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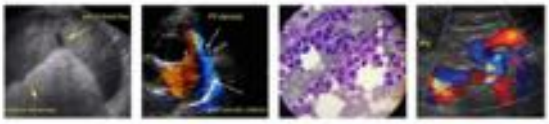


IMAGING PERFORMED BY
pawsonography@gmail.com 530-708-8340

PATIENT

Riley DiPietro

SPECIES

Canine

BREED

McNab

SEX

Neutered Male

AGE

10 years, 10 mos

WEIGHT

lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Grass Valley VH

REFERRING VET

Dr Michaelis

INVOICE

12180

DATE

2.9.23

PRESENTING CLINICAL SIGNS

History: Sedation: Dex/torb 0.1ml ea- Chronic diarrhea.
Abnormal PE/Chem/CBC/UA Results: Albumin 2.2 , Low TP and Globulin

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 prostate is normal in size (1.07 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.16 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.

The right kidney is normal in size (6.37 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 hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.58 cm at cranial pole) (0.59 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 (1.06 cm at cranial pole) (0.78 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

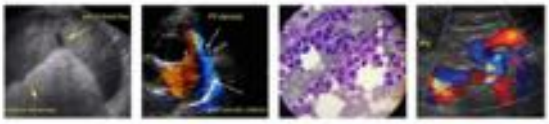
The spleen is normal in size (1.79 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal 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.

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.

Gastrointestinal



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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 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, fogging, +/- striations in several segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is normal in size 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

The mesentery in the midabdominal region is mildly hyperechoic. Trace free fluid is observed. A 1.27 cm cystic lymph node is observed in the cranial abdomen. In addition, a 2.59 x 2.10 cm multiseptated lymph nodes cystic lymph node is observed in the midabdominal region. Medial iliac lymph nodes are also seen, and are normal in size, shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

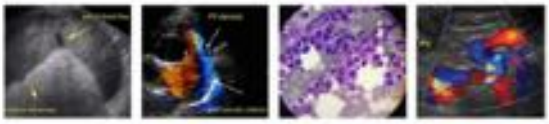
- The patient's clinical history, in conjunction with sonographic bowel changes, is most concerning for protein-losing enteropathy. Top differentials include lymphangiectasia, inflammatory bowel disease, infectious/parasitic disease, or emerging lymphoma.
- Mild cranial abdominal peritonitis is present, likely secondary to bowel pathology.

Secondary Findings

- Minor age-related pancreatic remodeling
- The significance of the cystic abdominal lymph nodes is unclear. They likely represent a benign process or reactive change, with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the suspected protein-losing enteropathy, consider the following:
  1. Fecal evaluation for ova and Giardia (if not already performed)
  2. Prophylactic deworming with Fenbendazole
  3. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level (send to Texas A&M).
  4. Consider transitioning to a low-fat, hydrolyzed protein or limited antigen diet.
  5. Ultimately, GI biopsy (i.e., endoscopic or surgical) would be necessary to get a definitive diagnosis.
  6. Thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- To evalute for concurrent causes of hypoalbuminemia, consider the following:



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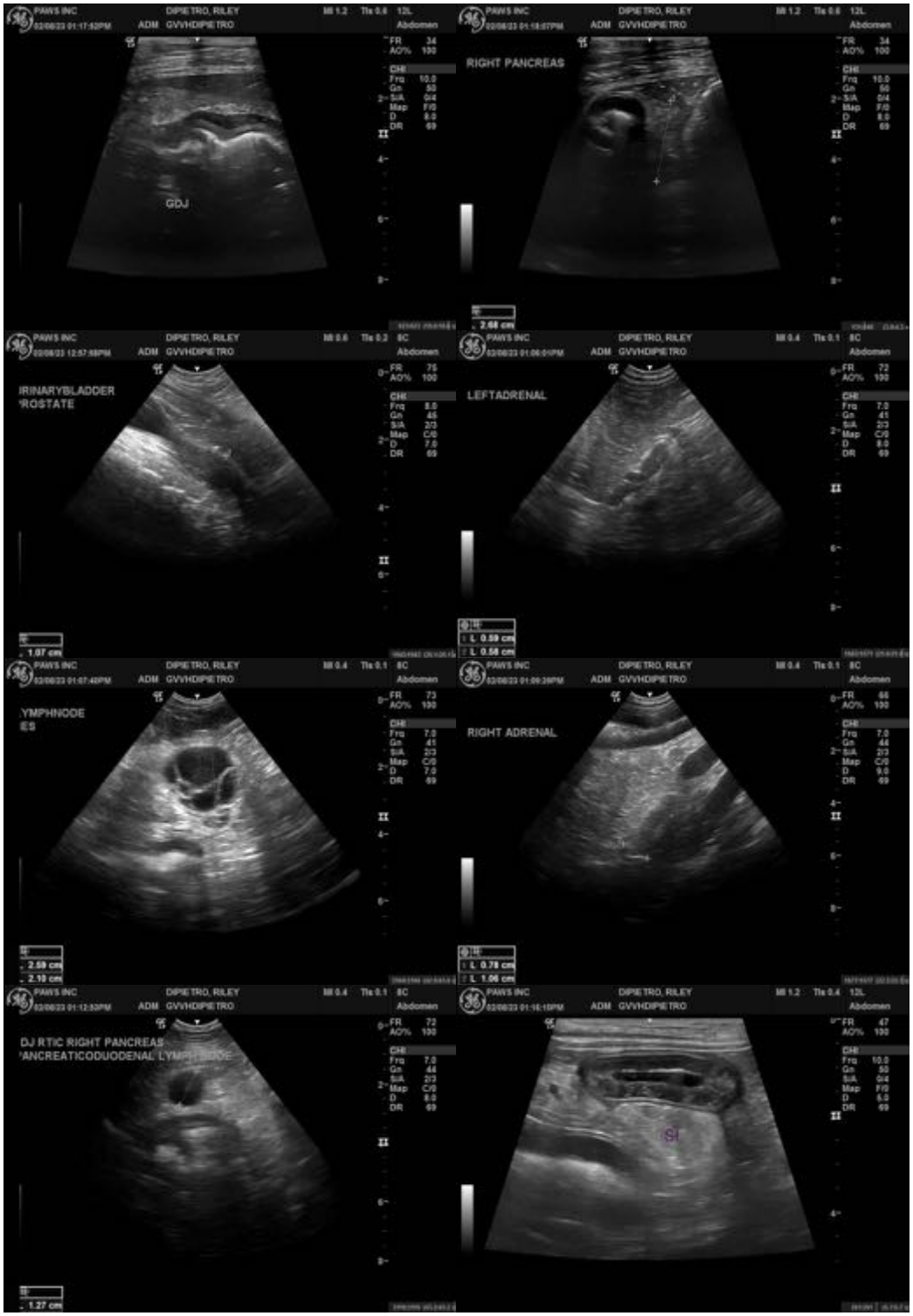
1. Pre-and postprandial serum bile acids
2. UPC (if proteinuria is present in the absence of infection)



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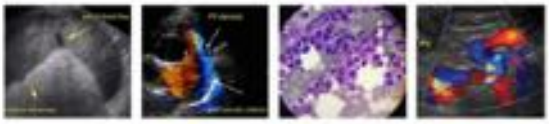

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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