Charleston Mobile Veterinary Services
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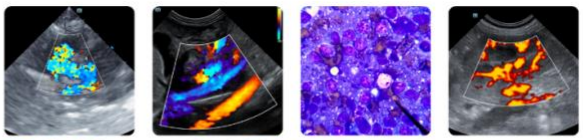

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ceci Duncan

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

10-01-2014

WEIGHT

15 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Dr Samantha Thompson

INVOICE

22946

DATE

4-30-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has a history of chronic intermittent diarrhea that appears to be associated with getting food she is not supposed to. Had and ultrasound last year. There was presumptive inflammatory bowel disease. Had a GI panel at that time, as well as a resting cortisol level and multiple fecals. Was also dewormed with fenbendazole. Treatment since then has been to try a hydrolyzed protein diet, but the patient is very finicky and won't eat it. Owner has been doing a homemade diet of turkey and vegetables, but pet will get diarrhea when she has treats. Most recent bloodwork shows and ALT in the 200s.

- Intermittent GI symptoms including diarrhea, bilous vomiting, anorexia
- Typically resolves with bland diet, probiotics +/- anti-emetics when indicated
- Recent and previous blood work had elevation in ALT, azotemia - very mild hyponatremia and slight increase in TP on most recent blood work
- Recent TAMU GI Panel WNL except for low normal resting Cortisol. ACTH Stim test planned on same day as ultrasound
-No current medications

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly- to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.60 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.18 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm at cranial pole) (0.41 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 (0.72 cm at cranial pole) (0.41 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 (0.88 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 prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A 1.4 x 1.1 cm ill-defined hyperechoic nodule

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is observed on the right side. In addition, a few, small, ill-defined hypoechoic nodules/areas are seen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. 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 mildly distended with ingesta. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease with a lower possibility of emerging lymphoma.
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, reactive hepatopathy, other hepatopathy, or some combination thereof. The hyperechoic nodule seen in the right liver trends toward the benign (i.e., regenerative nodule) with a lower possibility of an emerging tumor.
- The gallbladder changes are suggestive of a developing mucocele.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis

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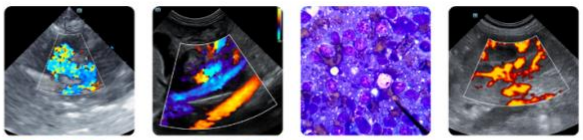

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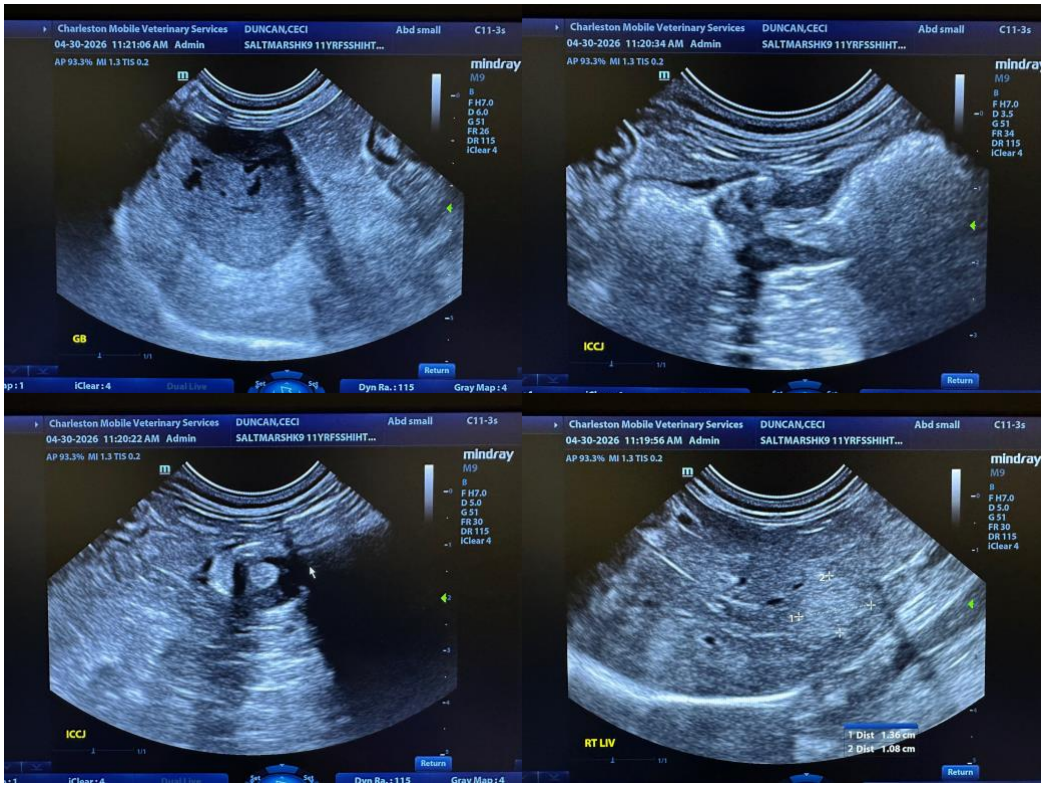
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.

