

PATIENT

Roxanne Wilson

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed Female

AGE

5 years

WEIGHT

45 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

13528

DATE

6.30.23

PRESENTING CLINICAL SIGNS

History: >2-year hx of intermittent anorexia. P also has anxiety, reactivity, and resource guarding. Recent hx of HGE Current Medications Fluoxetine and Clonidine Radiographic Findings May 2023 Findings: This report describes evaluation of three view orthogonal radiographs of the abdomen. The stomach is empty. The liver, spleen, stomach, small intestine, colon, kidneys, and urinary bladder have a normal size, shape and opacity. The peritoneal and retroperitoneal detail is adequate. Abdominal lymph nodes are not detected. The abdominal musculoskeletal system is within normal limits.

Assessment: 1. Suspect gastroenteritis/colitis Discussion: A definitive cause of bloody diarrhea is not determined during this evaluation. I suspect indiscriminate eating or toxin ingestion. This test is negative for mechanical ileus and a radiopaque foreign body. I cannot rule out gastrointestinal infection, inflammation, and parasitosis. Continued supportive care is recommended.

Primary Question/Differential to Be Answered in This Exam overall eval with focus on GI tract.
P has had ovarian sparing spay

Abnormal PE/Chem/CBC/UA Results: cobalamin 153 ng/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 6.00 cm) (right kidney 5.90 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Reproductive System

Visible ovaries with normal size (right 2.30 cm) and echogenic appearance.

Adrenal Glands

Normal shape, echogenic appearance, position, and appearance of the visible peri-renal vasculature, but possibly small in size (left 2.20 cm in length x 0.37 x 0.32 cm) (right 1.66 cm in length x 0.41 x 0.43 cm).

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen. Thickening of the duodenum and small intestine (0.50 cm) with a prominent hypoechoic appearance of the submucosal layer, but with no loss of layering, maintaining a 1:3 muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen. Moderate amount of ingesta within the stomach.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enteropathy
- Possibly small adrenal glands

Secondary Findings

- None

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

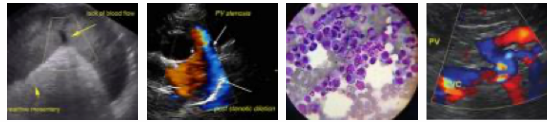
Etiologies for the enteropathy would be inflammatory bowel disease, dietary hypersensitivity, parasitic enteritis, with lymphoma an unlikely differential diagnosis.

Although the size of the adrenal glands may be an incidental finding, Addison's disease needs to be considered.

Further assessment would be fecal analysis, basal cortisol assay, cobalamin assay, and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be feeding a hypoallergenic/novel protein diet, course of Fenbendazole, cobalamin supplementation and possibly prednisolone therapy.



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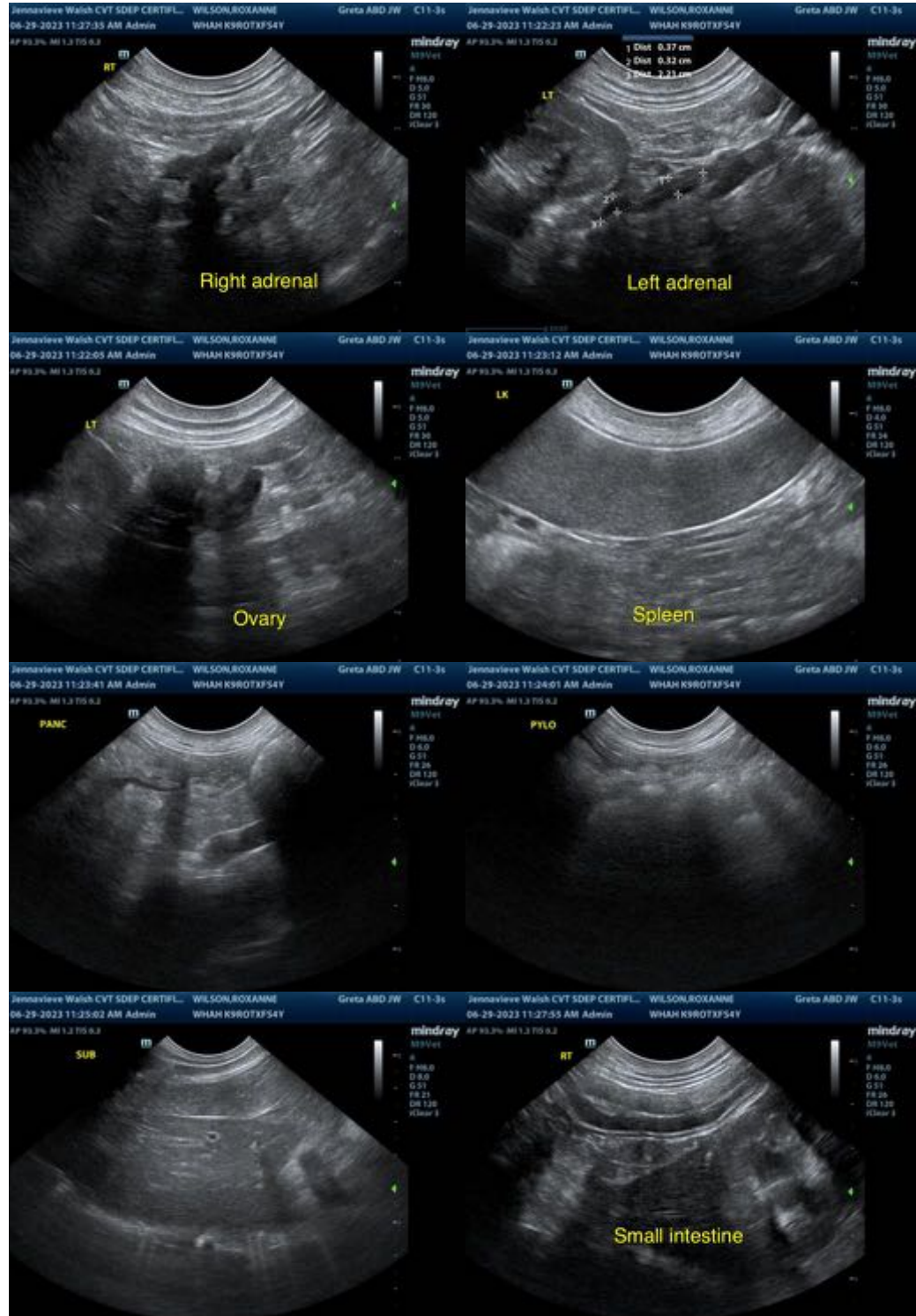
Dr Remcho

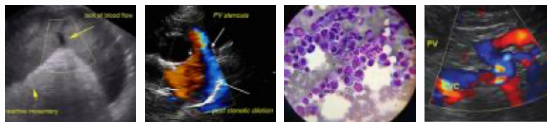
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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