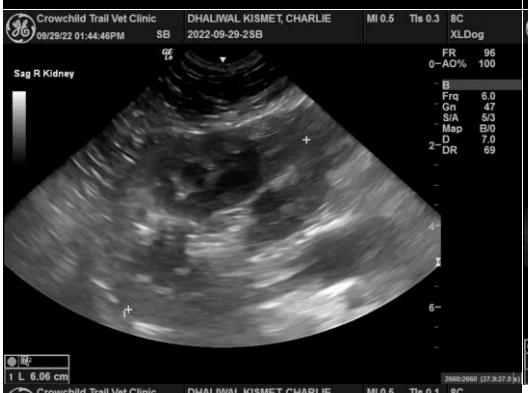

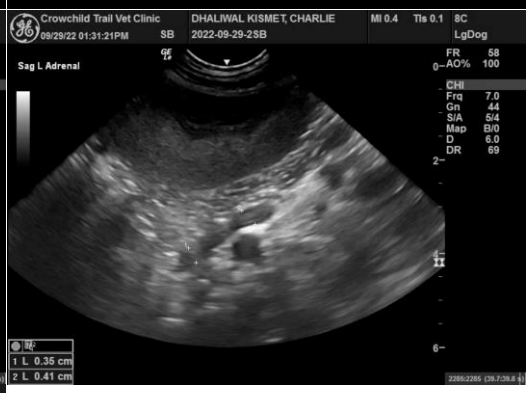

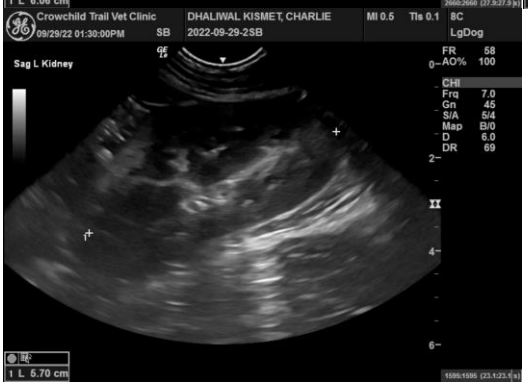

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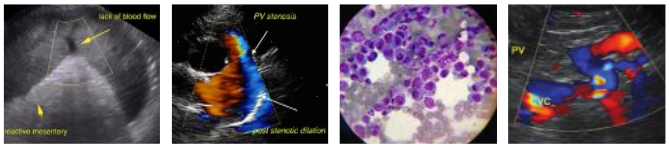

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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