


**PATIENT PRESENTING CLINICAL SIGNS**

**Ally Zeidan** History: Pet presented for second opinion on possible PLE. Pet has been on Metronidazole, propectalin, GI Biome but she is not responding. Currently having liquid diarrhea, no vomiting and eating well.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: From 11/22 HCT: 56% Plt: 587 Alb: 1.5 BUN: 30 TP: 3.6 Fecal: neg  
 Lytes nsf and Na/K ratio: 34

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**BREED** *Urinary System*

American Eskimo

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

**SEX**

Spayed Female

The left kidney is normal size (4.53 cm in length) with a normal shape, architecture and 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.

**AGE**

9 years

The right kidney is normal size (5.29 cm in length) with a normal shape, architecture and 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.

**Adrenal Glands**

**WEIGHT** The caudal pole of the left adrenal gland is visualized and is normal in size (0.66 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

26.25 lbs

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**INTERPRETED BY**

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

**Spleen**

The spleen is normal in size (1.13 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.

**IMAGING PERFORMED BY**

Dr Lynette Reyes

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**HOSPITAL NAME**

Chain of Lakes AC

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 seen.

**REFERRING VET**

Dr Lynette Reyes

**Gastrointestinal**

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**INVOICE**

11877

**Pancreas**

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not

**DATE**

12.19.22

overtly dilated.

#### ***Free Abdomen***

A moderate amount of anechoic free fluid is present. The mesentery throughout the abdomen is mildly hyperechoic. The abdominal lymph nodes are normal/not visible.

#### ***Other***

Pleural effusion is suspected on brief visualized of the thorax.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

- Based on the patient's clinical history, a protein-losing enteropathy is suspected. Top differentials include inflammatory bowel disease, lymphangiectasia, infectious/parasitic disease, or less likely, an emerging lymphoma.
- The ascites is likely secondary to hypoalbuminemia.
- Suspected pleural effusion

#### **Secondary Findings**

- The pancreatic changes may be secondary to edema (i.e., secondary to low oncotic pressure), mild pancreatitis, or may be a normal variant for this patient.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole
- GI panel including serum cobalamin, folate, TLI and PLI
- Low-fat, limited antigen or hypoallergenic diet
- Given the possibility of pleural effusion, three-view thoracic radiographs are recommended.
- Gastrointestinal biopsies (endoscopic or surgical)
- To evaluate for other concurrent causes of hypoalbuminemia, consider the following:
  1. UPC, if proteinuria is present
  2. Pre-and postprandial serum bile acids
  3. Resting cortisol level to screen for atypical hypoadrenocorticism



**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.

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