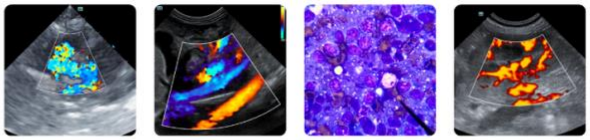


PATIENT

Mya Tingle

SPECIES

Canine

BREED

Siberian Husky

SEX

Female

AGE

9 Years

WEIGHT

35.8 pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Cecelia Fisher

HOSPITAL NAME

Cape Coral Pet Vet

REFERRING VET

Dr. Sharon Lomnicki

INVOICE

13140

DATE

01/13/26

PRESENTING CLINICAL SIGNS

P is having chronic diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.73 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.56 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

A still image was supplied of the left adrenal gland appearing normal and measuring 0.79 cm at the cranial pole and 0.64 cm at the caudal pole. It is not clearly visualized in the videos provided.

A still image was supplied of the right adrenal gland appearing normal and measuring 0.43 cm at the cranial pole and 0.40 cm at the caudal pole. It is not clearly visualized in the videos provided.

Spleen

The spleen is subjectively normal in size The spleen echotexture is slightly irregular and mottled. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

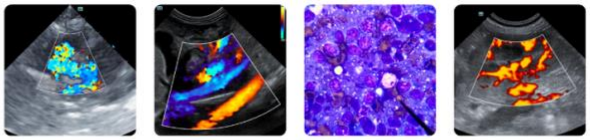
Liver

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate shadowing ingesta. It measures at a normal thickness of <0.7 cm 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. The shadowing ingesta within the gastric lumen interferes with full evaluation of the stomach.



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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild fluid distension. Wall thickness is increased (enter measurement if given). Bowel loops follow a typical curvilinear path. Visualized peristalsis appears appropriate. There is mucosal fogging and striations noted in many sections of the small intestine. The duodenum wall measured 0.60 cm width. The jejunum wall measured 0.42 cm width.

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

Pancreas

The pancreas is prominent and mildly mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is diffusely hyperechoic. There is evidence of scant free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Slightly irregular mildly mottled spleen- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large heterogenous liver- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Diffusely thickened small intestine with evidence of mucosal fogging and mucosal striations- findings are concerning for a primary protein losing enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears thickened with mucosal striations and fogging suggestive of a primary protein losing enteropathy. Likely differentials could include severe IBD, lymphangiectasia, etc. A neoplastic process cannot be ruled out but seems less likely. Diagnosis in this situation most likely requires biopsies of the GI tract based on the severe hypoalbuminemia reported. Endoscopic biopsies would be recommended. If this is not an option, consider the following:

- Recommend a prescription combination ultra-low fat hydrolyzed protein prescription diet (Royal Canine).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

