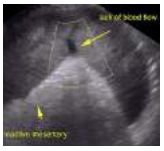
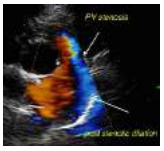
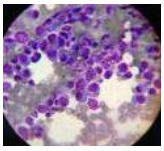
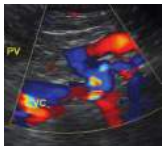

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**PATIENT**
Cooper Petagno

**SPECIES**
Canine

**BREED**
Puggle

**SEX**
Male Neutered

**AGE**
9 years

**WEIGHT**
30.7 lbs.

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

**IMAGING PERFORMED BY**
Kelly Vazquez , CVT

**HOSPITAL NAME**
Legacy Animal Hospital

**REFERRING VET**
Dr. Potenzone

**INVOICE**
11973kk

**DATE**
10/7/21

## PRESENTING CLINICAL SIGNS

History: Patient with extensive G.I. issues from puppyhood presents for abdominal ultrasound due to persistent diarrhea. Transitioning to a home cooked diet (improving thus far). TLI, cobalamin folate pending. Had injection of famotidine today.

Abnormal PE/Chem/CBC/UA Results: G.I. panel is pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly distended. A 0.45 x 0.33 cm irregular hyperechoic to mineralized nodule/mass is observed in the region of the apex. The remaining bladder wall is of appropriate thickness for the level of repletion. Luminal contents are anechoic. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.51 cm in length, 0.78 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.57cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.60 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal size (0.84 cm at cranial pole) (0.63 cm at caudal pole) (2.02 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

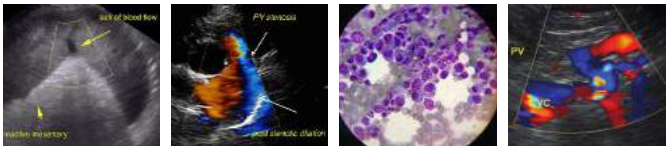
The right adrenal gland is normal size (0.94 cm at cranial pole) (0.52 cm at caudal pole) (1.73 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (1.51 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 normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen with minor changes consistent with age-related remodeling. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is of normal contours and contains some dependent



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echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas-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 is normal in thickness with a normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. A several centimeter segment of descending colon just dorsal to the urinary bladder is moderately thickened (up to 0.86 cm) and slightly irregular with apparent retention of the normal layering pattern. There is no evidence of an obstructive pattern.

### *Pancreas*

The body/right limb of the pancreas are 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. There is no evidence of peripancreatic inflammation or effusion.

### *Free Abdomen*

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- The small intestinal and colonic wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease). Neoplasia is possible but considered less likely.
- The nodule at the urinary bladder apex may represent a neoplastic process (i.e., transitional cell carcinoma) or an inflammatory polyp (i.e., polypoid cystitis).

**Secondary Findings:**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor, geriatric renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the urinary bladder lesion, a urine BRAF test is recommended to further assess for lower urinary tract neoplasia.
2. Three-view thoracic radiographs are also recommended to assess for pulmonary metastatic disease.
3. Regarding the gastrointestinal signs, the following diagnostics/treatment recommendations can be considered:
    a. Serum cobalamin, folate, PLI and TLI
    b. A fecal evaluation for ova/Giardia

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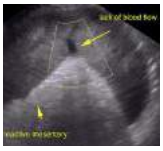
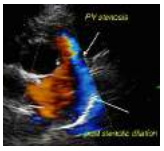
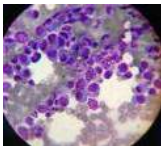
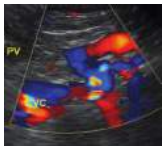

