



PATIENT **PRESENTING CLINICAL SIGNS**

Pixel Levine History: Hx of intermittent vomiting and diarrhea since around October 2021. P has been empirically dewormed and has had multiple negative fecal results. Moderate improvement on Flagyl, no response to Tylan. No response to hydrolyzed or selected protein diets, or probiotics. No weight loss.

SPECIES Abnormal PE/Chem/CBC/UA Results: Diagnostics pending: Canine Microbiota Dysbiosis Index, cobalamin, cortisol, folate, trypsin-like immunoreactivity (TLI), Spec cPL Test

Canine

BREED **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Chihuahua Mix *Urinary System*

SEX The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

Spayed female

AGE The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured *** cm. The left kidney measured *** cm.

WEIGHT *Adrenal Glands*

3 kg

Adrenal glands were not distinctly visualized. The area of the adrenal glands and surrounding vasculature were normal.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

Spleen

IMAGING PERFORMED BY

Dr. Olcha

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

HOSPITAL NAME

East Meadow VC

Liver

REFERRING VET

Dr. Olcha

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. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

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Gastrointestinal

DATE

1/9/23



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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Canine

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Chihuahua Mix

Sections of colon are visualized with gas and forming fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SEX

Spayed female

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

AGE

3 years

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

WEIGHT

3 kg

Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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Primary Findings

1. Normal GI tract
2. Normal pancreas
3. Non-visualized adrenal glands with no surrounding abnormalities

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no ultrasonographic changes to GI tract, pancreas or other abdominal organs to explain the intermittent diarrhea and vomiting. While not ultrasonographically abnormal, pancreatitis cannot be ruled out as a possibility with imaging alone. The areas of the adrenal glands were normal, though the adrenal glands were not visualized which may indicate hypoadrenocorticism and pending cortisol level should differentiate this as a cause. Additional diagnostics to be considered include pending tests (canine Microbiota Dysbiosis Index, cobalamin, cortisol, folate, trypsin-like immunoreactivity (TLI), Spec cPL Test) and could also include bile acid profile to assess liver function. Ultimately GI biopsies (endoscopic vs surgical) may be required for more definitive diagnosis. Endoscopic biopsy is less invasive but may miss lesions due to inability to sample more than top 1-2 layers of GI tract and inability to obtain samples from all sections of the GI tract. Surgical biopsies are more likely to be diagnostic but are more invasive. Trial with consistent use of probiotics and a high fiber diet could be considered.

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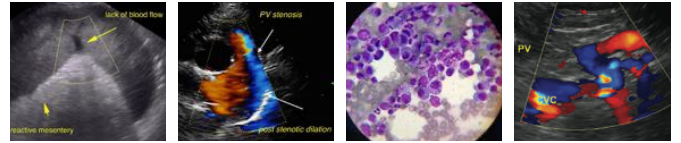
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com