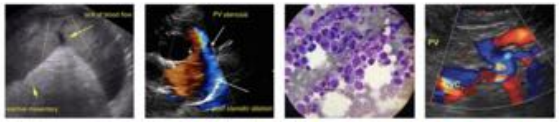

PATIENT

Ecoo Daughtridge

SPECIES

Canine

BREED

Papillon Mix

SEX

Spayed Female

AGE

3.30.10

WEIGHT

16.68 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

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Dr. Decker

INVOICE

12052

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PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic Diarrhea - responsive to supportive care (Metro, Fortiflora, Endosorb, Pro-Pectalin) but once d/c, diarrhea returns. No improvement on Hills Z/D.

Abnormal lab-work values
10.25.22: ALT (SGPT) 126. Alk Phosphatase 206. Fecal neg.
7.28.22: T4 0.7

Current Medications: Fortiflora

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is prominent in size (0.65 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is in normal size (0.86 cm at cranial pole) (0.41 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

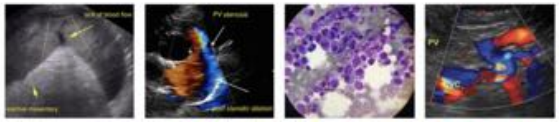
Spleen

The spleen is normal in size (1.18 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent to enlarged with swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. A 1.50 x 1.16 cm hypoechoic nodule with an ill-defined hyperechoic center is observed in the left lateral lobe. A few small hyperechoic nodules are also seen throughout the liver (the largest measuring 0.83 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not



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Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.24 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other
The uterine stump is visible and normal in size (0.52 cm in width). No obvious pathology is seen.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the patient's chronic intermittent diarrhea is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy, infectious/parasitic disease), low-grade pancreatitis, underlying metabolic issue, other.
- The left hepatic nodule could be consistent with an emerging tumor, a benign regenerative nodule, inflammatory focus, granuloma, other. The diffuse hepatic parenchymal changes are most consistent with benign age-related change (i.e., regenerative nodular hyperplasia and/or vacuolar hepatopathy (i.e., idiopathic/endocrine)).

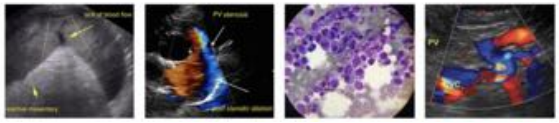
Secondary Findings

- Minor bilateral age-related renal changes
- Visible uterine stump - incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gastrointestinal signs, consider the following:

    1. Repeat fecal evaluation for ova and Giardia
    2. Prophylactic deworming with Fenbendazole
    3. Resting cortisol level
    4. Malabsorption panel, including serum cobalamin and folate, TLI and PLI



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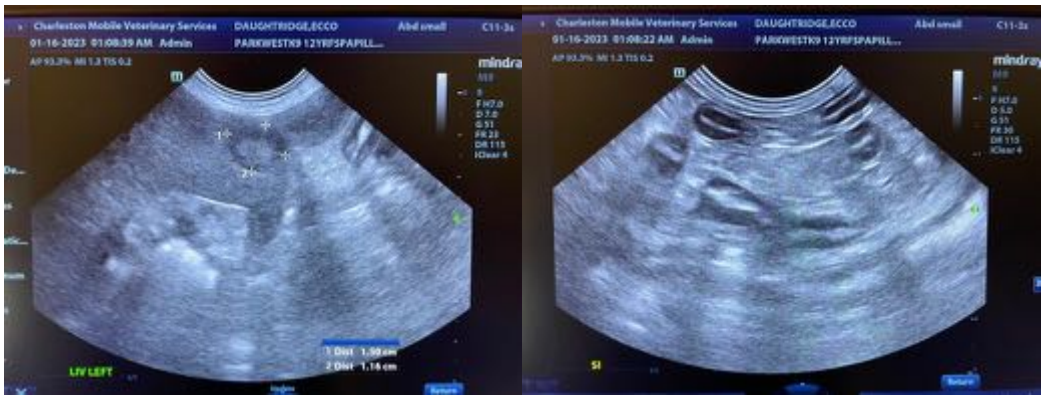
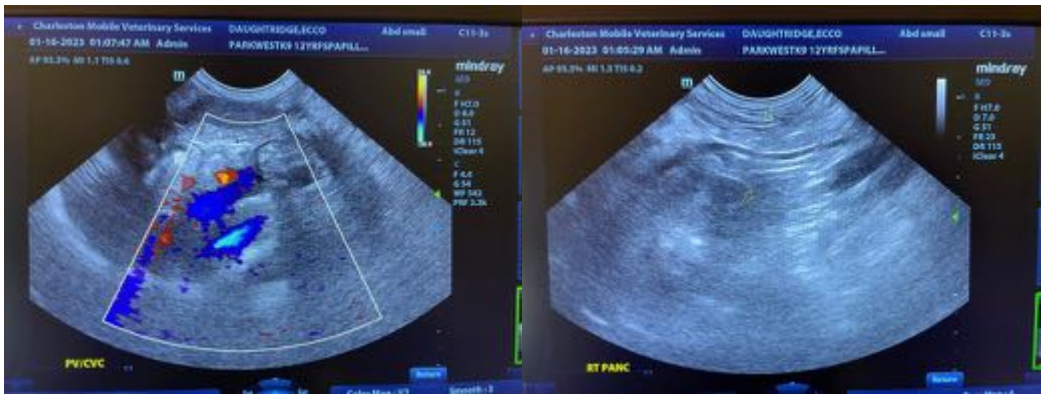
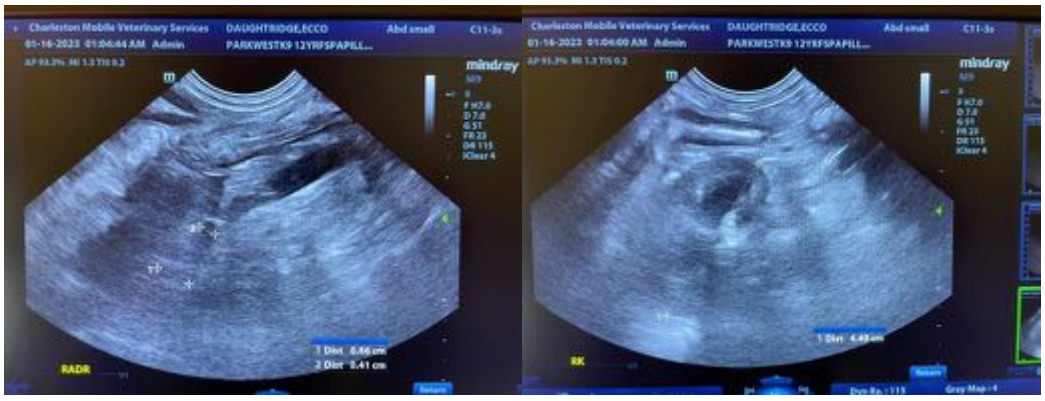
5. 6-week limited antigen or hydrolyzed protein diet trial
6. If the above diagnostics are inconclusive, GI biopsies (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis.

