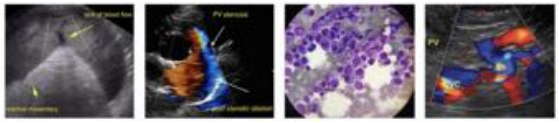


PATIENT

Buc Edwards

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

3.22.2014

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Southside AH

REFERRING VET

Dr. Jaime Carroll

INVOICE

11661

DATE

9.19.2022

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: wgt loss, gastritis, enteritis

Abnormal lab-work values: BW results - Alb - 1.4, TP - 3.6, Glob - 2.2. Mild anemia - 09/06 Alb - 1.9 today (up from 1.4), glob - 2.8 (normal) - 09/12

Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is normal in size (1.23 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The **left kidney** is normal size (6.30 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (6.84 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.68 cm at cranial pole) (0.50cm at caudal pole) (2.98 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 (0.81 cm at cranial pole) (0.56 cm at caudal pole) (2.67 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.

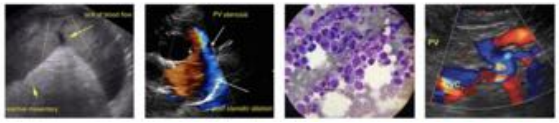
Spleen

The **spleen** is normal in size (1.96 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The **gastric lumen** is mildly to moderately 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 segmentally dilated with chyme. The small intestinal wall is diffusely thickened (up to 0.71 cm). There is apparent retention of the normal layering pattern. There is evidence of submucosal thickening in some segments. Mucosal striations are seen in multiple regions. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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 mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is present. The abdominal **lymph nodes** are normal/not visible.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The small intestinal wall changes in conjunction with the patient's clinical history, are most consistent with a protein-losing enteropathy. Top differentials include lymphangiectasia, inflammatory bowel disease, emerging lymphoma, infectious/parasitic disease. Diffuse peritonitis is present, likely secondary to bowel pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A malabsorption panel including serum cobalamin and folate, TLI and PLI, is recommended, along with a fecal evaluation for ova and Giardia, if not already performed. Consider prophylactic deworming with Fenbendazole. Ultimately, gastrointestinal biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. Surgical biopsies are more likely to be representative of underlying GI pathology.

While awaiting test results, consider initiation of a low-fat limited antigen diet.

To rule out other, concurrent causes of hypoalbuminemia, consider the following:

1. Resting cortisol level to screen for hypoadrenocorticism
2. UPC
3. Pre-and postprandial serum bile acids

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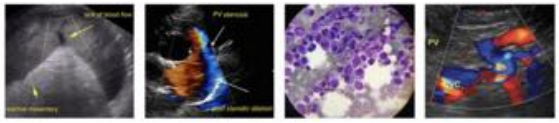

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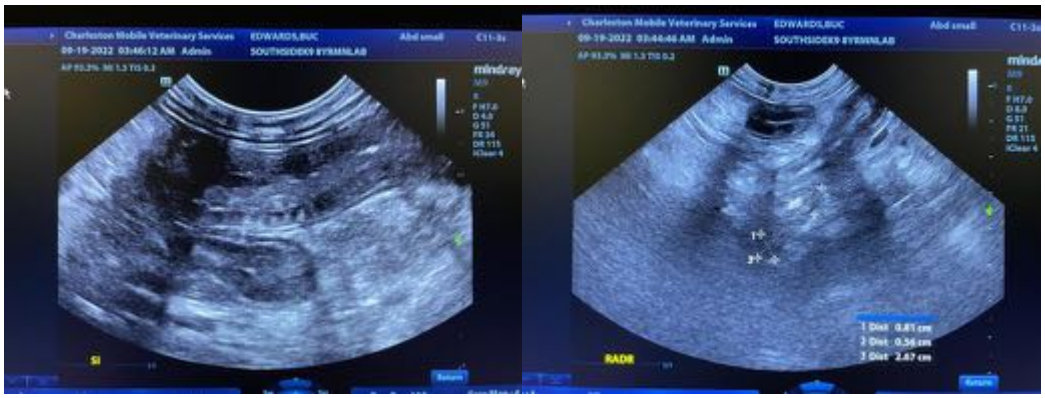

