



PATIENT PRESENTING CLINICAL SIGNS

- Renni Taylor
- Chronic diarrhea
 - Distended abdomen
- SPECIES**
- Pitting edema of hocks
 - US recommended after cysto showed ascites

Canine

Abnormal PE/Chem/CBC/UA Results: Pending

BREED

Am Bulldog Mix

SEX

Female Spayed

AGE

6

WEIGHT

64 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr Carlos Abdul-Chani

INVOICE

22803

DATE

4-2-26

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

The left kidney is normal in size (6.42 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.40 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 hydronephrosis. Renal vasculature is normal.

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 normal in size (1.40 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.

Spleen

The spleen is normal in size (1.47 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.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is borderline thickened (up to 0.49 cm) with retention of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal



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wall is diffusely thickened (up to 0.53 cm) with retention of the normal layering pattern. There is evidence of diffuse mucosal striations and fogging. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains granular-appearing fecal material. There is no obvious evidence of an obstructive pattern.

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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. There is no evidence of peripancreatic inflammation or effusion.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic and slightly irregular. A moderate amount of anechoic free fluid is observed.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- The small intestinal mucosal changes are suggestive of a protein-losing enteropathy (i.e., lymphangiectasia, inflammatory bowel disease, infectious/parasitic disease, emerging lymphoma).

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- The gastric wall changes are suggestive of gastritis. Minor retained gastric ingesta.

- Ascites. Considerations include low oncotic pressure (if applicable), increased hydrostatic pressure (if applicable), increased vascular permeability, other.

- The mesenteric changes may be resulting from reactive change, or less likely, infiltrative neoplasia (i.e., carcinomatosis).

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Primary Findings

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal evaluation for ova and Giardia as well as a fecal PCR infectious disease panel.
- Also consider prophylactic deworming with fenbendazole.
- A GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
- Depending on the results of the above diagnostics as well as the baseline lab work, further work-up (i.e., cytologic evaluation of the abdominal fluid +/- GI biopsies) may be indicated.

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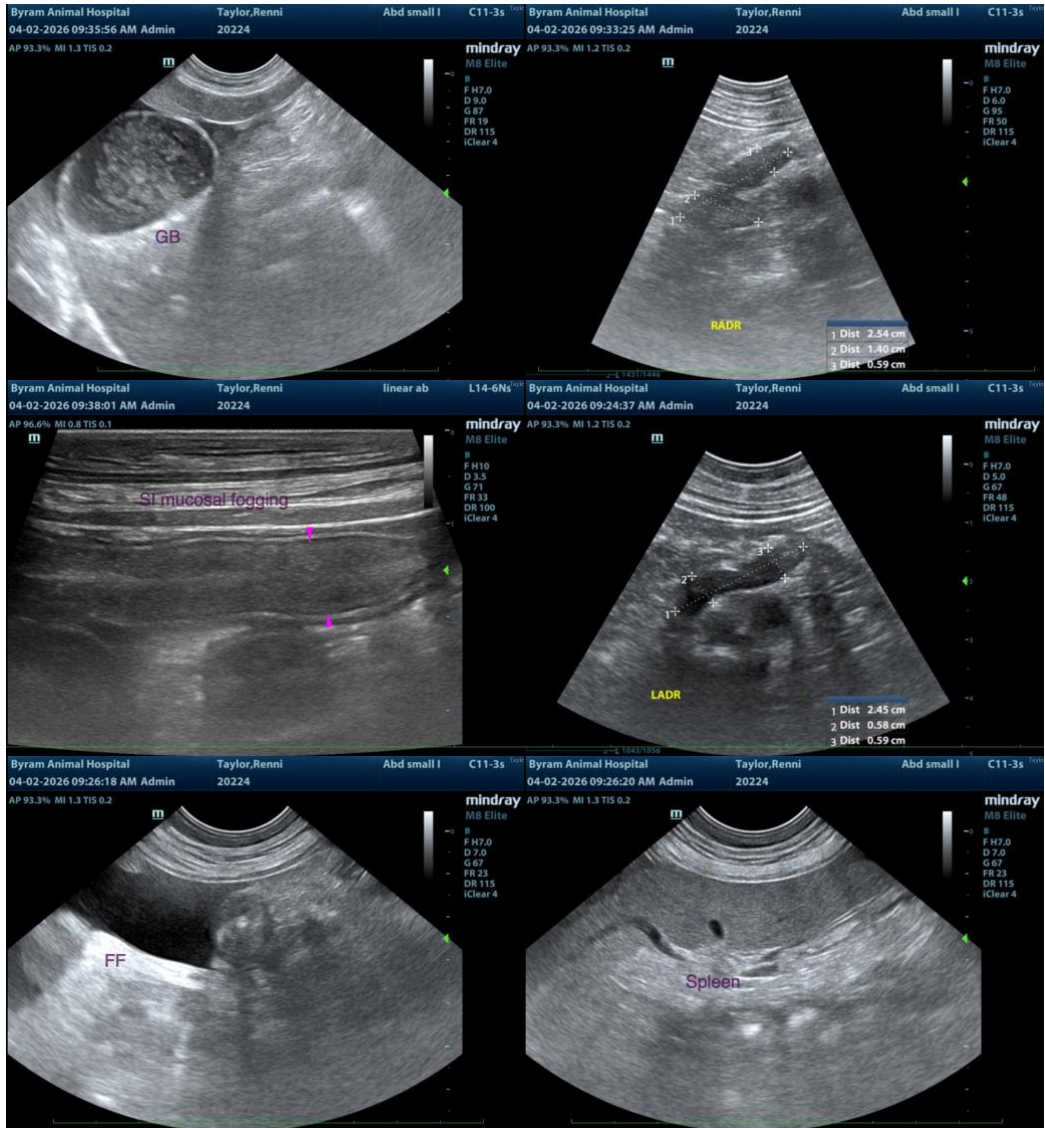
Dr Carlos Abdul-Chani

