


PATIENT PRESENTING CLINICAL SIGNS

LC Durkin History: chronic diarrhea; weight loss. On metronidazole
 Abnormal PE/Chem/CBC/UA Results: TP decr 3.8, Alb decr 1.8, glob decr 1.8, chol decr 160

SPECIES

Canine

BREED

 German Shepherd
 Mix

SEX

Neutered Male

AGE

8.5 years

WEIGHT

62.4 lbs

INTERPRETED BY

 Karen Ebersole, DVM,
 DABVP (Canine and
 Feline)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

 Vetco Total Care
 Kinnelon

REFERRING VET

Dr Eisenberg

INVOICE

13930

DATE

8.3.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 1.00 cm post-prostate.

The residual prostate was visualized and found to be normal in size and echogenicity.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. The left kidney measured 6.00 cm in length. The right kidney measured 5.60 cm in length.

Adrenal Glands

Both adrenal glands were normal in size. There was an overall normal shape, with mild capsular irregularity and mild heterogenous parenchyma. The changes were mild with no suspicion of neoplasia. The left adrenal gland measured 6.00 mm width at the caudal pole, 8.00 mm width at the cranial pole and 2.77 cm in length. The right adrenal measured 7.00 mm at the caudal pole, 12.00 mm at the cranial pole and 2.22 cm in length.

Spleen

The spleen was subnormal in size with a normal shape, and capsule contour. The parenchyma was finely textured with no visible masses, nodules. The vascularity appeared normal on power doppler with no evidence of a thrombus.

Liver/Gallbladder

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was mildly full of presumed ingesta. The stomach walls were normal in thickness and layering. The small intestine had mildly diffusely thickened walls. The mucosal layer was primarily thickened with diffuse echogenic speckling and striations. There was segmental hyperperistalsis. The mesentery around the intestines was bright, indicating likely inflammation. There was trace free fluid around some loops of small intestine. The jejunum measured 5.00 mm. The colon was full with apparently semi-formed stool. The visible colonic wall was normal in thickness in thickness and layering.

Pancreas

The pancreas was isoechoic to mildly hyperechoic to the surrounding inflamed mesentery. The pancreas was mildly increased in size with a smooth capsule contour. The pancreatic duct was not dilated. The pancreas may be reacting to the inflamed mesentery surrounding it. There were no overt masses or nodules in the pancreas.



PATIENT FINDINGS

- LC Durkin**
- Diffuse small intestinal mucosal thickening and mucosal striations - most consistent with PLE/lymphangectasia
- SPECIES**
- Moderately diffusely bright mesentery - consistent with inflammation
 - Trace free peritoneal fluid
 - Reactive mesenteric lymphadenopathy
- Canine**

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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This clinical and sonographic presentation is most consistent with protein losing enteropathy (PLE). Given the normal appearance of the liver and only mild aging changes in the kidneys, the most likely source of the protein loss is through the GI tract, specifically the small intestine. If not already done, a urinalysis is recommended to evaluate for any proteinuria, as PLN and PLE can coexist. In adult dogs, the most common causes of PLE are IBD, lymphangectasia, GI lymphoma and/or fungal infections. While there is no overt suggestion of neoplasia, full thickness biopsies would be required to rule it out.

**Albumin levels should be monitored closely, with a goal to keep levels over 2 g/dL to help prevent thromboembolic events, cavity effusions and peripheral edema.

Treatment may include some or all the following, depending on severity:

- Plasma, hetastarch or fresh frozen plasma transfusion
- Clopidogrel bisulfate (Plavix) at 1-3 mg/kg PO q 24 hrs is warranted in moderate to severe cases
- Prednisone (1-2 mg/kg q 12-24 hours) or Budesonide (3 mg PO q 24 hrs for dogs weighing 15-30 kg)
- Ultra low-fat GI diet or hydrolyzed protein diet (if Fat content is less than 10-15%).
- Cobalamin supplementation
- Empirical deworming, despite any negative fecal testing

Long-term prognosis depends on response to treatment and underlying cause but is generally guarded to fair. PLE secondary to IBD may have a fair to guarded prognosis. GI neoplasia and fungal infections have a guarded to grave prognosis.





