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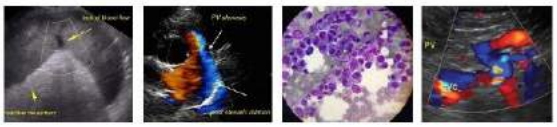

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Tango Nasello

SPECIES
Canine

BREED
Cocker Spaniel Mix

SEX
Male Neutered

AGE
12 Years

WEIGHT
4.6 kgs.

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

IMAGING PERFORMED BY
Kelly Reshny, RVT

HOSPITAL NAME
Snelgrove VS

REFERRING VET
Dr. Gunsinger

INVOICE
11774kk

DATE
9/7/21

PRESENTING CLINICAL SIGNS

History: - Not eating for 2-2.5 weeks -weight loss -diarrhea -MM are pale and tacky -dehydrated 5-7% currently on: Metronidazole at 10 mg/kg 12h x 10 days, Clavaseptin at 13 mg/kg q12h x 7 days, famotidine at 0.5 mg/kg q12h x 8 days. EN low fat.

Abnormal PE/Chem/CBC/UA Results: Mild, non-regenerative anemia. Moderate leukocytosis with neutrophilia and monocytosis. Mild elevation in SDMA with normal BUN and creatinine. Hypocalcemia with hypoalbuminemia and hypoglobulinemia suggestive of PLE.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

No images were provided of the urinary bladder.

No images were provided of the prostate.

The left kidney is normal size (3.63 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 (4.30 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 (0.48 cm at cranial pole) (0.57 cm at caudal pole) (1.47 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 (0.84 cm at cranial pole) (0.47 cm at caudal pole) (1.75 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 contracted (0.64 cm in width at the level of the hilus) with normal curvilinear peripheral contours. 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 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/not seen.

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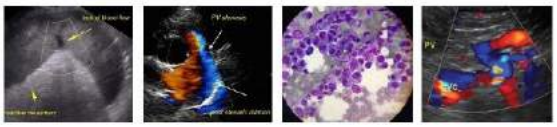

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally distended with fluid (mild). In one segment, a small amount of soft shadowing material is observed within the lumen. The small intestinal wall is normal to borderline thickened (up to 0.44 cm) with apparent retention of the normal layering pattern. There is evidence of mucosal fogging in some segments. Discreet masses are not identified. The colonic wall is normal.

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 mildly hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

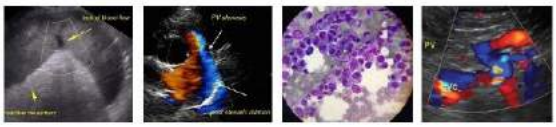
- The clinical history and sonographic changes are most consistent with a protein-losing enteropathy. Differentials include inflammatory bowel disease, lymphangiectasia, infiltrative neoplasia (i.e., lymphoma), infectious, parasitic disease, and other. The shadowing material within the small intestine likely represents foreign material but does not appear overtly obstructive and is likely transient.
- The trace ascites/diffuse peritonitis is likely secondary to underlying bowel pathology.

Secondary Findings:

- The splenic contraction is most consistent with dehydration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
2. Given the bowel changes, consider the following:
    a. A fecal evaluation for ova/Giardia
    b. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
    c. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    d. Ultimately, endoscopic, or surgical gastrointestinal biopsies would be necessary to get a definitive diagnosis.
3. To assess for other concurrent causes of hypoalbuminemia, consider the following:
    a. UPC
    b. Pre- and post-prandial serum bile acids



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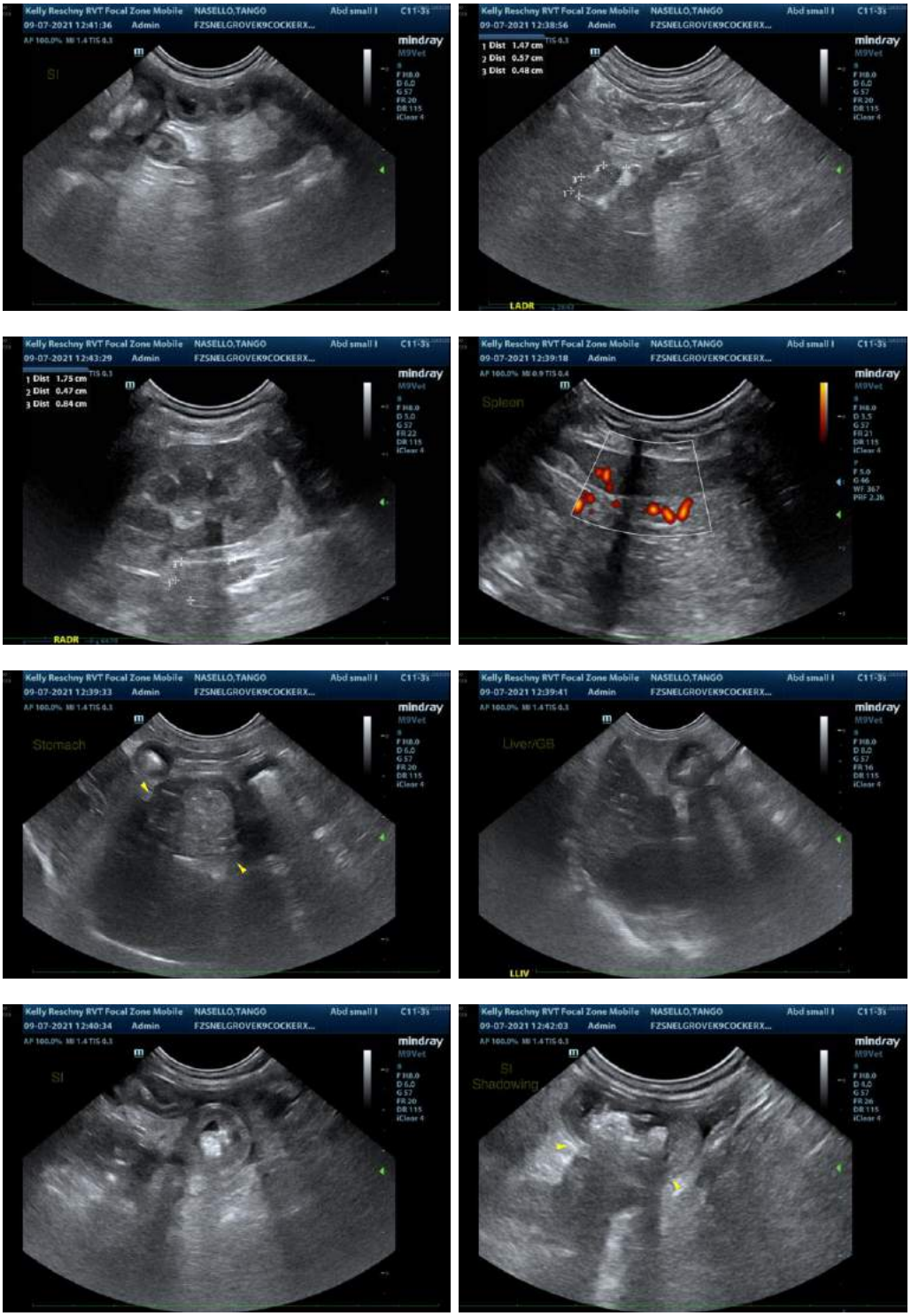
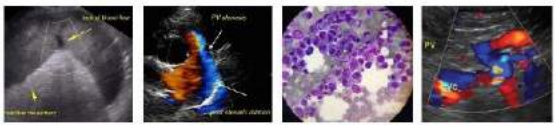
c. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.



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



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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