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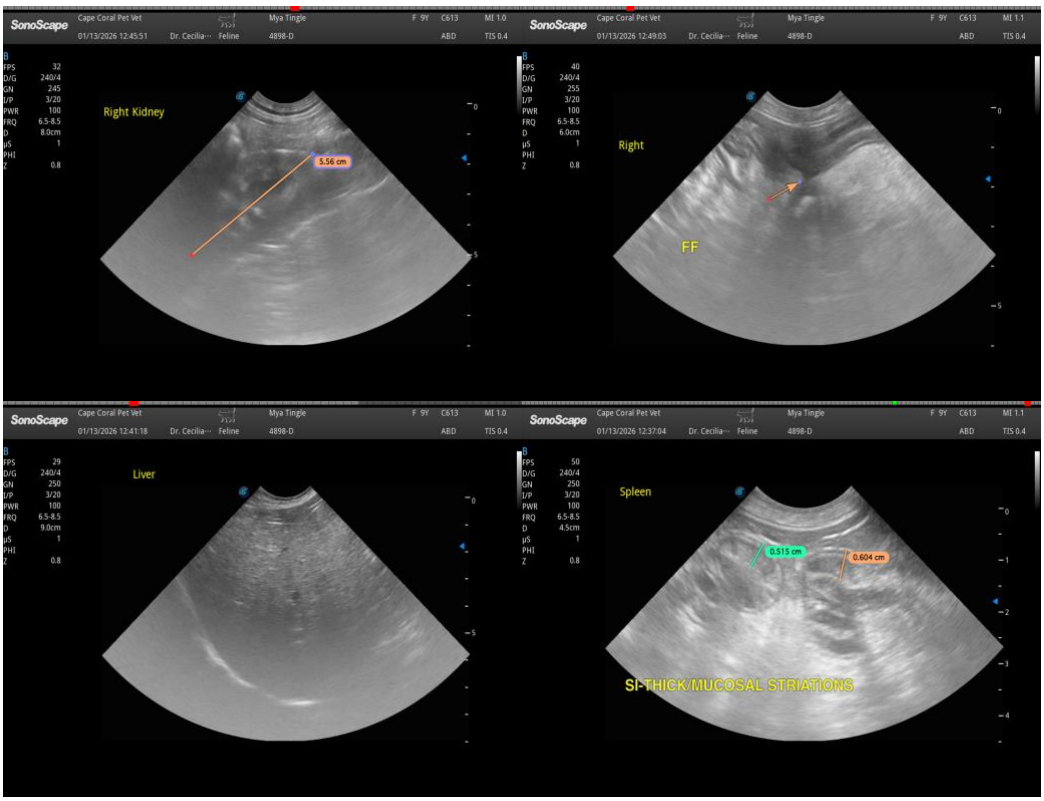
If symptoms are persistent and the patient is not stable enough for biopsies, you could consider an anti-inflammatory dose of steroids (0.5 to 1 mg/kg per day Prednisone until the patient is stable enough to obtain biopsies.

Consider a liver function test and an evaluation of a urinalysis/urine protein creatinine ratio looking for significant proteinuria or liver dysfunction contributing to the low albumin levels reported.

The splenic changes are mild. Options moving forward include a fine needle aspirate or continued monitoring with ultrasound.

The appearance of the liver is most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.



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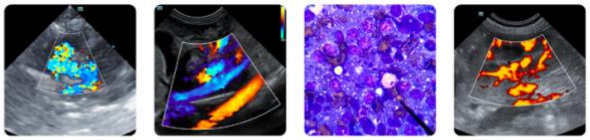

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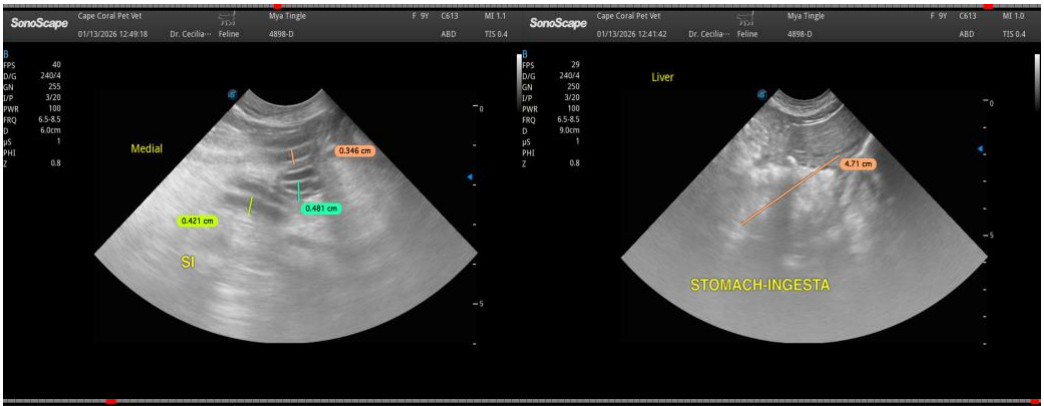

