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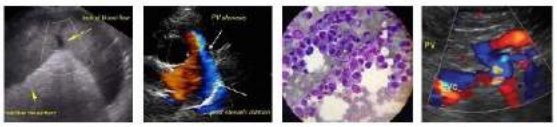


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Hamlin Beutler

SPECIES
Canine

BREED
Mastiff Mix

SEX
Male Neutered

AGE
9 Years

WEIGHT
45 kgs.

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

IMAGING PERFORMED BY
Kelly Reshny, RVT

HOSPITAL NAME
Preston AC

REFERRING VET
Dr. Coghlan

INVOICE
11730kk

DATE
8/31/21

PRESENTING CLINICAL SIGNS

History: Weight loss, intermittent diarrhea / severe flatulence currently on: PVP gabapentin 1200 mg po night prior to the appointment, 1200 mg 2 hours before the appointment for anxiety.

Abnormal PE/Chem/CBC/UA Results: Routine blood work showed Decreased protein and mild changes in electrolyte values may indicate some loss due to hx of occasional diarrhea. Of larger concern is the greatly reduce Free T4 value which I suspect to be euthyroid sick syndrome given lack of hypothyroid symptoms. UA NAF on urine except some oxalate crystals and is very concentrated. No proteinuria, low albumen likely due to protein losing enteropathy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.04 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.

The right kidney is normal size (7.24 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.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.69 cm at caudal pole) (2.69 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.

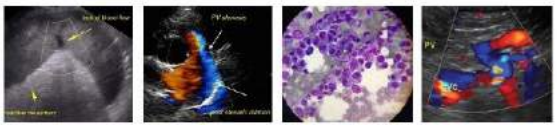
The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size 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 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.



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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 segmentally fluid-distended. The small intestinal wall is normal in thickness with a normal layering pattern. There is evidence of mucosal fogging and occasional mucosal striations in some 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

There is no evidence of free fluid.

Lymph Nodes

See "Other" category.

Other

A 3.27 x 2.89 cm irregular, hypoechoic mass is observed in the mid-abdominal cavity. Surrounding mesentery is hypoechoic to slightly heterogeneous.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

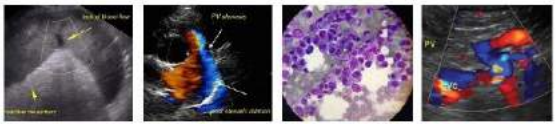
- Mid-abdominal mass, the origin of which is unclear. It may be arising from lymph node, mesentery, or other. Neoplasia is considered likely with a lower possibility of benign pathology (i.e., granuloma).
- The small intestinal wall changes in conjunction with the clinical history are consistent with a protein-losing enteropathy. Differentials include infiltrative neoplasia (i.e., lymphoma), lymphangiectasia, inflammatory bowel disease, infectious/parasitic disease, and other enteropathy.

Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the mid-abdominal mass is recommended (if clotting status is appropriate). A 25-guage needle should be used. If cytology results are inconclusive, consider an abdominal exploratory with mass removal as well as gastrointestinal biopsies.
3. Other diagnostic considerations for the protein-losing enteropathy include:



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a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.

b. A fecal evaluation for ova/Giardia

c. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

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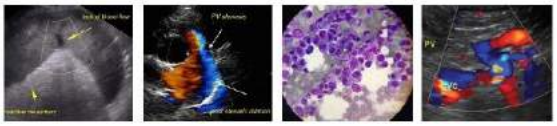

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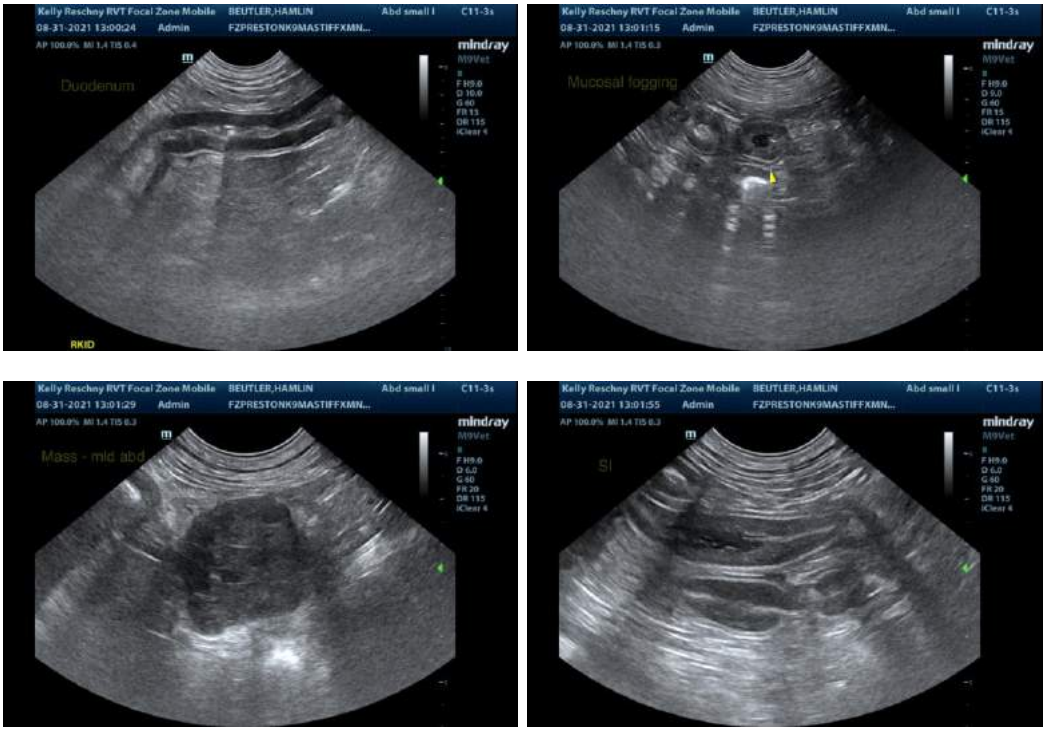

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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