- Regarding the left liver nodule, consider the following:

1. Three-view thoracic radiographs to assess for pulmonary metastatic disease
2. Repeat ultrasound in 4-6 weeks to assess for progression







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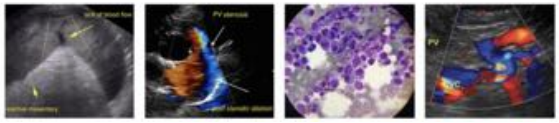

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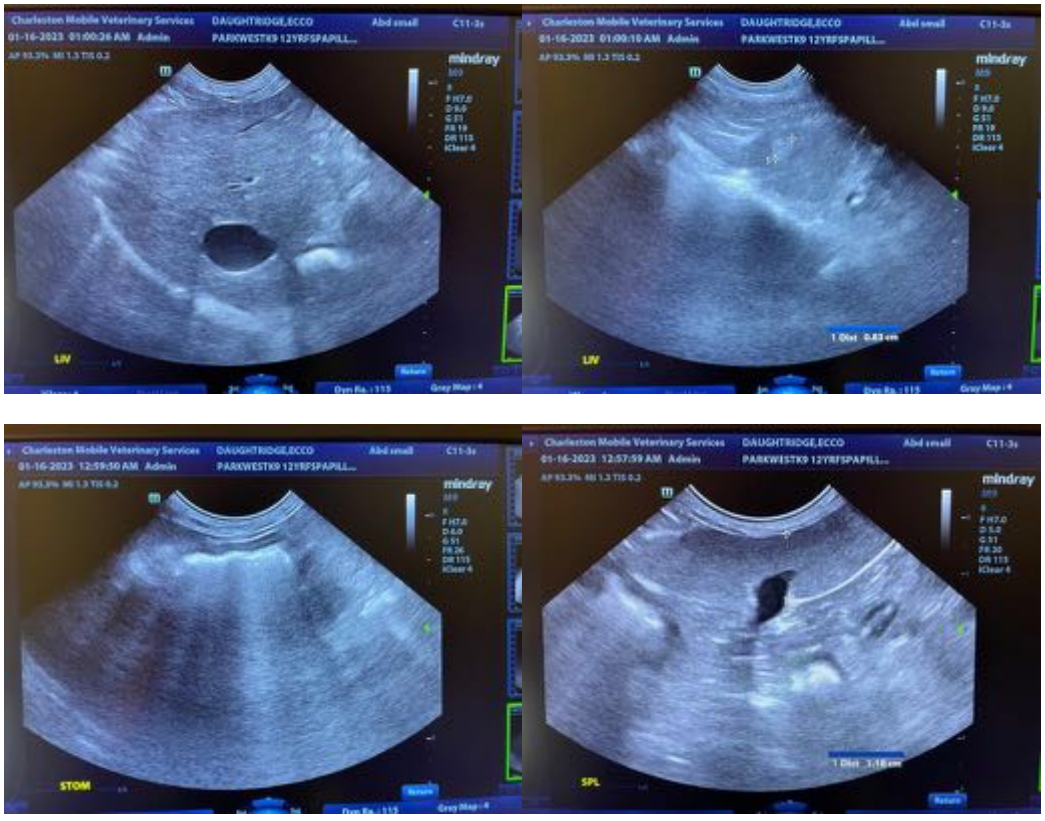

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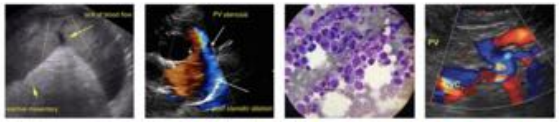

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com