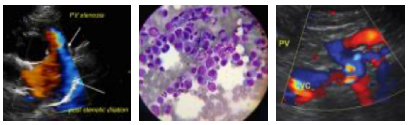
IMAGING PERFORMED BY

IntraPet.com



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DATE

8/7/23

PATIENT

Cherry Chu

SPECIES

Canine

BREED

Mixed breed dog

SEX

Female, spayed

AGE

9/1/2021

WEIGHT

23.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Notarangelo

INVOICE

15177

PRESENTING CLINICAL SIGNS

Owner acquired as a rescue with diarrhea in May, had been treated with panacur, metronidazole, i/d and probiotic at the shelter. On and off diarrhea persisted, dog is thin with very dilated colon. Stool very watery and voluminous. Recently lyme + in June but improved with doxycycline. Full diarrhea work-up unremarkable: chem/cbc/maldigestion/resting cortisol and serial fecals. Recently partially responsive to tylan and just started ultamino diet.

Current Medications: Proviable DC Caps (30ct) 7/22/2023, TYLAN 8 DRAM 7/11/2023, Hill's Prescription Diet Dog Digestive/Fiber Care Gastrointestinal Biome Dry 8lb Bag 6/23/2023, TYLAN POWDER 8 DRAM .5 OZ. 6/16/2023, Drontal Plus Tablet Dog 68mg 6/7/2023, Doxycycline 100mg tablet 6/2/2023, Gabapentin 100mg capsule 6/2/2023, PROVIABLE FORTE MED/LG 6/2/2023, PRO-PECTALIN TABLETS 5/22/2023, Metronidazole 250mg tablet 5/22/2023, Hill's Prescription Diet Dog i/d Dry PD Dog i/d Dry 5/16/2023, Pro-Pectalin Tablet 5/12/2023, STRONGID 5/12/2023.
Lab Results: alkp 198, Ca 11.7, K+ 3.3, WBC 19K, cobalamin >1000, cortisol levels normal, series fecals negative.
USG 1.010, 3+ proteinuria, active sediment, bacteriuria
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly 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 size (5.01 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and slightly heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. Moderate pyelectasia is present (0.61 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (5.61 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen and slightly heterogeneous in appearance. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. An ill-defined hyperechoic medullary band is observed at the corticomedullary junction. Moderate pyelectasia is present (0.35 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.39 cm at caudal pole) (2.03 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 right adrenal gland is normal size (0.76 cm at cranial pole) (0.54 cm at caudal pole) (1.84 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.

Spleen

The spleen is normal in size (1.69 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 gallbladder 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.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. 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.

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes. Given the patient's young age, a prior insult (i.e., infection, toxin) is suspected. The bilateral pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof.

*An obvious cause for the patient's chronic diarrhea is not identified in this study. Considerations include infectious/parasitic disease, food allergy/intolerance, inflammatory bowel disease, underlying metabolic issue, dysbiosis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

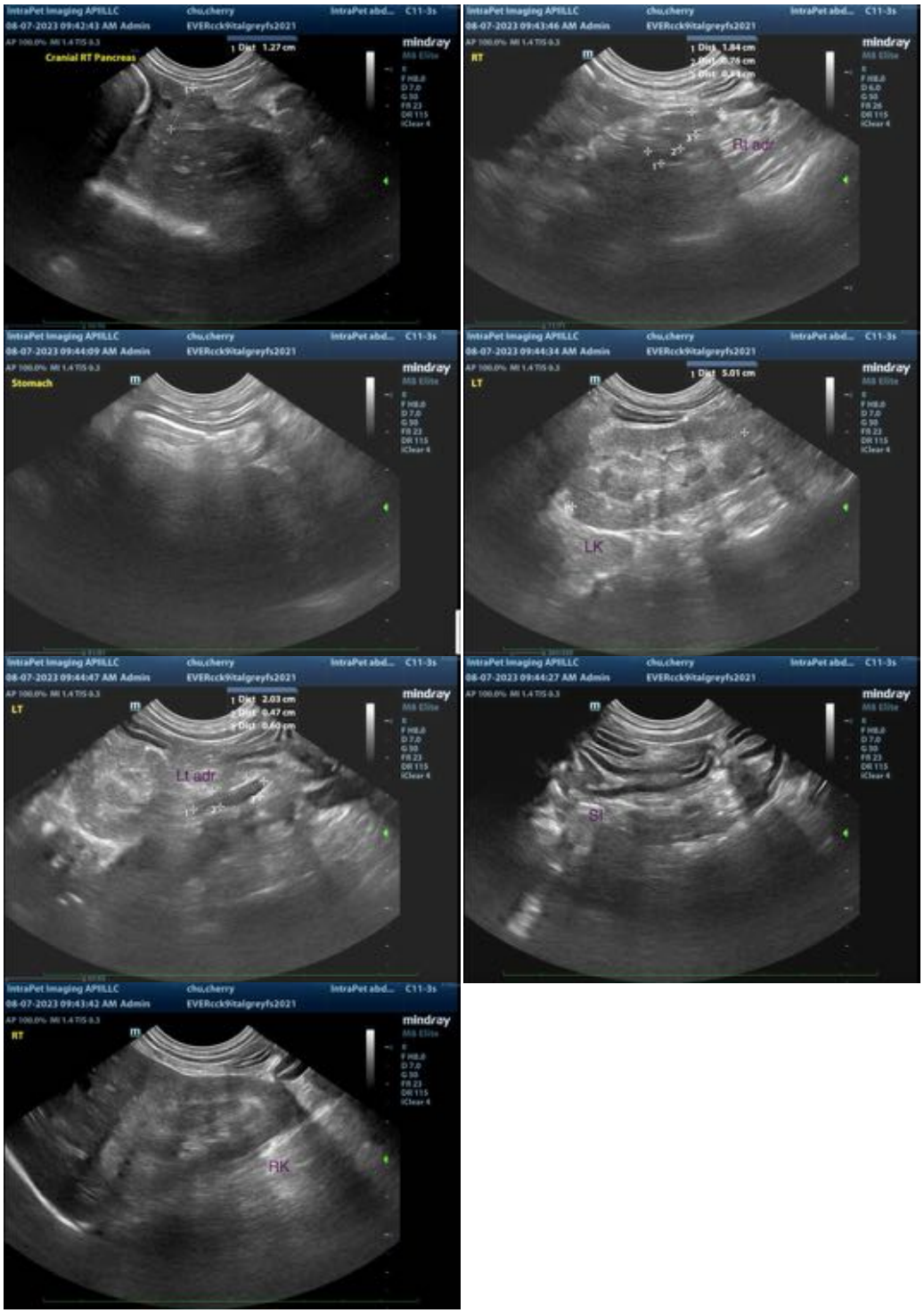
- Regarding the bacteriuria and pyelectasia, a urine culture and sensitivity is recommended. If proteinuria persists if/when the urinary tract infection has cleared, a UPC should be considered.

- Regarding the diarrhea, consider the following:

    1. Initiation of a fiber supplement (i.e., psyllium).

    2. Despite the negative fecal evaluations, consider prophylactic deworming with Fenbendazole.

    3. If the patient does not respond to the recent diet change, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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