- Regarding the elevated ALT, consider recheck bloodwork in 3-4 weeks. If the ALT continues to increase, further work-up (i.e., hepatic tissue sampling) or an antibiotic trial may be warranted.

- Regarding the persistent GI signs, consider the following:

    1. Nutritional consultation (i.e., University of Tennessee) to formulate a homemade diet
    2. Initiation of a probiotic as well as a fiber supplement (i.e., psyllium) if the patient will tolerate it.
    3. +/- repeat GI panel and resting cortisol level
    4. +/- endoscopic or surgical GI biopsies



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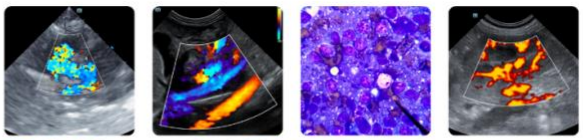

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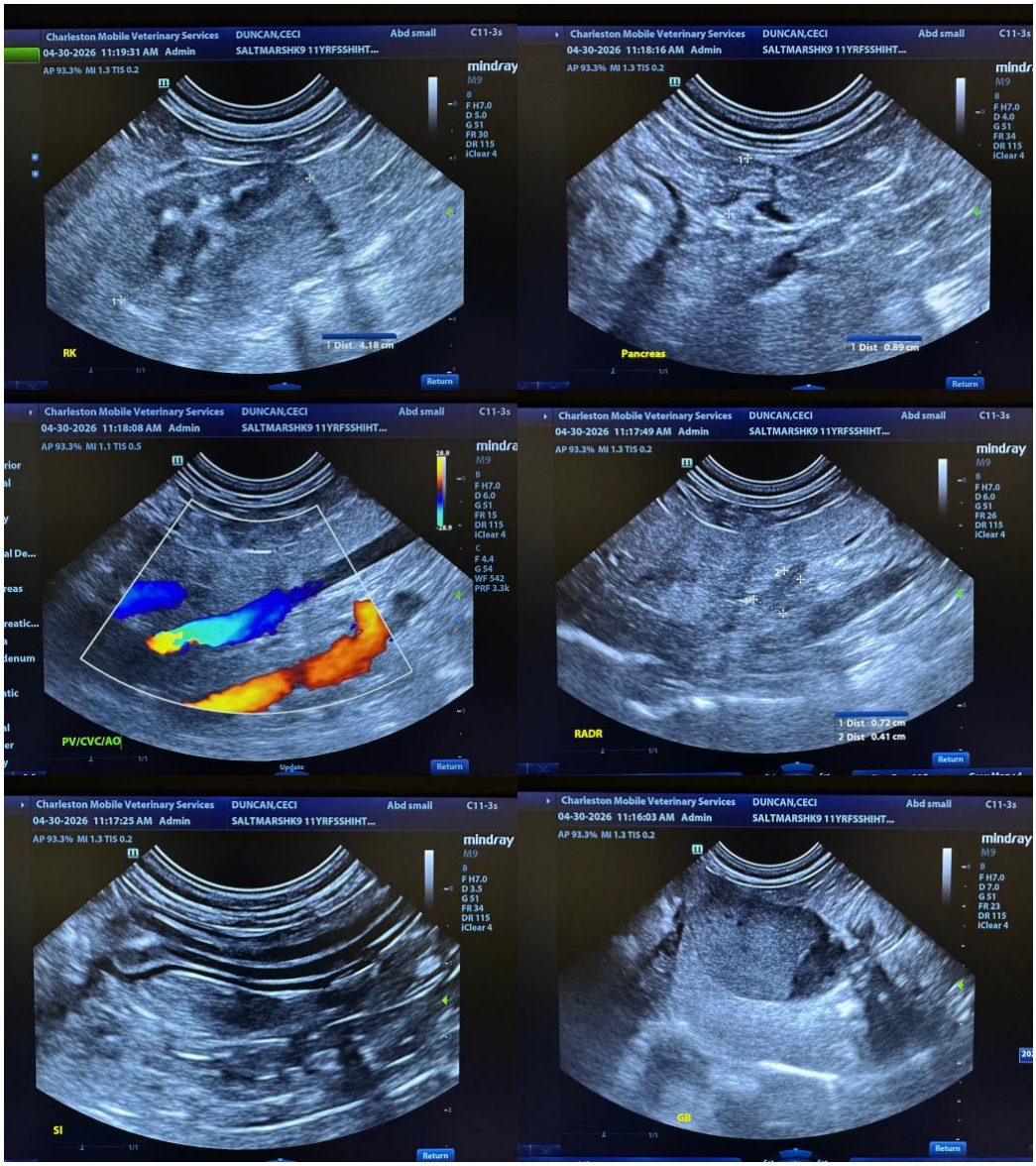