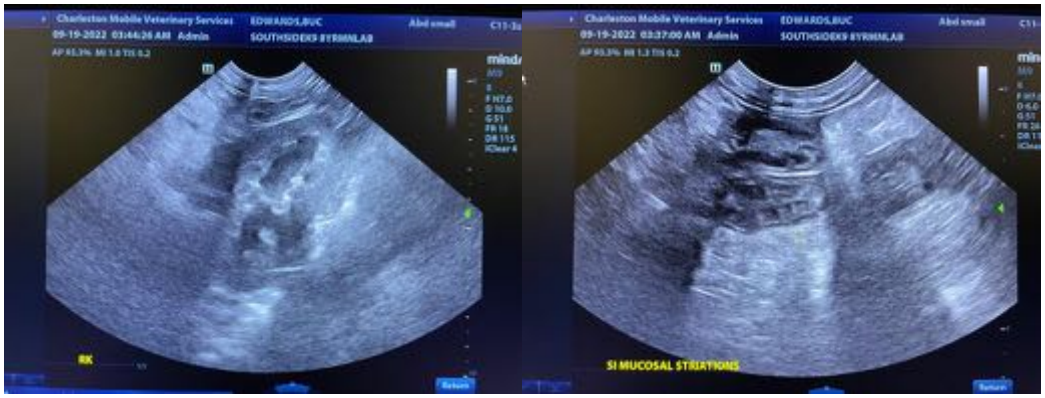

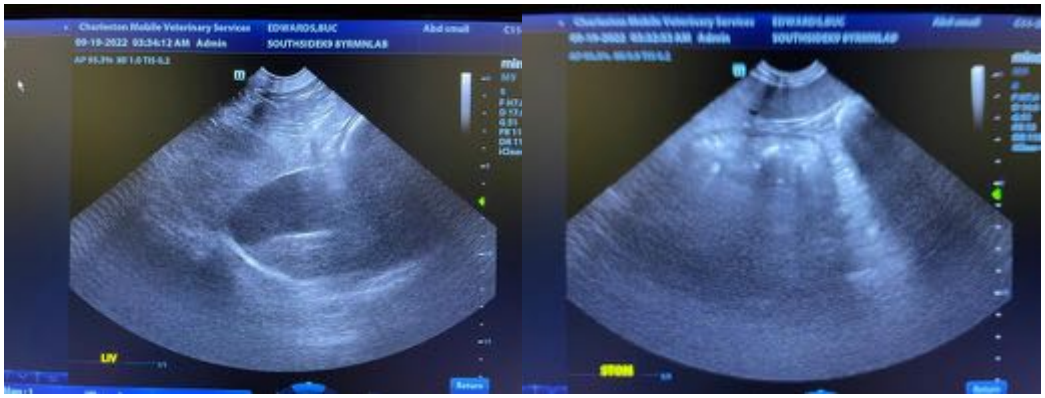

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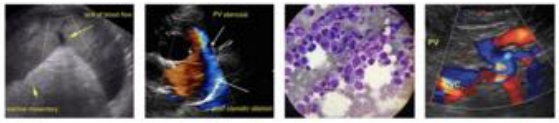

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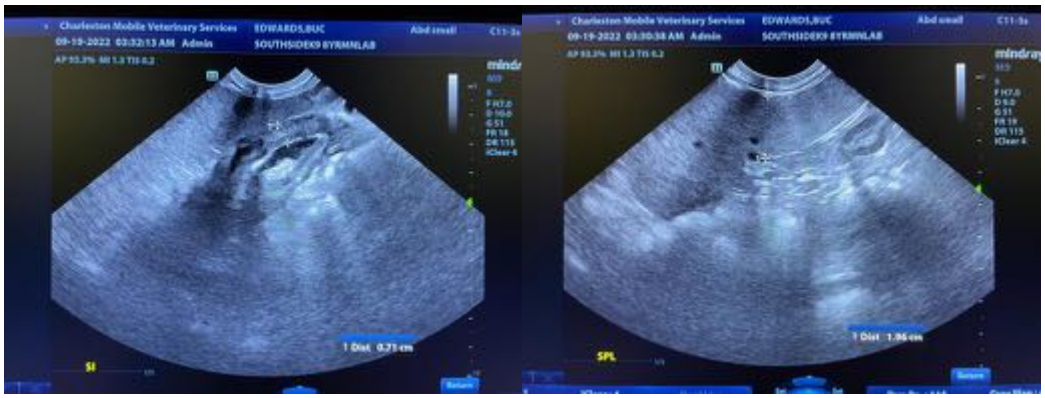

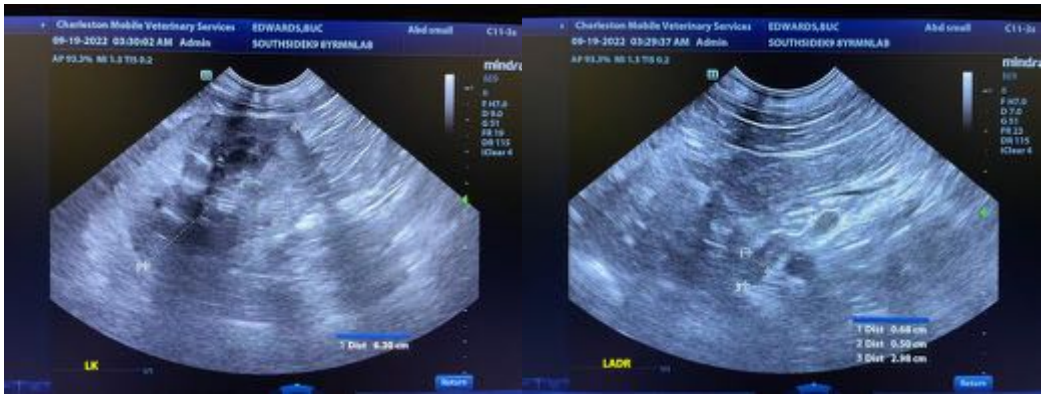

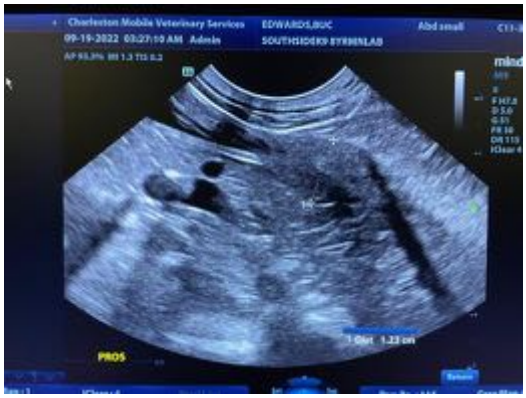

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com