



**PATIENT PRESENTING CLINICAL SIGNS**

**Evie Harasim**  
Clinical Exam Findings: The patient is asymptomatic. Persistent, mild hypoalbuminemia. Albumen has been normal in the past. No vomiting, diarrhea or weight loss. ACTH stimulation test, UPC and bile acids unremarkable. Baseline lab work unremarkable except or mild hypoalbuminemia. Fecal evaluation negative.

**SPECIES**  
Canine  
Clinically WNL; Albumin trending low over the last few months.  
All other lab-work WNL (ACTH stim, Bile Acids, fecal, UPC)

**BREED**  
Abnormal lab-work values: Albumin trending low, lowest value 2.5 last month  
Current Medications: Intermittent Proin, Welactin

**Lab Retriever ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**Spayed Female**  
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 and the visible portion of the proximal urethra are normal.

**AGE**

9.3.17

The left kidney is normal size (6.01 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

**WEIGHT**

68.1 lbs

The right kidney is normal size (6.08 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro,  
DVM, Diplomate  
ACVIM (Small Animal  
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**Adrenal Glands**

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.50 cm at caudal pole) (2.41 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.

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The right adrenal gland is normal size (1.28 cm at cranial pole) (0.56 cm at caudal pole) (2.61 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.

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**Spleen**

The spleen is normal in size (2.51 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.

**REFERRING VET**

Dr. Harasim

**Liver**

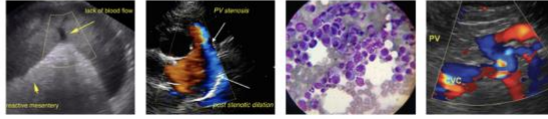
The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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6.16.22



**PATIENT**

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.

Evie Harasim

**Gastrointestinal**

**SPECIES**

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal striations in some segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Canine

**BREED**

Lab Retriever

**Pancreas**

**SEX**

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.

Spayed Female

**Free Abdomen**

**AGE**

Trace free fluid is observed. The mesentery in the midabdominal region is mildly hyperechoic. The abdominal lymph nodes are normal/not visible.

9.3.17

**Other**

**WEIGHT**

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

68.1 lbs

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The clinical history, in conjunction with the small intestinal wall changes, are suggestive of a protein-losing enteropathy. Lymphangiectasia and inflammatory bowel disease are the top differentials, with a lower possibility of infectious/parasitic or emerging neoplasia. Mild mid-abdominal peritonitis is present, likely secondary to bowel pathology.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In order to get a definitive diagnosis, gastrointestinal biopsies (endoscopic or surgical) would be necessary. Surgical biopsies are superior in that all areas of bowel can be accessed and full thickness samples can be obtained.

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Other considerations include the following:

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- Malabsorption panel, including serum cobalamin and folate, TLI and PLI
- Prescription low-fat diet
- Serial monitoring (i.e., every 3 months) of the patient's bloodwork to assess for progressive hypoalbuminemia. Corticosteroids may be indicated if the patient clinically worsens.

