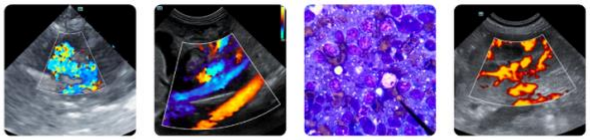


PATIENT

Charlie Shelter Link

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

13 Years 10 Months

WEIGHT

65

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sreenivasa Maddineni

HOSPITAL NAME

West Babylon AH

REFERRING VET

Dr. Sreenivasa Maddineni

INVOICE

36045

DATE

3/1/26

PRESENTING CLINICAL SIGNS

- chronic diarrhea for at least 2-3 months.
- no response to metro or tylon powder.
- R/O colitis vs. gastroenteritis vs. pancreatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder contains a very small amount of urine. No obvious urinary bladder abnormalities are seen. No bladder masses or stones are noted. The bladder wall appears diffusely normal in thickness. The urethral papilla is not seen. A small amount of suspended hyperechoic debris is noted within the anechoic urine. If urinalysis is not performed, recommend urinalysis. If urine sediment is active, recommend urine culture.

The right kidney presents normal size (7.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.3 mm and the caudal pole measures 5.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 6.1 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. There is a 2.6 cm x 3.4 cm hyperechoic object in the abdomen suspected to be a portion of daughter spleen.

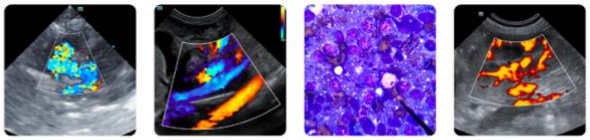
Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach contains a mild amount of retained fluid. No outflow obstruction is seen. The gastric wall is mildly diffusely thickened (5.2 mm in width). It has mild loss of layering. The patient appears to have mild gastritis of unknown etiology. The duodenum has normal layering and thickness (4.2 mm in width). Diffusely, mild loss of layering in the jejunum. The jejunum was thickened (7.7 mm in width). Diffusely, the colon contains soft stool. Diffusely, the colon wall appears normal in thickness and appearance.



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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Mild mesenteric lymphadenopathy is noted. A representative node measures 1.39 cm x 0.46 cm. The nodes appear reactive and less likely to be enlarged due to neoplasia. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Diffuse gastrointestinal disease of the stomach and small bowel
- The mildly enlarged mesenteric lymph nodes appear to be reactive and do not appear to be neoplastic.
- Urinary bladder debris
- Hyperechoic object in the abdomen, suspected to be a portion of daughter spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's clinical signs appear to be attributed to primary diffuse gastrointestinal disease of the stomach and small bowel. Recently a fecal pathogen PCR was performed and is negative for parasites. There is no obvious metabolic disease causing GI disease. Recommend Texas A&M GI panel to confirm primary gastrointestinal disease and to screen for possible occult pancreatitis. Pancreatitis is not seen on this exam. If GI panel confirms gastrointestinal disease, recommend GI biopsies either surgically or endoscopically. Endoscopically is preferred, as it is more minimally invasive.

Recommend resting cortisol to rule out Addison's disease. If resting cortisol is less than 2.0, follow up with ACTH stimulation test to definitively rule out Addison's disease.

Pending results of the recommended diagnostics, consider diet trial with hydrolyzed diet for 2 weeks to determine if clinical signs improve. If clinical signs improve with diet trial consider hydrolyzed diet with diet trial. Consider diet as possible long-term management plan if results of pending diagnostics come back negative.

Recommend urinalysis if not performed, and urine culture if active urine sediment is seen to rule out urinary tract infection.