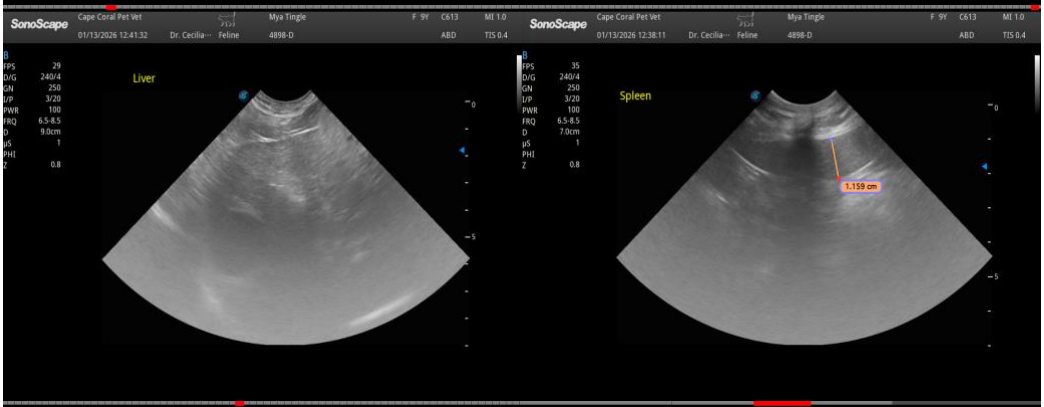

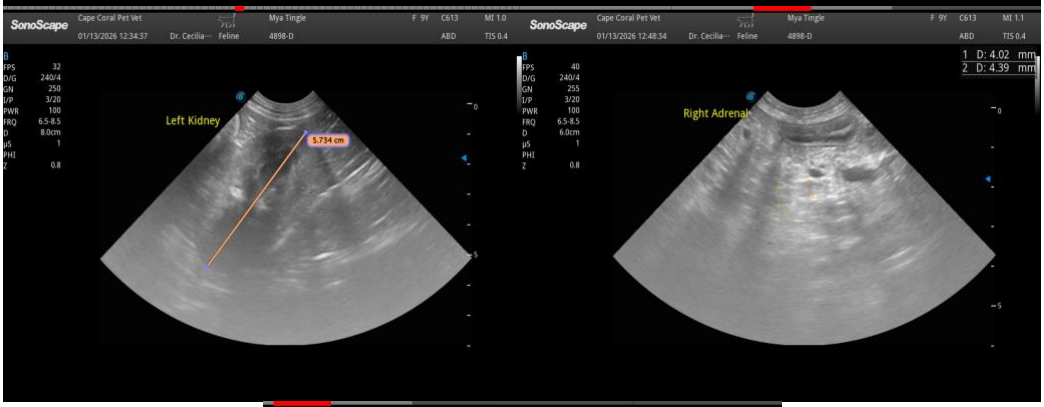

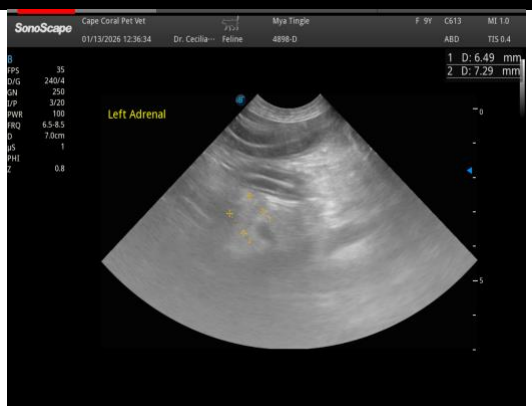

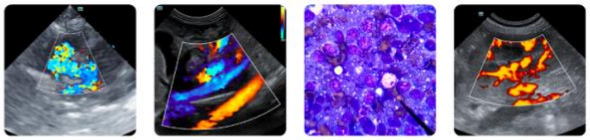

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com