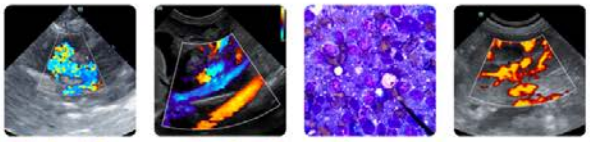

PATIENT

Gunner Bill

SPECIES

Canine

BREED

Rottweiler

SEX

Male

AGE

2 Years

WEIGHT

40.2 kg

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Patrick Hennigan, DVM

HOSPITAL NAME

Mattydale Animal Hospital

REFERRING VET

Patrick Hennigan, DVM

INVOICE

72241

DATE

1/15/26

PRESENTING CLINICAL SIGNS

Presented January 7th for intermittent diarrhea for the last month. No dietary indiscretion noted. No change in food. No vomiting. Weight down 4 pounds since November. Flagyl and Cerenia course rx. Bloodwork revealed eosinophilia and hypoalbuminemia. Recommended to start Hills ID low fat while working up but owner has not yet.

Abnormal PE/Chem/CBC/UA Results: PE: Slightly decreased muscle mass noted. Fecal - Negative CBC - Inc Eosins (2304) Chem - Decr ALB (2.0) U/A - usg 1.043, prot 1+ (microalbuminuria pending) Texas GI Panel (PLI/TLI/folate/cobalamin) - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measured 7.91 cm. Right kidney measured 8.3 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. Left measured 1.23 cm x 0.51 cm. Right measured 3.5 cm x 1.4 cm x 0.91 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The stomach was unremarkable. Evaluation of the intestinal tract revealed hyperechoic and coarse echogenicity throughout the mucosal layer of the small intestinal tract. There was also a mild to moderate degree of mucosal stippling and striping present. There were no lesions with loss of normal wall layering, and no discrete masses present. There were no enlarged mesenteric lymph nodes present in the images provided. There was a trace volume of abdominal effusion noted.

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Pancreas

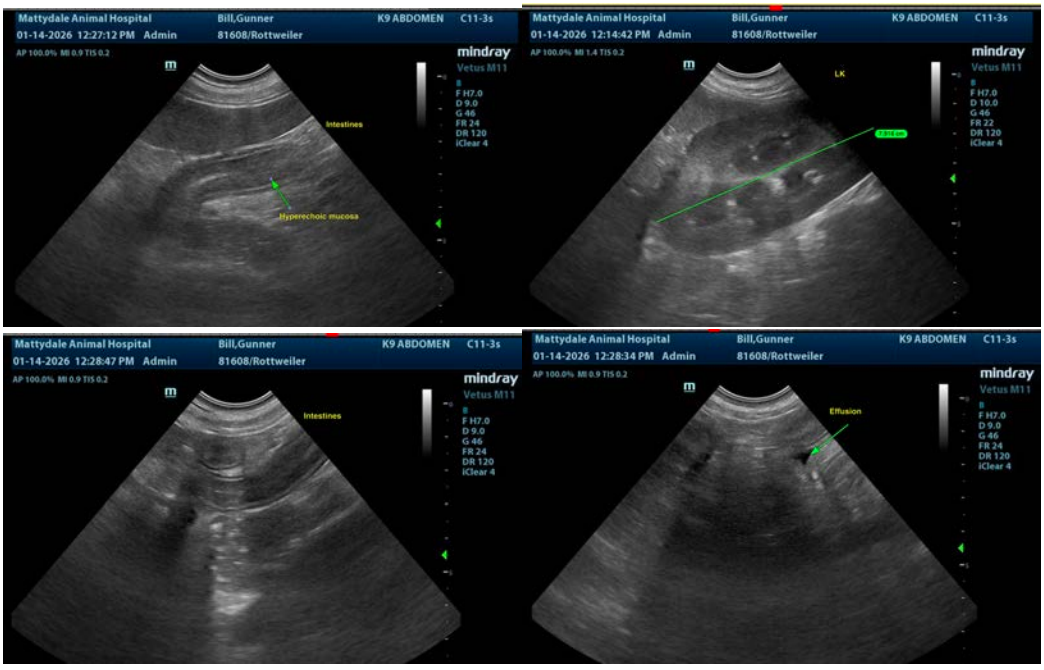
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic and coarse echogenicity throughout the intestinal mucosa.
- Trace abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a hyperechoic and coarse echogenicity throughout the mucosal layer of the intestinal tract. There was also a trace volume of free abdominal effusion. Based on the hypoalbuminemia and chronic history of diarrhea as well as hyperechoic appearance throughout the intestinal mucosa, the primary differential in this patient was protein losing enteropathy. This is likely secondary to a chronic enteropathy such as inflammatory bowel disease. A definitive diagnosis would require full thickness intestinal biopsies for histopathology. If this is declined, then empirical management for the likely underlying inflammatory bowel disease leading to protein losing enteropathy should be initiated. This would include a hypoallergenic diet trial with daily probiotics. There is some benefit to this patient receiving Vitamin B12 supplementation, which could be confirmed once the results of the pending GI panel have returned. Likely this patient will benefit from the addition of either Prednisone or Budesonide therapy to decrease the underlying inflammation throughout the intestinal tract.



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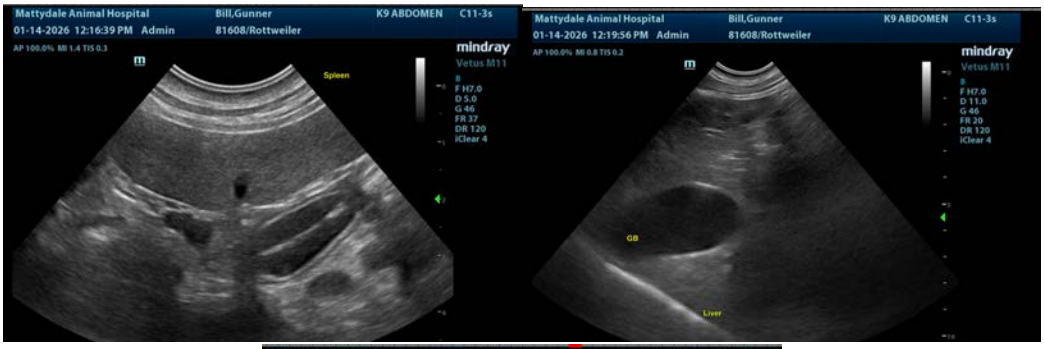

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com