



PATIENT

Rosie Aly

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Female Spayed

AGE

11 years

WEIGHT

52.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr Larsen

INVOICE

13372

DATE

6.15.23

PRESENTING CLINICAL SIGNS

History: 5/26/23 presented for decreased appetite for about 10 days. Not able to entice her to eat much since. G2 PD, otherwise no significant findings

Abnormal PE/Chem/CBC/UA Results: low albumin, calcium, magnesium, and cholesterol; elevated monocytes; mild proteinuria. Current Medications Apoquel (16mg po sid), recently Cerenia (60mg po sid), Entyce (2.3mL po sid)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney is normal in size (6.76 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.62 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline enlarged (0.58 cm at cranial pole) (0.73 cm at caudal pole) (2.93 cm in length); normal shape; 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 in this region.

Spleen

The spleen is normal in size (1.52 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 lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent 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 normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally fluid-distended (mild) and



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hypomotile. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains diarrhetic stool. There is no obvious evidence of an obstructive pattern.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastrointestinal changes are most consistent with gastroenteritis.

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Secondary Findings

- Mild bilateral chronic renal changes
- Mild left adrenomegaly

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*An obvious cause for the patient's clinical signs and hypoalbuminemia is not definitively identified in this study. Considerations include a protein-losing enteropathy (i.e., lymphangiectasia, inflammatory bowel disease, infectious/parasitic disease, emerging neoplasia), protein-losing nephropathy, hepatic dysfunction (less likely), hypoadrenocorticism (less likely), other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for internal parasites
- Consider prophylactic deworming with Fenbendazole.
- A UPC is recommended to further evaluate for proteinuria.
- Also consider pre-and postprandial serum bile acids to assess for hepatic dysfunction.
- A malabsorption panel, including serum cobalamin and folate, TLI, PLI and resting cortisol level is recommended.
- A low-fat, hypoallergenic diet should also be considered.
- Depending on the results of the above diagnostics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- Given the patient's age, three-view thoracic radiographs should be performed prior to anesthesia.



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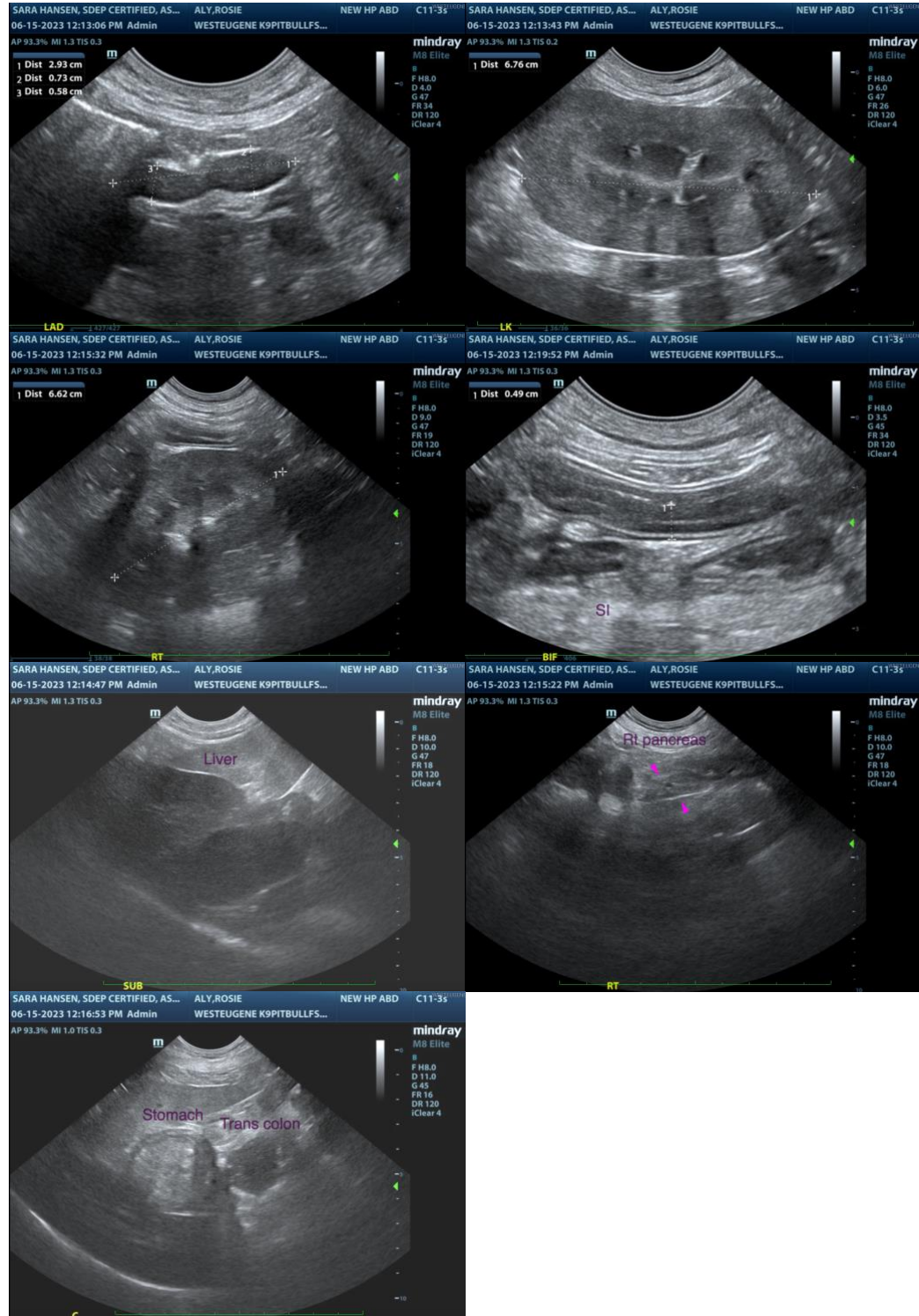
Dr Larsen

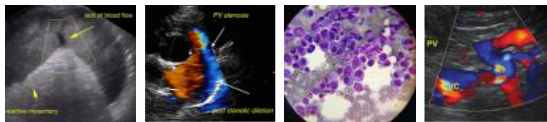
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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