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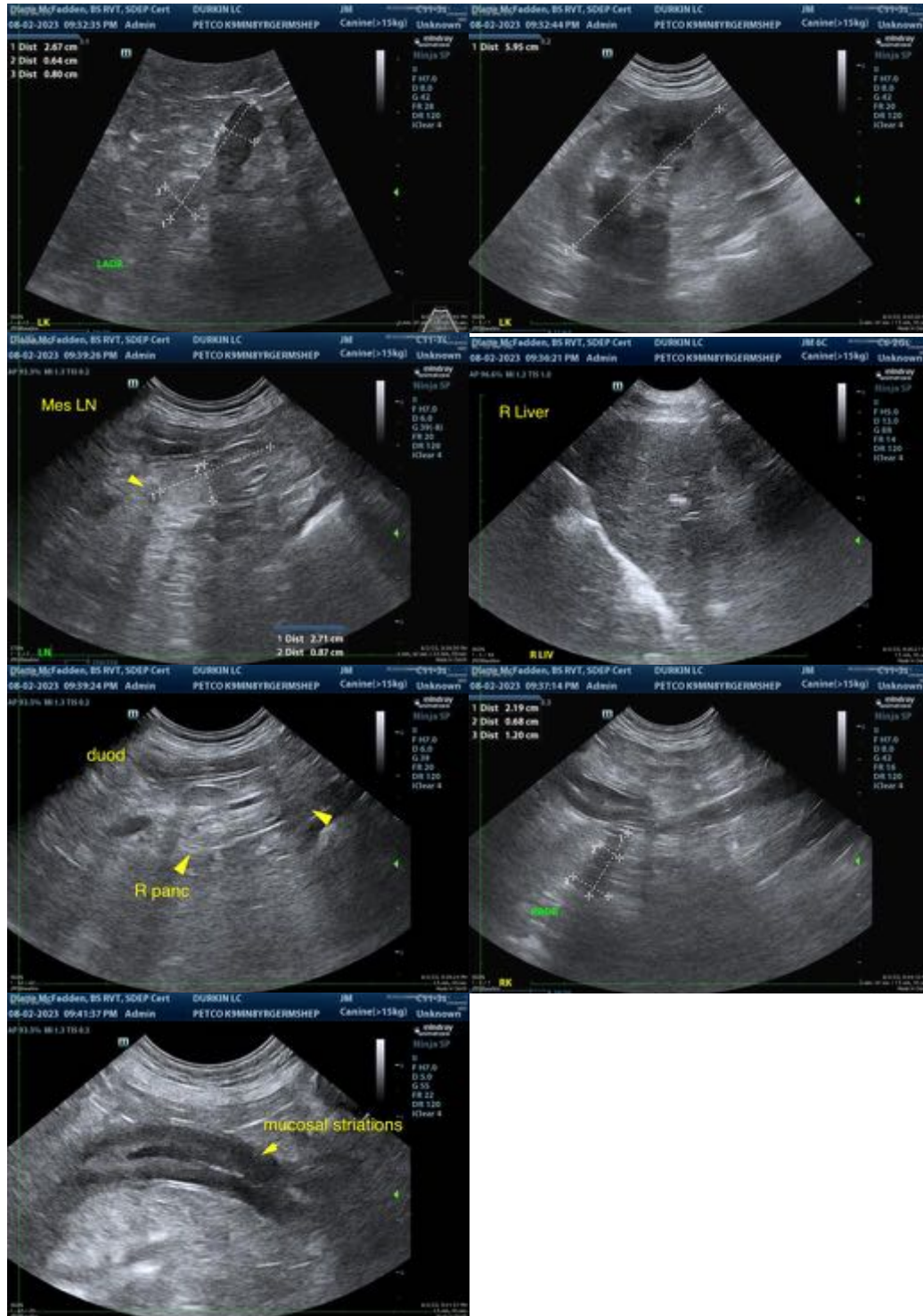
Dr Eisenberg

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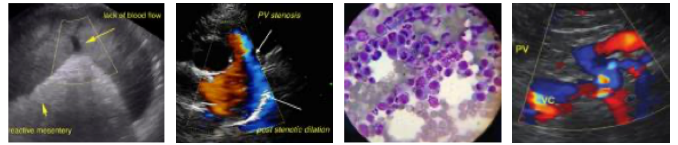
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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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info@SonoPath.com

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