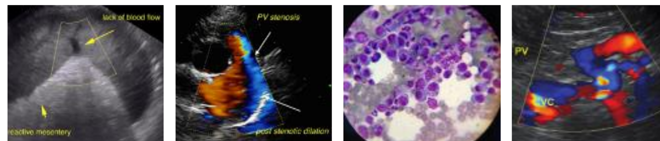


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ziggy Sadowicz

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

13 Years

WEIGHT

11.6 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Louise Mandeville

HOSPITAL NAME

BetterVet

REFERRING VET

Dr. Louise Mandeville

INVOICE

20480

DATE

1/7/23

PRESENTING CLINICAL SIGNS

History: Diarrhea over 1 year duration. Previous hepatopathy and perianal gland (benign) tumor-removed. Some improvement previously with Metronidazole course but recurs after finishing course. Treated with Panacur, Probiotics and hypoallergenic diet recently instituted (3 weeks ago) with some improvement . Previous ultrasound performed by previous dvm in February 2021 found small mass on spleen (unknown measurements), mildly enlarger liver, small cysts in outer tissue of kidneys, mild thickening of stomach wall and shadowing from material in stomach (not fasted for that ultrasound). Pet was fasted for this latest ultrasound.

Abnormal PE/Chem/CBC/UA Results: Trypsin-like Immuno-reactivity (TLI) : 50.0 ug/L (5-35) Cobalamin (B-12): 904ng/L (284-836) Folate 24.0 ug/L (4.8-19) Spec cPL (normal).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

The prostate is not seen, presumably due to its intrapelvic location.

Both kidneys exhibit poor corticomedullary differentiation, with small cortical cysts present in each kidney. There is no evidence of nephrolithiasis, mineralization, pyelectasia, or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.1 cm in length. The right kidney is 4.9 cm in length.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 5.0 mm at the cranial pole and 5.2 mm at the caudal pole.

The right adrenal gland is not distinctly visualized.

Spleen

A 1.0 cm in diameter, inhomogenous nodule is noted in the splenic body, which does not disrupt the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

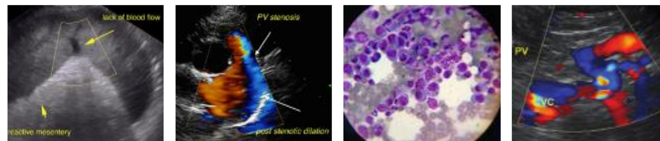
Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 4.4 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. There are focal areas of mucosal speckling within the jejunum. The duodenal wall measures 4.1 mm. The jejunal wall measures up to 3.3 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Focal areas of mucosal speckling in the small intestine, which, may indicate inflammation.

Secondary Findings

- Chronic renal changes
- Reactive hepatopathy
- A 1.0 cm splenic nodule

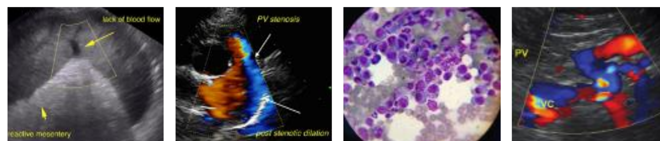
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the small intestines are mild, but this change, along with the elevated TLI and folate levels, are suggestive of small intestinal disease. Biopsy would likely be necessary for a definitive diagnosis. It sounds as though this patient has had a positive response to a recent hydrolyzed diet change. If symptoms persist despite this change, additional treatment options include the addition of soluble fiber to the diet, treatment with Tylosin on a long-term basis, or as a last resort, empiric therapy with Prednisone at 2.0 mg/kg per day could be considered.

The lesion in the spleen could be consistent with either nodular hyperplasia, extramedullary hematopoiesis, or less likely neoplasia. Presumably, this is the same lesion noted in February of 2021. Fine needle aspirate could be considered if a definitive diagnosis is desired.

The full stomach, despite fasting, is suggestive of delayed gastric emptying. However, in the absence of vomiting or anorexia, this finding is of questionable significance.

The presence of a reactive hepatopathy can occur with any number of metabolic disorders, and it's significance should be correlated with laboratory values and clinical signs. A fine needle aspirate or core biopsy could be considered if there is concern for significant hepatic disease.



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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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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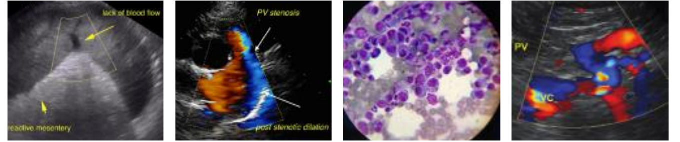

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