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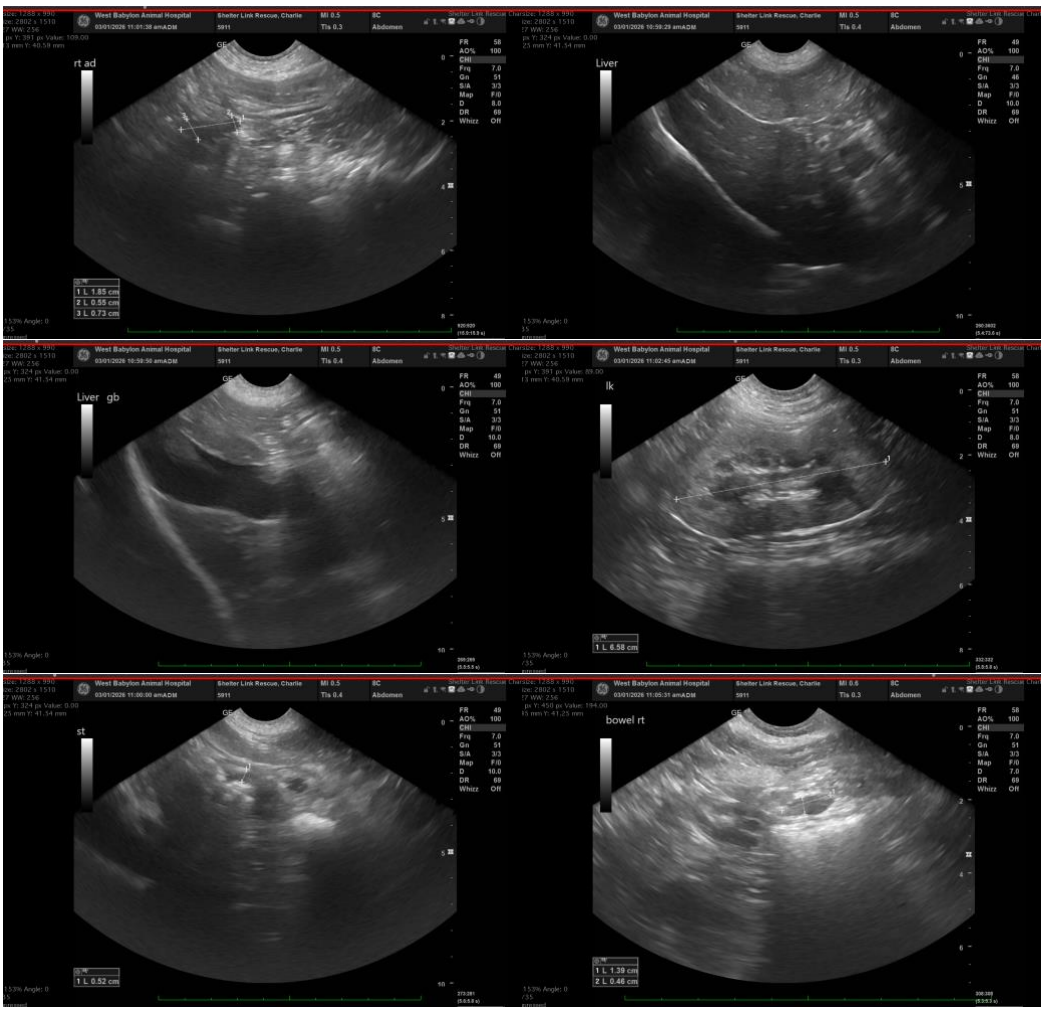

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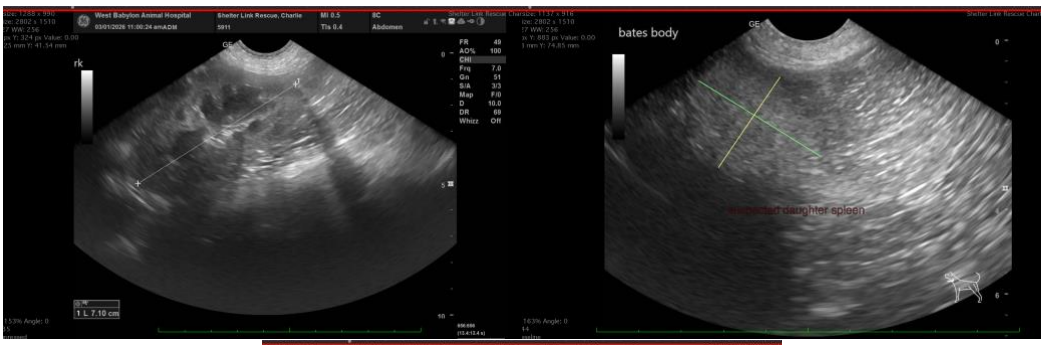

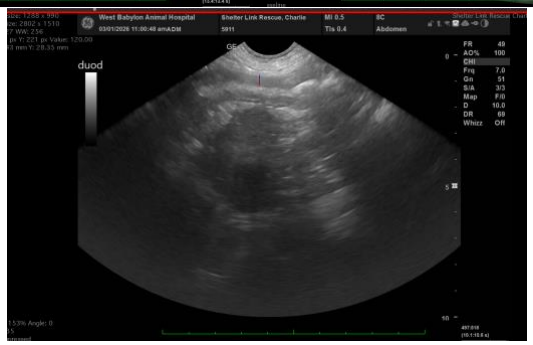

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com