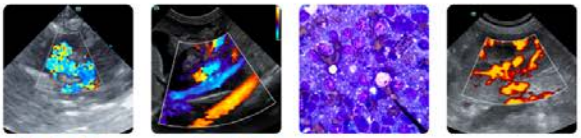

PATIENT

Bentley Fisk

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11 Years 3 Months

WEIGHT

18.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Russell

INVOICE

72246

DATE

1/15/26

PRESENTING CLINICAL SIGNS

Decreased appetite, not himself, lethargic. Started w/mucous diarrhea 1/7- but had soft still for a couple of weeks. PE overall normal. BCS 5/9. Hx of elevated ALT. Fecal-neg. Current meds: Ursodiol 250mg (1/2 q24h); Welactin; Gabapentin.

Abnormal PE/Chem/CBC/UA Results: ALKP 289; BUN 33; USG 1.051

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (0.55 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.11 cm) with numerous pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.55 cm) with numerous pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.63 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.75 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.85 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Liver

The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There is mild mucosal fogging visualized associated with the duodenum.

Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. Descending colon wall measures 0.15 cm with intact wall layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.
- Mild thickening and mucosal fogging of the duodenum - These changes are most consistent with inflammatory type change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The duodenum appears mildly thickened and slightly irregular with some mucosal fogging. At this time, these changes have the appearance most consistent with mild inflammatory type change. Consider the

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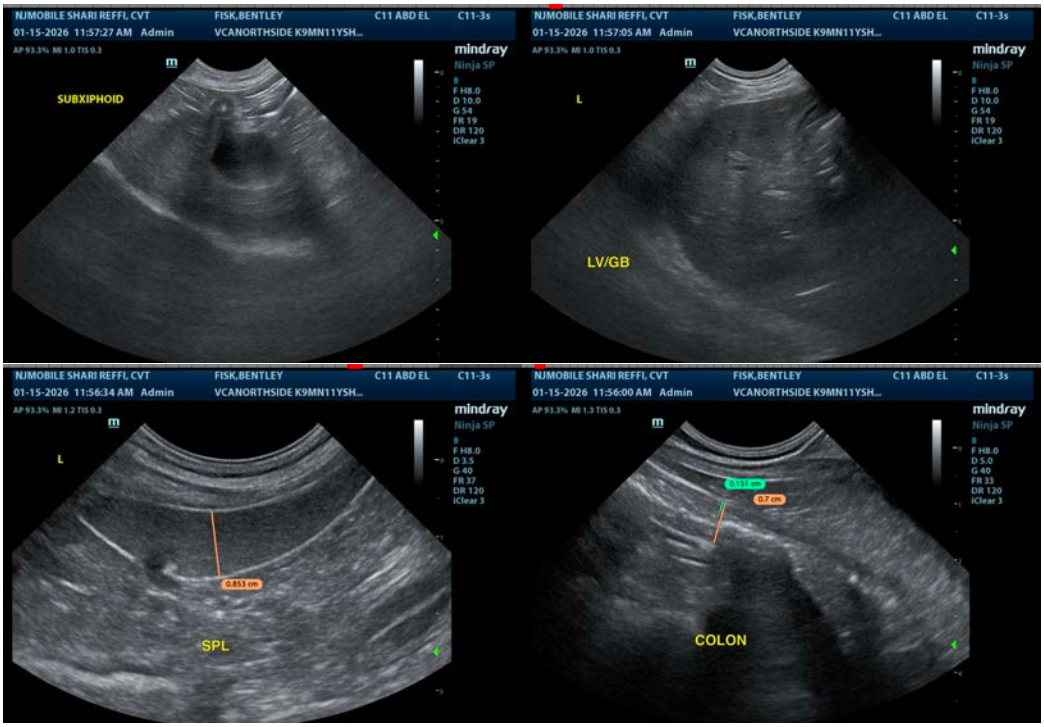
following:

- Recommend a hydrolyzed protein prescription diet.
- If not already done, recommend parasite screening and empirical deworming.
- Consider screening for infectious causes of diarrhea.
- 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.

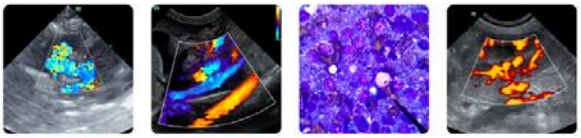
If symptoms are persistent despite taking these measures and a cause is not identified, then biopsies of the GI tract may eventually be warranted.

