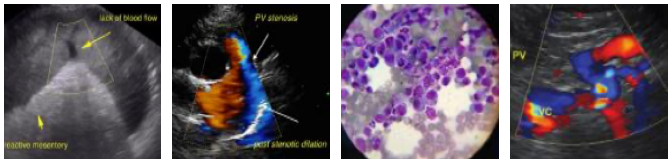

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1-800-838-4268 info@sonopath.com

PATIENT

Houston Fahey

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

6 years

WEIGHT

44 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

12396

DATE

3.10.23

PRESENTING CLINICAL SIGNS

History: 3-week hx of diarrhea. O originally thought that l/d was causing diarrhea because diet switch to EN resolved diarrhea and switch back to l/d prompted return. However, switch back to EN + propectalin is not resolving diarrhea now, energy is low. No vomiting, p is still eating full meals. Fecal screen neg for parasites 3/3, CBC/chem/cortisol screen 2/22 WNL. P was on l/d for presumptive hepatic microvascular dysplasia (AUS, liver bx, and protein C levels consistent with diagnosis 2020).

Abnormal PE/Chem/CBC/UA Results: fecal 3/3/23: no ova/parasites/antigen in-house CBC/chem17/lytes 2/22/23- all WNL: in-house cortisol 2/22/23- WNL (2.3) protein C 8/4/20- WNL (91) liver bx 07/25/2020- histologically compatible with hepatic vascular anomaly

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 3.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 5.7 cm in length. The right kidney is 5.4 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.6 mm at the cranial pole and 5.3 mm at the caudal pole. The right adrenal gland height is 7.0 at the cranial pole and 3.7 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

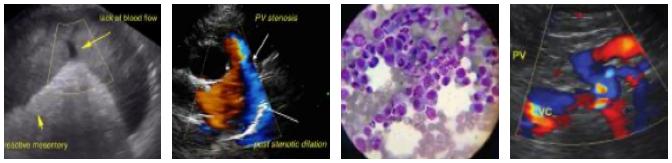
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with fluid and ingesta. The gastric wall is 3.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. The duodenal wall measures 4.7 mm. The jejunal wall measures up to 2.9 mm. Intestinal motility appears normal.



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The visible portions of the colon have increased thickness, up to 2.5 mm, with intact wall layering. The ileocecal junction visualized.

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

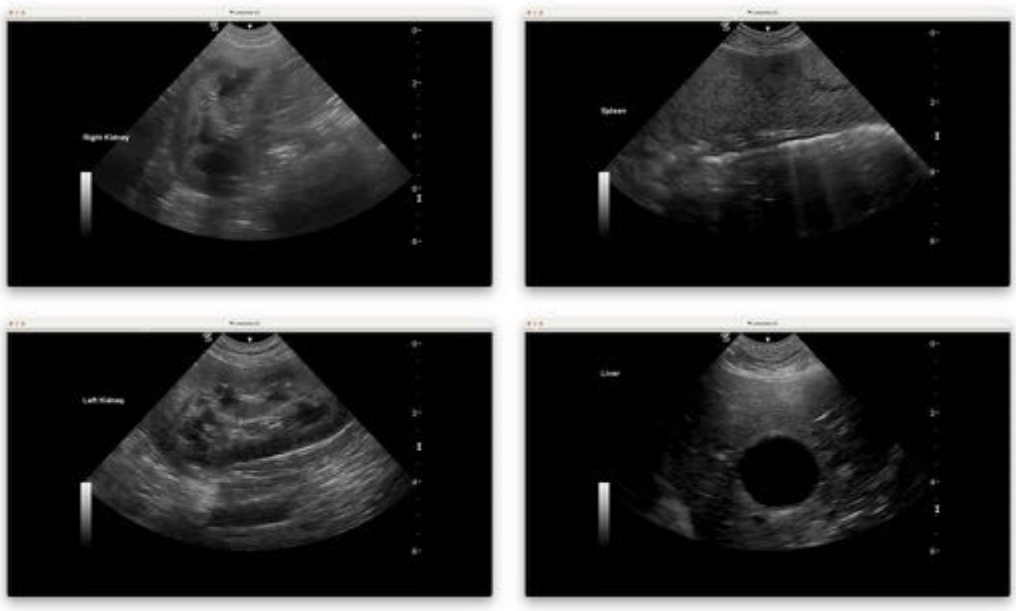
Findings

- Mildly diffusely thickened colon wall, consistent with colitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the colon are nonspecific, and consistent with colitis. It does seem like there is some component of a dietary sensitivity, given the initial favorable response in switching from the hepatic diet to the intestinal diet. Highly digestible intestinal diets are often appropriate for dogs with liver disease, especially if the prescription liver diet is not tolerated. Perhaps a trial with a high-fiber diet such as Hills Biome would be of benefit.

Additional recommendations include broad-spectrum deworming with Fenbendazole, probiotics, and if no response to a fiber diet, potentially a hypoallergenic diet trial. If the problem persists, then endoscopic biopsies of the colon would be recommended.



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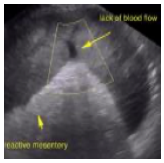
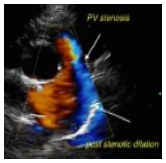
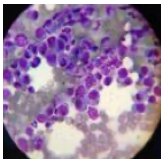
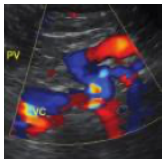

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
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