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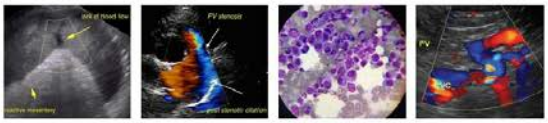

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Me Starry

SPECIES

Canine

BREED

Yorkshire

SEX

Spayed Female

AGE

9 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Four Paws

REFERRING VET

Dr. Sue Lester

INVOICE

34384

DATE

1/20/22

PRESENTING CLINICAL SIGNS

adbominal effusion- 300ml drained yesterday and 300ml today-doing OK BAR
Abnormal PE/Chem/CBC/UA Results: ca 7.5, tp 3.4, glob 2.0, alb 1.4 ascites

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 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (7.46 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 (3.71 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

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.46 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, 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.

Liver

The liver is subjectively normal in size, and 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 gallbladder 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 is minimally distended with ingesta. The gastric wall appears prominent and mildly thickening, measuring 0.38 cm (normal is <0.7 cm). There is the impression of mildly reduced layering. No focal lesionsare observed.

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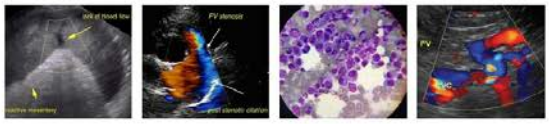

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodneum wall measured 0.52 cm. Jejunum wall measured 0.37, 0.48, 0.42 cm. There is moderate mucosal visualized involving the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of 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

There is a large volume of diffuse anechoic fluid. There is no mesenteric lymphadenopathy. The omentum appears generally hyperechoic.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Diffuse small intestinal thickening with reduced layering and mucosal speckling – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.
- Subjective gastric wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Large volume free abdominal fluid with hyperechoic mesentery – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large volume of free abdominal fluid. This is likely secondary to the hypoalbuminemia reported. Additionally, the bowel appears diffusely thickened, and there is a loss in the distinction of the normal layering. Findings are suggestive of a protein losing enteropathy, but recommend both a urine protein creatinine ratio and a liver function test to rule out the possibility of concurrent protein loss from the kidneys and liver.

The most likely differentials for protein losing nephropathy would be severe IBD, lymphangiectasia, or intestinal neoplasia. A biopsy is necessary to differentiate. Options moving forward include:

- Recommend 3-view thoracic radiographs to look for any evidence of pleural effusion.
- Recommend a GI panel to further evaluate cobalamin levels, look for dysbiosis, etc., as these conditions often occur simultaneously with a protein losing enteropathy.
- Recommend an ionized calcium to see if calcium supplementation is required.
- Recommend a strict low-fat diet.
- If stable, recommend referral to a veterinary internist for endoscopic GI biopsies.

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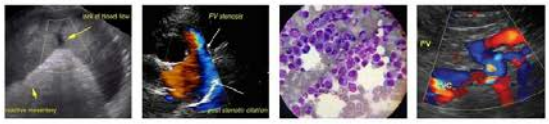

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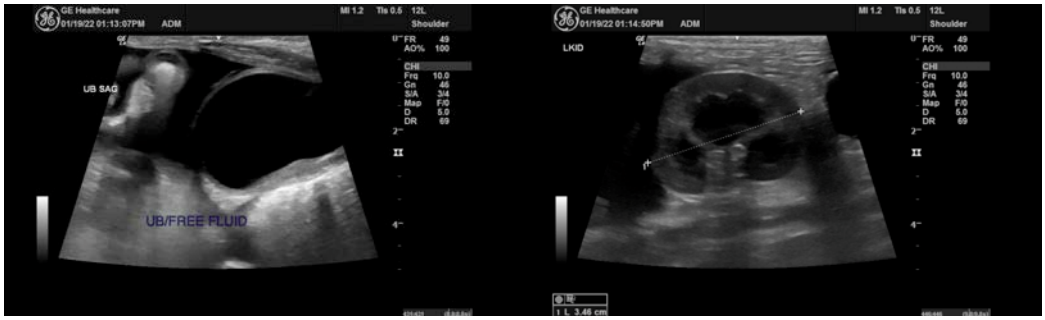

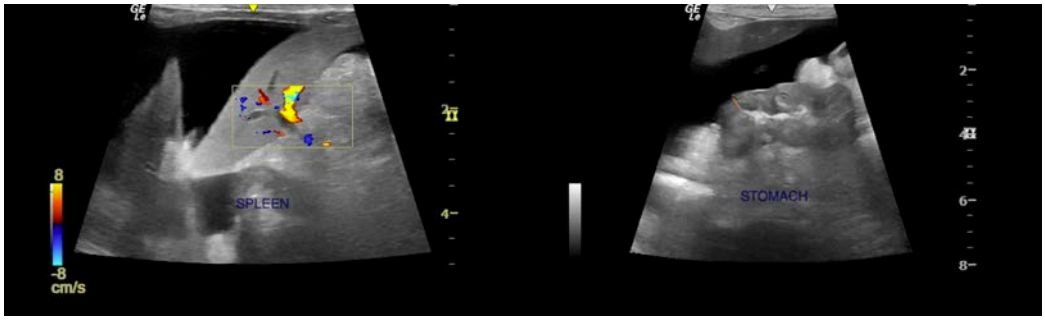

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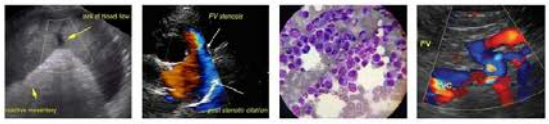

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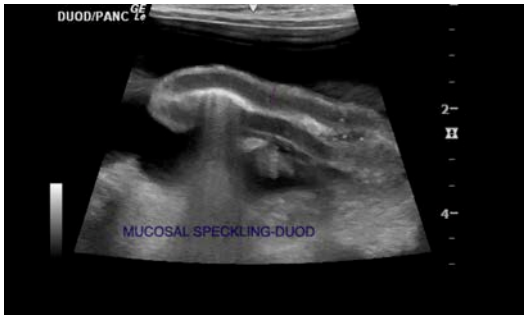

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com