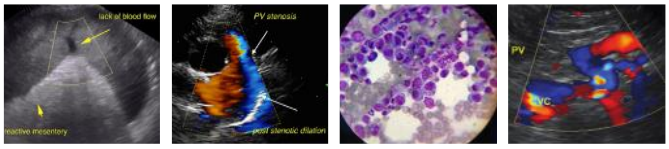
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Piper Hart

SPECIES

Canine

BREED

Lab x

SEX

F/S

AGE

5 yrs

WEIGHT

32.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight AH

REFERRING VET

Dr. Malaguti

INVOICE

14834

DATE

9/7/22

PRESENTING CLINICAL SIGNS

History of intermittent vomishion and diarrhea last few weeks. Lethargic.
Abnormal PE/Chem/CBC/UA Results: Non diagnostic CBC and Chem

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 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 6.3 cm in length. The right kidney measured 6.8 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 0.45 cm width at the caudal pole and 0.4 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.58 cm width at the cranial pole.

Spleen

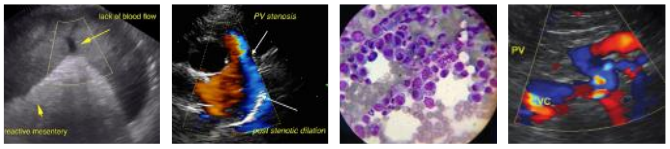
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

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 0.32 cm.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental propensity for subjective mildly prominent submucosa layer. No evidence of pathology was noted at the level of the ileocolic junction. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.24 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent nonreactive or Inflamed peripancreatic omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract, subjective propensity for nonspecific mildly prominent segmental intestinal submucosa layer
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral, specifically gastrointestinal or pancreatic, pathology as a definitive cause of the patient's gastrointestinal signs. Subjectively, the small intestine exhibited segmental mildly prominent submucosa layer which, although a potential patient variant, may at times be suggestive of underlying inflammatory enteropathy or potential IBD. General considerations for patients exhibiting intermittent to persistent GI signs may include dietary intolerance / food allergy, parasitism, dysbiosis, inflammatory bowel disease, and low-grade pancreatitis, both of which may present as sonographically normal, or less likely infiltrative neoplasia. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Resting cortisol level to rule out occult Addison's Disease is warranted.

Empirically, hydrolyzed diet trial with potential long-term dietary therapy, empirical 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, high colony count probiotic such as Proviable, as-needed gastrointestinal support with an assessment of clinical response and pending additional diagnostics may be considered.

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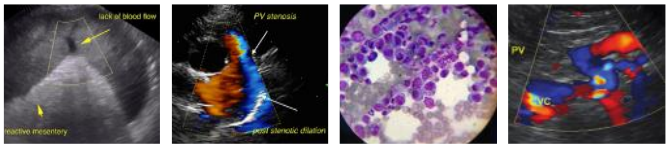

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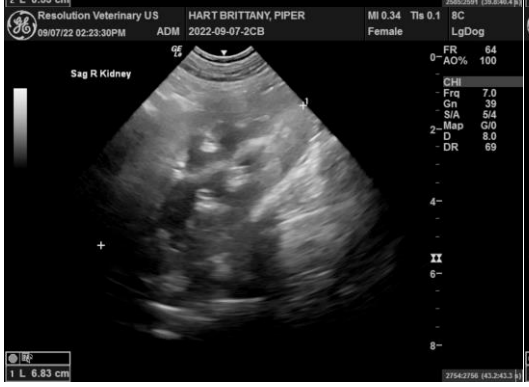

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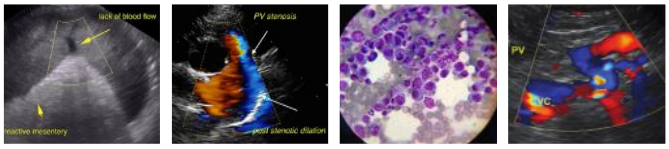

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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