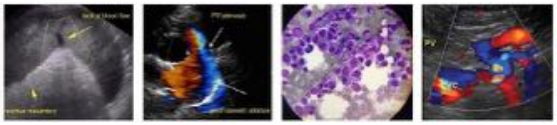

PATIENT

Chloe Heaton

SPECIES

Canine

BREED

Doodle

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

22.5 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Farooq

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: moderate irritation and gas in loops of intestines no obvious FB or enlargements nothing else noted Current Medications metronidazole, famotidine, sucralfate, gabapentin, Fortiflora Abnormal PE/Chem/CBC/UA Results: abnormal CPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (5.80 cm in length); normal shape and architecture with 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.

The right kidney is normal size (5.60 cm in length) with a slightly irregular shape. 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.05 cm at cranial pole) (1.04 cm at caudal pole) (3.23 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.19 cm at cranial pole) (0.64 cm at caudal pole) (2.78 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

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 thickness is normal with retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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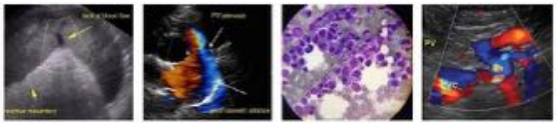

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

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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.

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

Primary Findings:

- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging lymphoma.

Secondary Findings:

- Minor age-related hepatic and renal changes.
- Bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is exhibiting chronic GI signs, consider the following:

1. A fecal evaluation for ova/Giardia +/- prophylactic deworming with Fenbendazole (if diarrhea is present).
2. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
3. 2-4 week limited antigen or hydrolyzed protein diet trial (if the patient's appetite is normal).
4. Initiation of a probiotic +/- fiber supplement.
5. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis. Three-view thoracic radiographs should be performed prior to any anesthetic event.
6. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

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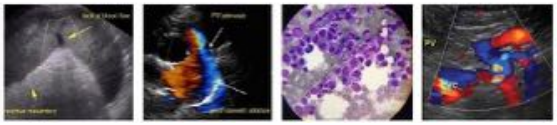

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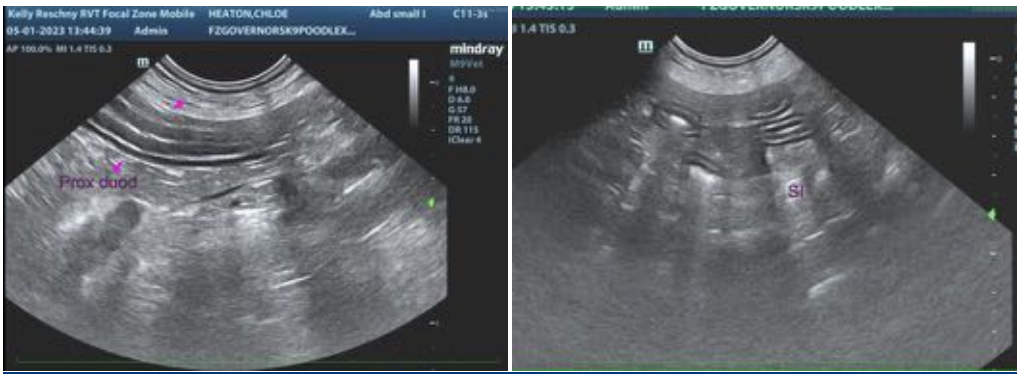

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

DATE
5/1/23