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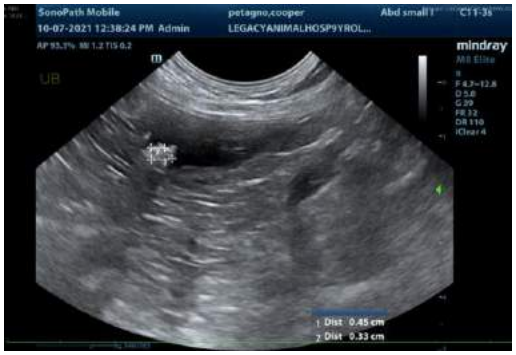
c. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

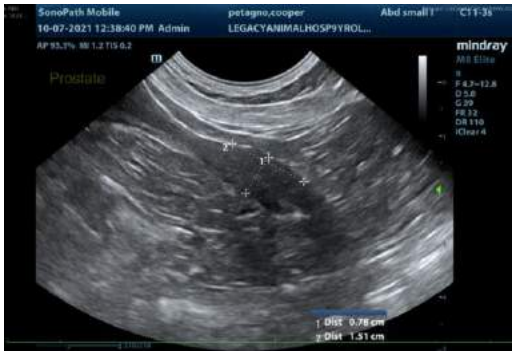
d. A 6-week limited antigen diet trial to assess for food allergies.

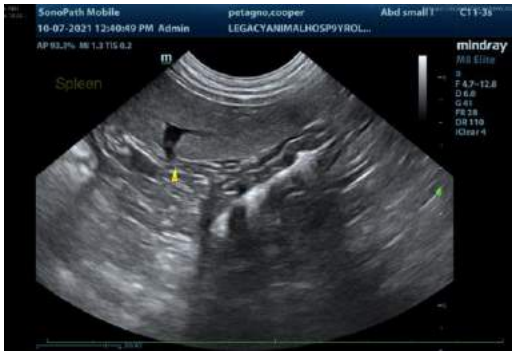
e. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.

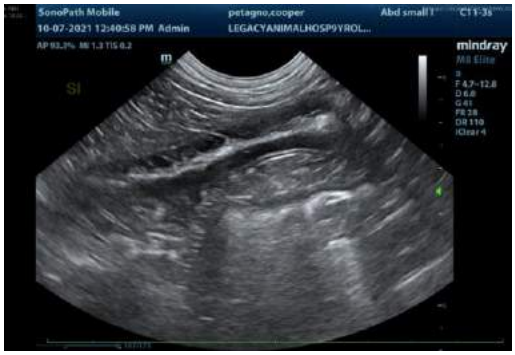
f. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

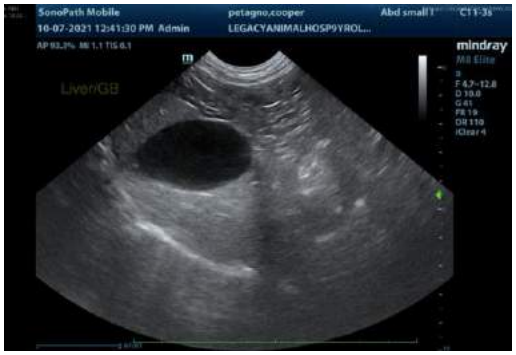
g. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.

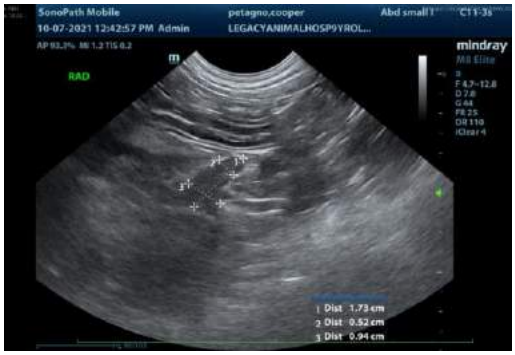












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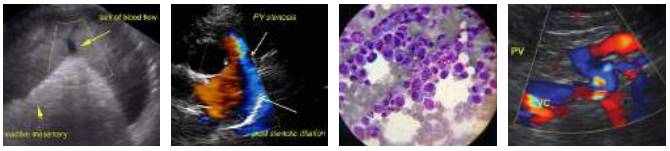

