**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Williams Abnormal PE/Chem/CBC/UA Results: fecal neg blood work for TLI, PLI, Cobalamin, Folate pending
**Please see attached labs

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMENCanine **Urinary System**

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

BREED

Poodle Mix

The prostate measures appropriate (1.27 cm) for the neutered status of the dog. The parenchyma appears homogenous.

SEX

Neutered Male

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.90 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

6 years

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.67 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands**WEIGHT**

73 lbs

The left adrenal gland is normal in size (cranial pole 0.55 cm / caudal pole 0.72 cm). The left adrenal gland has normal in shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (cranial pole 0.60 cm / caudal pole 0.75 cm). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

INTERPRETED BY

Jessica Midence,
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(SAIM)

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

IMAGING PERFORMED BY

Amy Mayhew LVT

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

HOSPITAL NAME

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The gallbladder lumen is moderate distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

REFERRING VET

Pierson Pet Hospital

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness (0.40 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

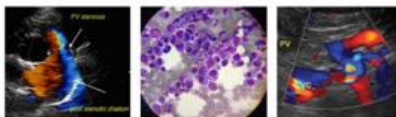
INVOICE

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The of duodenum measures thick at 0.62 cm (normal is about to about 0.60 cm) with distinct wall layering and a thickened mucosa. Some areas of jejunum measure normal (at 0.38 cm) but other segments measure thick (up to 0.47 cm) with mostly normal wall layering. There are focal segments of jejunum where the

DATE

4.21.23



PATIENT mucosa is mildly hyperechoic with some mild mucosal speckling, and mild corrugation. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

Cooper Williams

The sections of colon are visualized (0.18 cm) with formed fecal material and gas shadowing distally.

SPECIES *Pancreas*

Canine

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

BREED *Peritoneum*

Poodle Mix

There is scant anechoic effusion surrounding the small intestines. The mesentery surrounding the abnormal loops of jejunum is hyperechoic and slightly thickened in appearance.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Findings

- Segmental chronic enteropathy with reactive mesentery and scant effusion

AGE

6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the small intestines would be considered with a chronic enteropathy, as the reported lab-work suggests. While the changes are only segmental, there was mucosal speckling of the jejunum with a hyperechoic mucosa and a reactive surrounding mesentery. Typical causes of PLE in dogs would be severe inflammatory bowel disease, lymphangiectasia, infiltrative neoplasia, or certain infectious diseases depending on geography. Consider an ultra-low-fat, home-cooked diet (such as tilapia, sweet potato, and pasta) or Royal Canin Gastrointestinal Low Fat for possible lymphangiectasia. Consider endoscopic biopsies of the small intestines for definitive diagnosis.

WEIGHT

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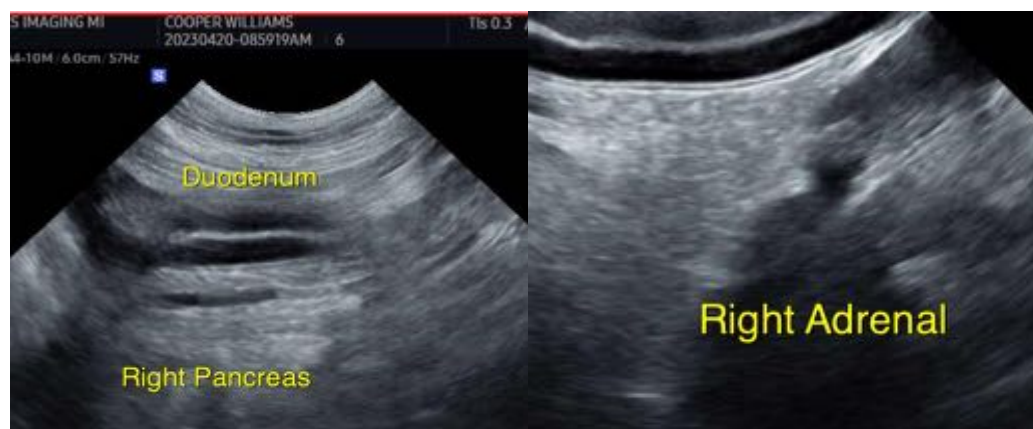
Pierson Pet Hospital

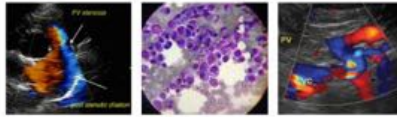
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PATIENT

