

**DATE PRESENTING CLINICAL SIGNS**

9/7/21

History: Hepatosplenomegaly Low albumin - responded to Prednisone administration, no protein on urinalysis. Chronic severe yeast dermatitis.

PATIENT

Petzit Pawelska

Current Medications: Prednisone 20mg tablet - Give 1 tablet by mouth every 12 hours, do not abruptly discontinue x 30 days. Cefpodoxime Proxetil 200mg tablet - Give 1 tablet by mouth every 12 hours until gone. Give with food x 30 days. Ketoconazole 200mg 1 po q 24 hrs #30 with 1 refill x 30

SPECIES

Canine

Lab Results: 8/6/21 Albumin 1.9; 8/17/21 Albumin 2.8 (on Prednisone).

Radiographs: Not provided by the veterinarian.

BREED

German Shepherd

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Telazol administered prior to scan.

SEX

Female intact

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

8/27/14

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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.

WEIGHT

77 lbs.

The left kidney is normal size (7.35 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.

The right kidney is normal size (7.32 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.

Adrenal Glands

The left adrenal gland is small in size (0.56 cm at cranial pole) (0.43 cm at caudal pole) (2.12 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.

Spleen

The spleen is normal in size (2.04 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is gas-distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with fluid/chyme. The small intestinal wall is mildly thickened (0.50 – 0.55

INTERPRETED BY

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

HOSPITAL NAME

Warm and Fuzzy
 Veterinary Clinic

REFERRING VET

Dr. Urie

INVOICE

11776kk

cm) with a normal layering pattern. There is evidence of increased mucosal echogenicity/mucosal fogging in several segments. 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 peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

The uterine body is visible and measures 0.67 cm in width. No obvious pathology is seen.

The left ovary is subjectively normal in size (1.14 cm in length) with a slightly irregular shape. No obvious pathology is seen.

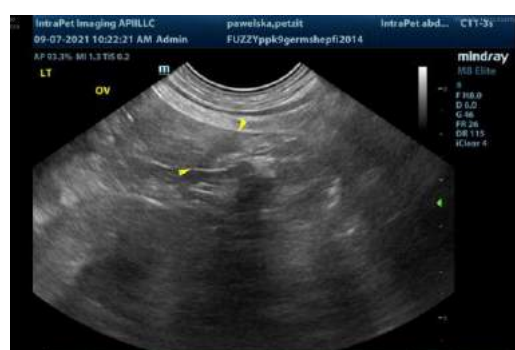
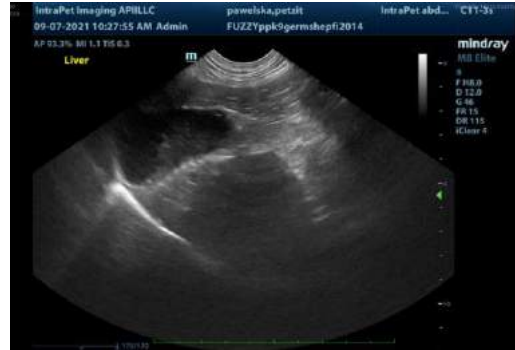
ULTRASONOGRAPHIC FINDINGS

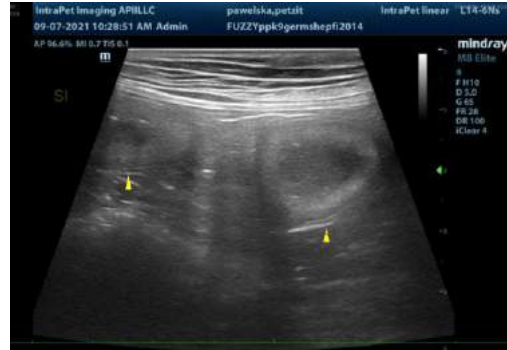
- The clinical history and sonographic changes are most consistent with a protein-losing enteropathy. Primary differentials include inflammatory bowel disease, lymphangiectasia, infiltrative neoplasia (i.e., lymphoma), infectious/parasitic disease, other enteropathy.
- The hepatic and adrenal changes are most likely secondary to prednisone therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A 6-week limited antigen diet trial to assess for food allergies
2. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
3. A fecal evaluation for ova/Giardia
4. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
5. Ultimately, if a definitive diagnosis is desired, endoscopic, or surgical gastrointestinal biopsies would be necessary. Ideally, the patient would be weaned off of prednisone prior to performing biopsies to avoid masking of underlying GI pathology.







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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com