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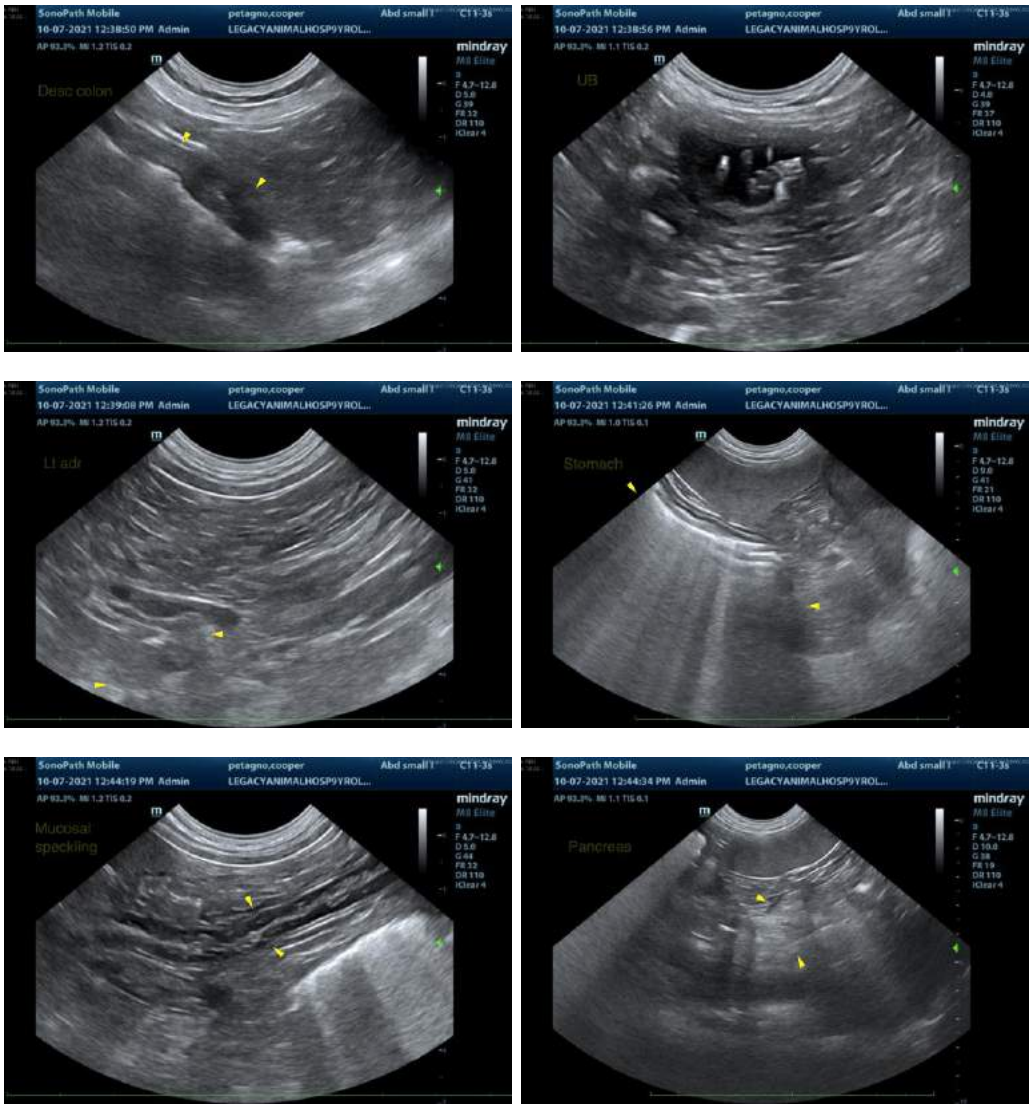


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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Andrea.nicastro@sonopath.com