



PATIENT PRESENTING CLINICAL SIGNS

Sobe McAvoy History: Severe diarrhea. Little response to Metronidazole, Fortiflora and Salazopyne. Concern for PLE/other due to bloodwork changes.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Hematocrit 0.61(0.38-0.57) Hemoglobin 214(134-207) Platelets 702(143-448) Glucose 3.1(3.5-6.3) Calcium 1.4(2.2-2.8) Potassium 5.5(4.0-5.4) Low Na:K ratio, Total Protein 32(55-75) Albumin 15(27-39) Globulin 17(24-40) AST 75(16-55) low Cholesterol and Spec cPL 209(0-200)

BREED

Greyhound X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

AGE

8 years

The left kidney is normal in size (5.64 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

27 lbs

The right kidney is normal in size (5.86 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.63 cm at cranial pole) (0.60 cm at caudal pole) (2.10 cm in length) 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 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 subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Crystal Hill

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

Smithville AH

REFERRING VET

Dr. Ahn

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

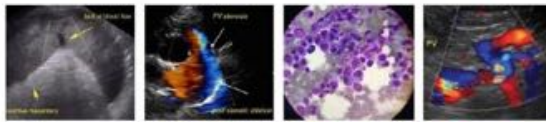
The gastric lumen is not distended. The gastric wall is normal to mildly thickened (up to 0.64 cm) with apparent retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is borderline thickened (up to 0.49 cm) with retention of the normal layering pattern. There is evidence of mucosal speckling and fogging in most segments. Discrete masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

INVOICE

12130

DATE

2.2.23



PATIENT

Sobe McAvoy

Pancreas

The left limb is prominent in size with slightly irregular peripheral contours. The parenchyma appears edematous and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

SPECIES

Canine

Free Abdomen

A moderate amount of anechoic free fluid is observed. The mesentery throughout the abdomen is hyperechoic. A 1.21 cm lymph node is observed just medial to the spleen.

BREED

Greyhound X

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The bowel pattern, in conjunction with the patient's clinical history, is consistent with a protein-losing nephropathy. Top differentials include inflammatory bowel disease, lymphangiectasia, infiltrative neoplasia (i.e., lymphoma), and infectious/parasitic disease.
- The diffuse ascites is likely secondary to low oncotic pressure and underlying bowel pathology.

SEX

Spayed Female

AGE

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Secondary Findings

- The prominent jejunal lymph node is likely reactive.
- The pancreatic changes may be secondary to edema (resulting from low oncotic pressure) or mild to moderate pancreatitis.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

- Fecal evaluation for ova and Giardia (if not already performed)
- Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- GI biopsy (i.e., endoscopic or surgical) would be necessary to get a definitive diagnosis.
- While awaiting test results, prophylactic deworming with Fenbendazole along with other supportive measures (i.e., probiotic, fiber supplement, etc.) are recommended. Also consider transitioning to a low-fat, limited antigen diet.
- Thoracic radiographs are also recommended to assess for pleural effusion.

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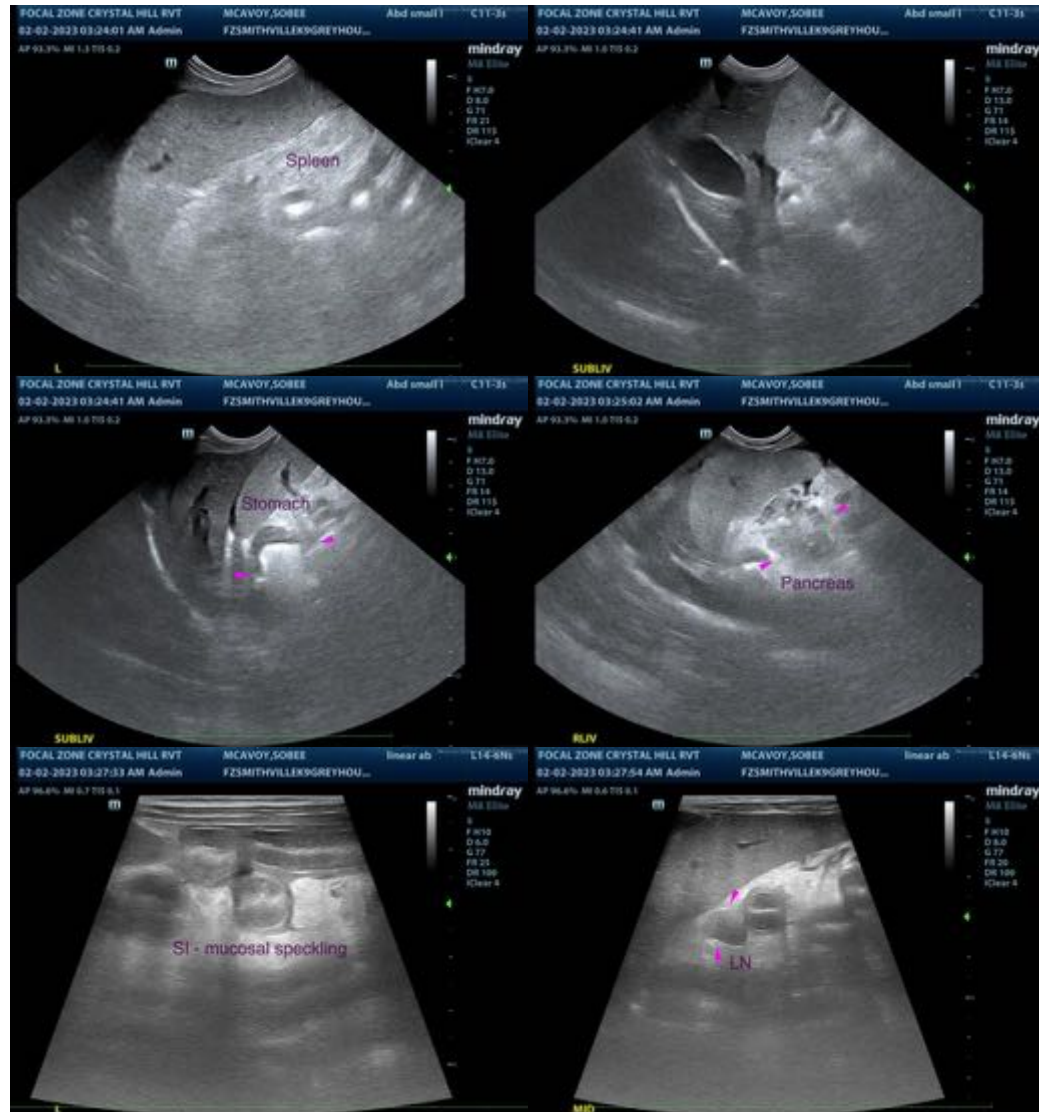
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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