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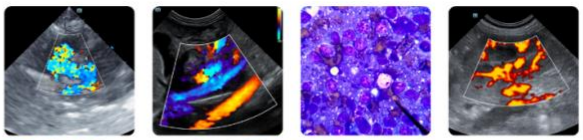

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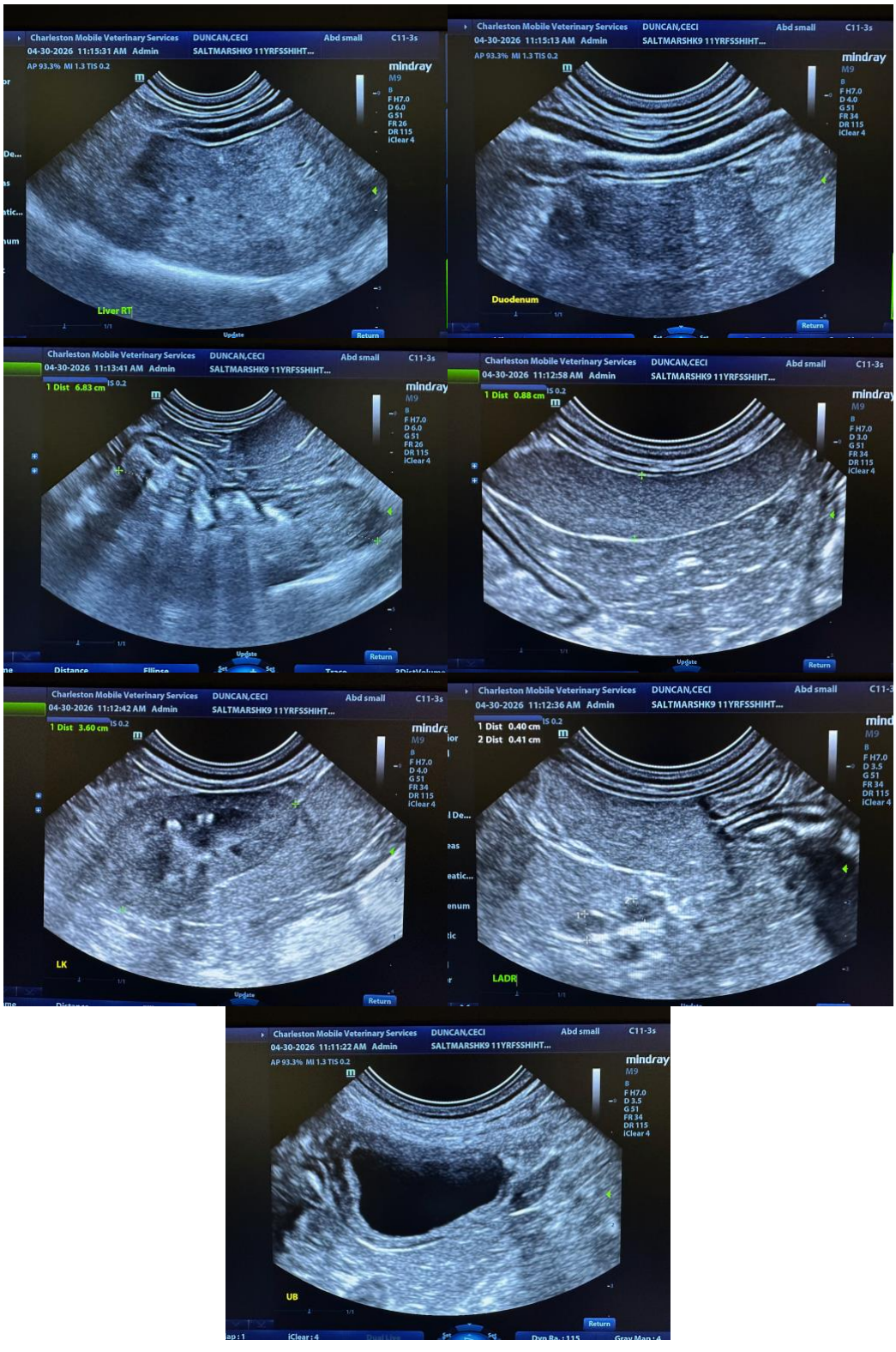

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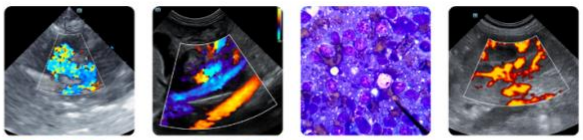

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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