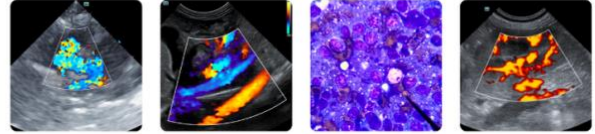
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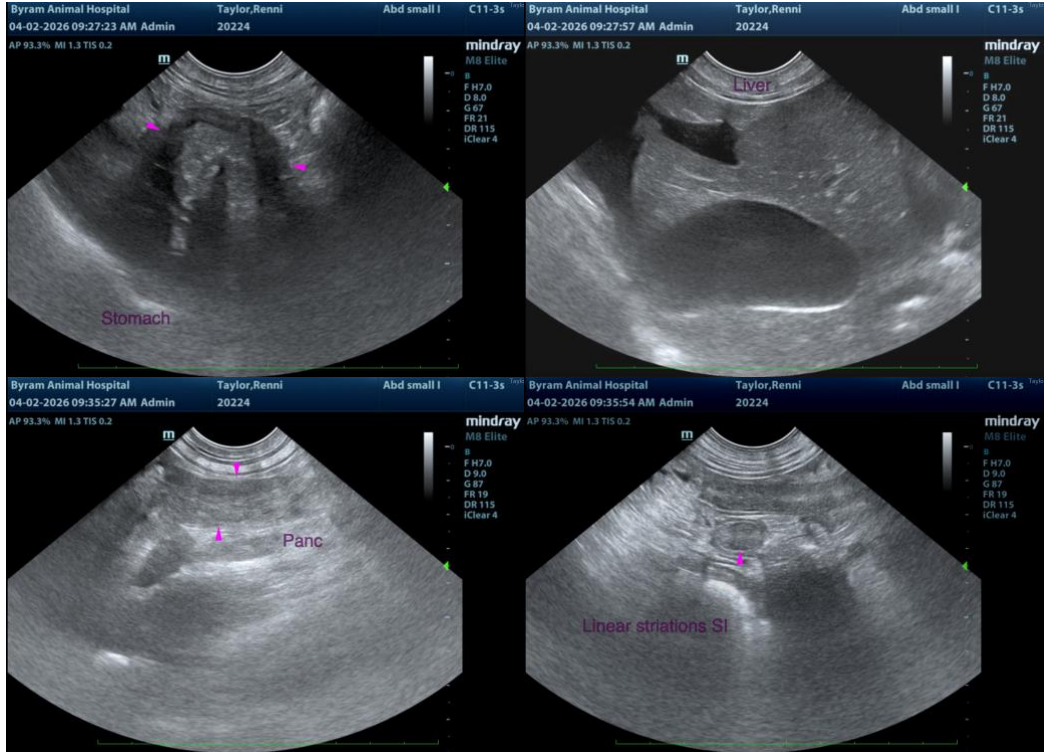
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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