

PATIENT PRESENTING CLINICAL SIGNS

Luna Segura History: excessive grass eating and sensitive GI tract with intermittent vomiting and soft stool
Abnormal PE/Chem/CBC/UA Results: TP 5.4 (down from 6.0), Cholesterol- 94, Cobalamin- 236, resting Cortisol- 1.2 (ACTH stim testing pending) Current Medications none Radiographic Findings none

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Labrador Retriever

Urinary System

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface

SEX

Spayed Female

Left kidney is normal is size (6.36 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed

AGE

1 Year

Right kidney is normal is size (6.24 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Left adrenal gland is unable to be well visualized in these images.

WEIGHT

51.6 Pounds

Right adrenal gland is normal in size (3.15 cm long x 1.1 cm at the cranial pole and 0.86 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

West Hills AH

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Remcho

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

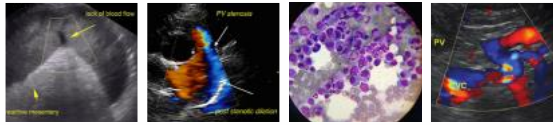
INVOICE NUMBER

17915

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

10/24/22



PATIENT

Luna Segura

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

BREED

Labrador Retriever

Pancreas

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Unremarkable/normal abdomen

AGE

1 Year

Given this patients reported laboratory changes, primary gastrointestinal disease, suspect protein losing enteropathy/lymphangiectasia is a top differential, therefore a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. However, given the low baseline cortisol and low cobalamin, as is reportedly already pending, a full ACTH stimulation test is recommended. Additionally, given the low albumin and low cholesterol, bile acids could be considered to rule out concurrent liver dysfunction and urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended (if not recently evaluated).

WEIGHT

51.6 Pounds

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DACVIM

Ultimately, if bile acids, urinalysis and ACTH stimulation test are normal, further supporting gastrointestinal dysfunction, biopsies of the GI tract are recommended to definitively diagnose and therefore manage the infiltrative bowel disease. If biopsies cannot be obtained safely due to low albumin or patient stability, etc., empirical therapies prior to biopsies could include a diet change to an ultra-low fat-diet, empirical deworming with a 5-day course of Panacur, and in this patient, given the reported low cobalamin level, cobalamin supplementation, as well as a probiotic such as Provable or Visbiome.

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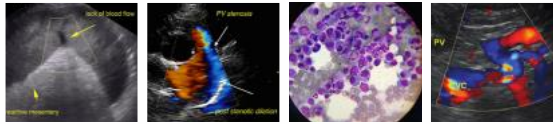
Long term, if biopsies are not an option, prednisolone, if not contraindicated, based on patient contraindications, comorbidities, etc., may be necessary. Calcium monitoring and supplementation, if necessary, is also recommended.

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PATIENT

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SPECIES

Canine

BREED

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SEX

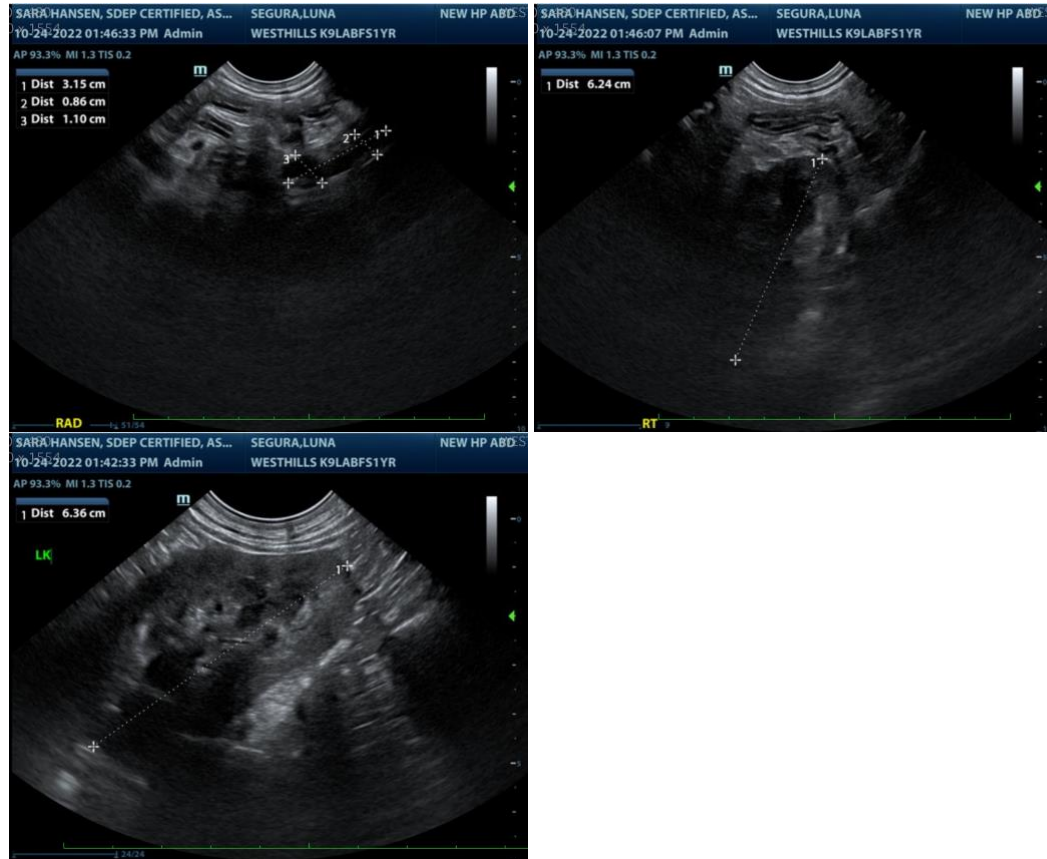
Spayed Female

AGE

1 Year

WEIGHT

51.6 Pounds



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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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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