Given the ALP elevation, you could consider pre- and post-prandial bile acids to further assess. Additionally, liver enzyme elevations could be secondary to a reactive hepatopathy secondary to underlying gastrointestinal disease. If there is significant concern for a primary hepatopathy based on bile acids, a biopsy of the liver may eventually be warranted for histopathology, culture and copper levels.

Additionally, you could consider repeat imaging in the future, looking for the resolution of today's lesions or the development of new lesions.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
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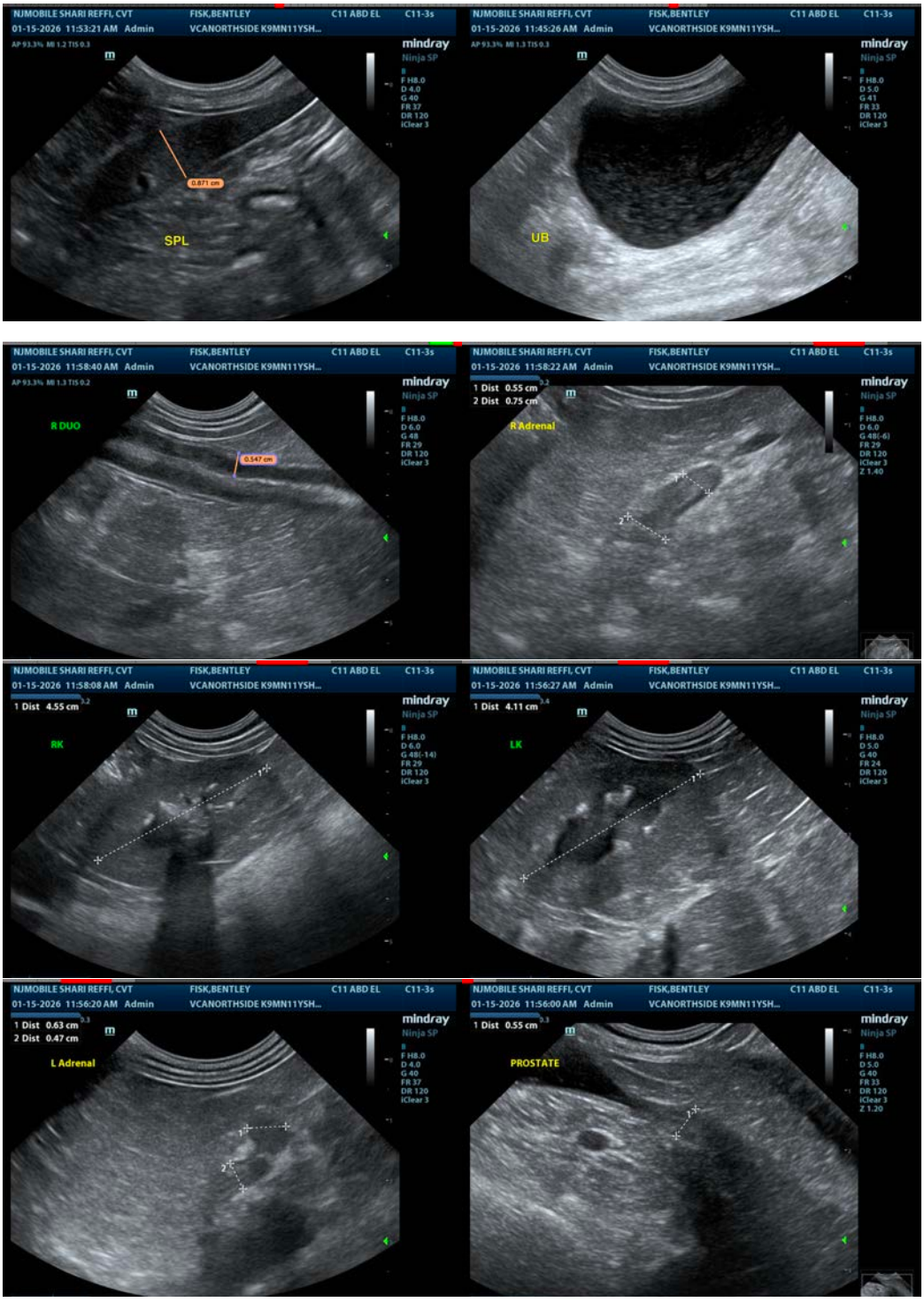
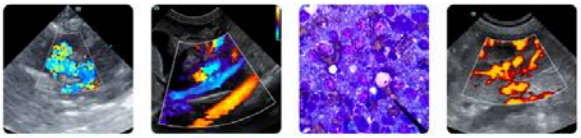


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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

info@sonopath.com