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**SPECIES**

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**BREED**

Lab Retriever

**SEX**

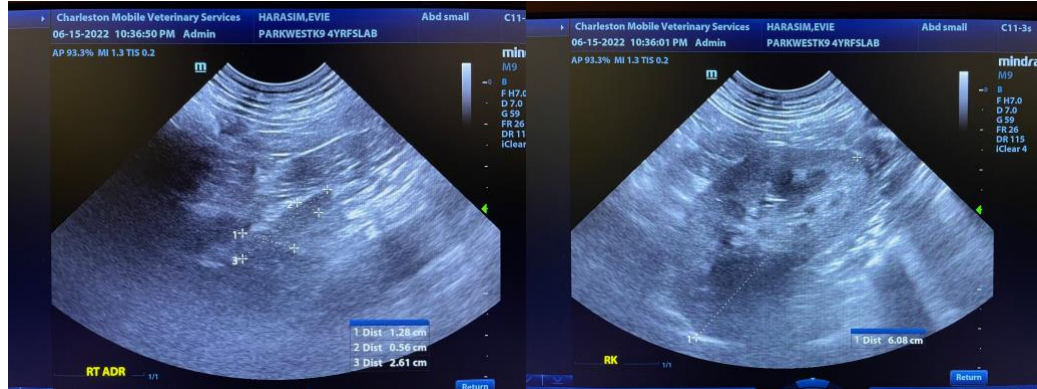
Spayed Female

**AGE**

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**WEIGHT**

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**SEX**

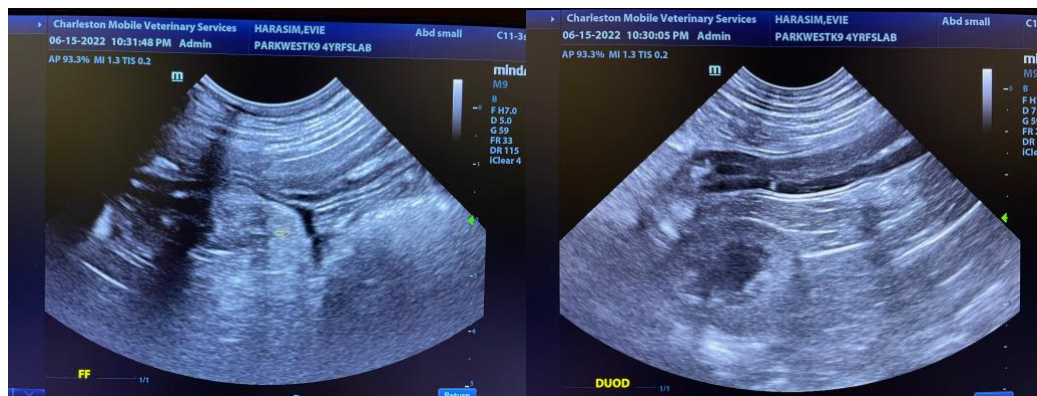
Spayed Female

**AGE**

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**WEIGHT**

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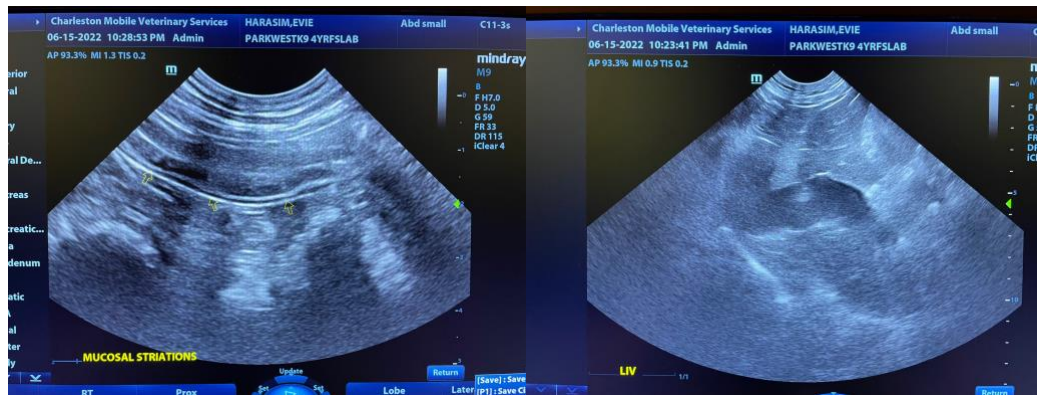


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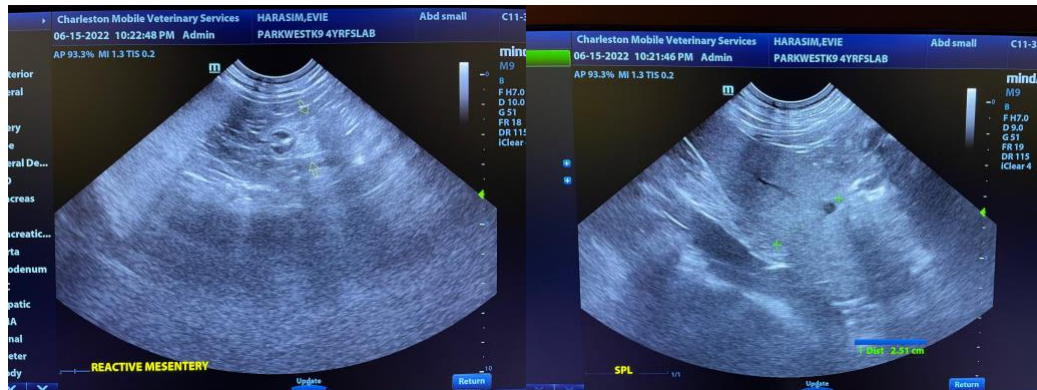
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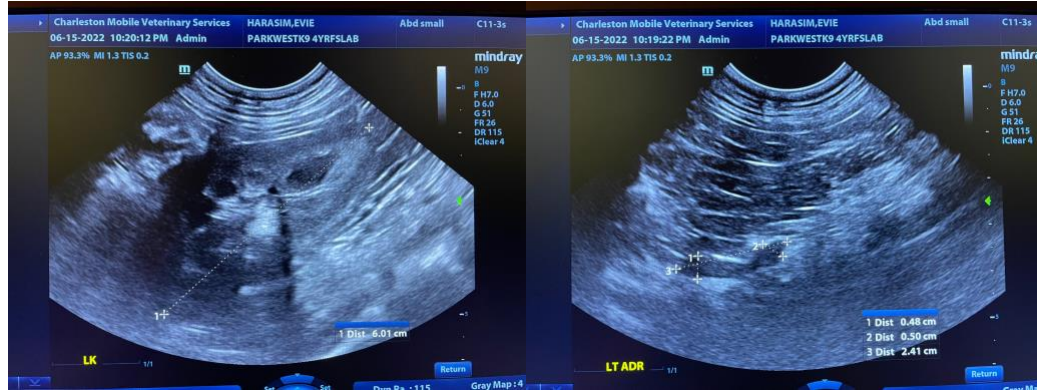
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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