Cooper Williams

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

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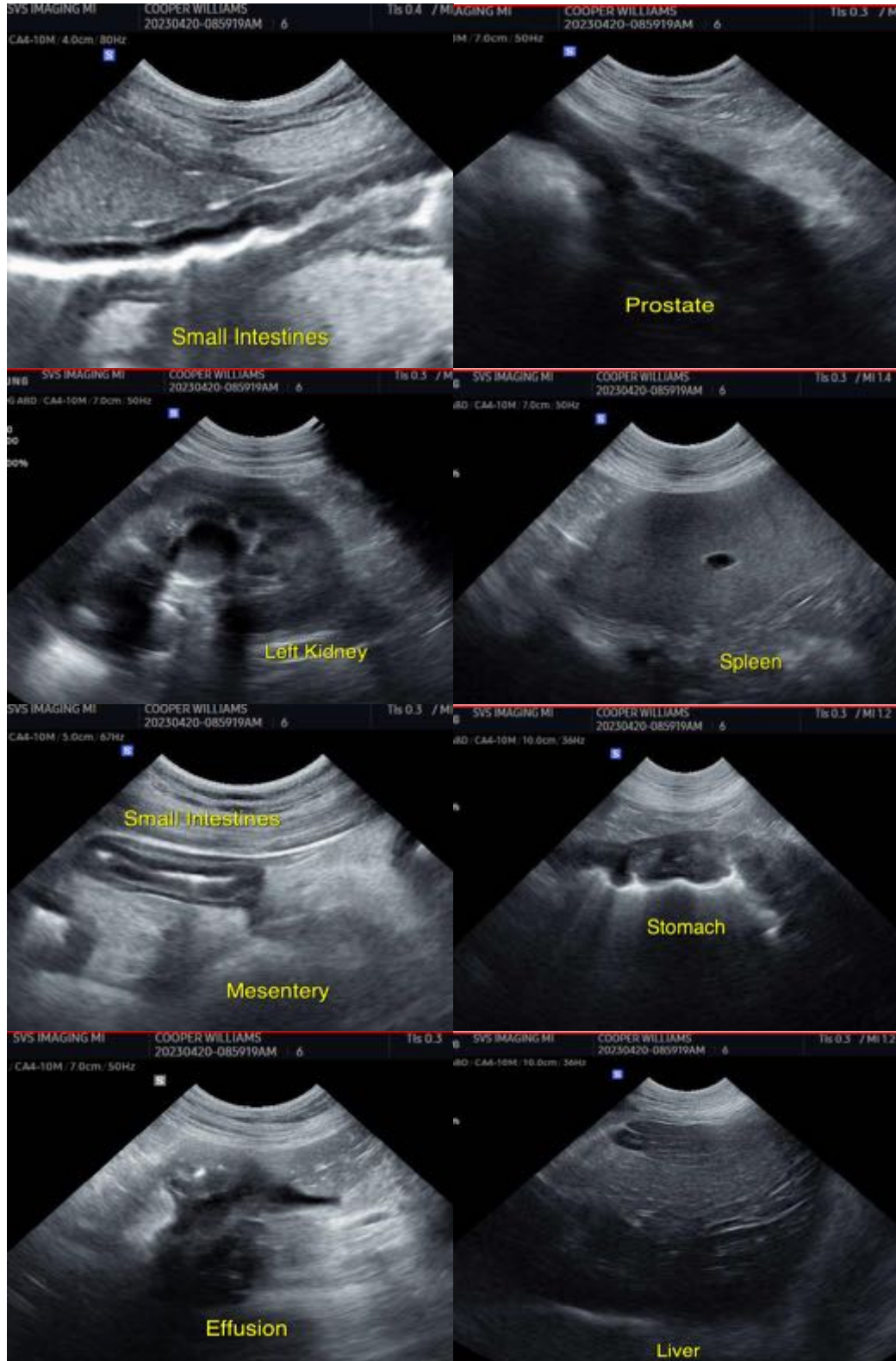
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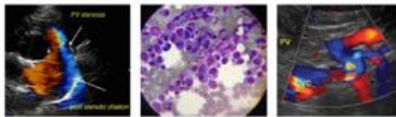
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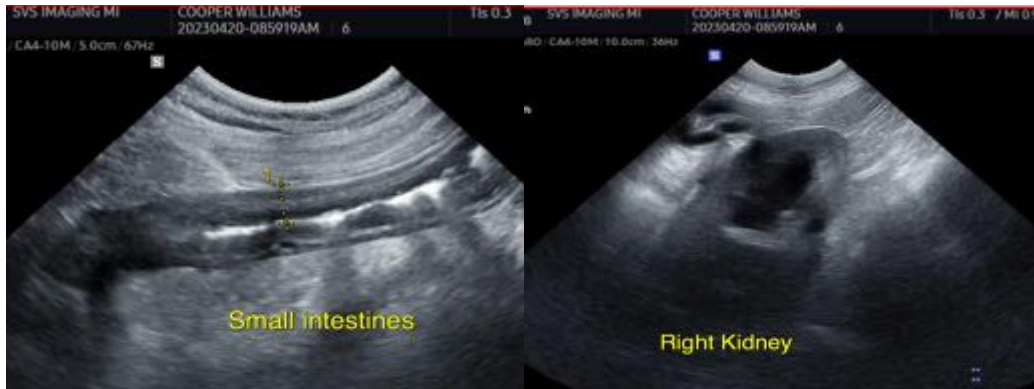
Cooper Williams

SPECIES

Canine

BREED

Poodle Mix



SEX

Neutered Male

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.

AGE

6 years

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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