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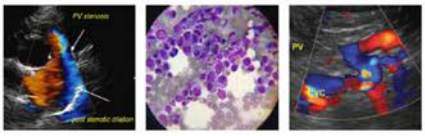

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Cooper Porto

SPECIES

Canine

BREED

Beagle X

SEX

Neutered Male

AGE

12 Years

WEIGHT

51 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH

INVOICE

42117

DATE

10/14/22

PRESENTING CLINICAL SIGNS

Weight loss, diarrhea, lethargy
Abnormal PE/Chem/CBC/UA Results: BC 3/9. HX chronic intermittent GI signs. Wt from 9/20221 59# and now is 51 and has been more progressive recently. CBC= looks good but HCT trending down- was 50.1, 47 1 mo ago and now 43.6 WBC increased from dog's normal - is 15 and was 8.4 PLT 456- mildly elevated- suspect inflammation. Chems- BUN slightly low- r/o not eating well vs liver , etc ALT slightly elevated 166. All the rest looks good (i.e albumin, cholesterol, etc) Alb did go from 3.4 to 3.0... suspect GI loss..We will do a Texas GI panel day of AUS. Consider BA, giardia, fecal cultures, etc. Last mo had some RBC in urine and we are trying to get a first AM urine today as well.

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 prostate is borderline large (1.3 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 (6.94 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.39 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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 0.67 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 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.

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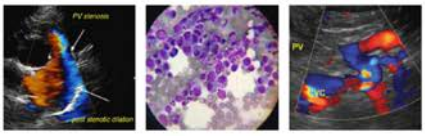

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 measured 0.55 cm. Jejunum wall measures 0.35 cm. 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 nonformed/liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. The colon wall measures 0.20 cm.

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. There are some prominent mesenteric lymph nodes. A mesenteric lymph node is visualized at 0.44 cm. A left iliac lymph node is measured at 0.62 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline prominent prostate – Correlate with the age of neutering. If this patient was neutered after puberty, this is likely within normal limits. The prostate has a normal appearance otherwise.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. If liver enzyme elevations are not present, this could be consistent with age related remodeling.
- Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Fluid distended colon – Consistent with the diarrhea reported.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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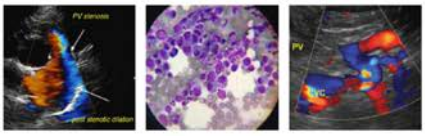

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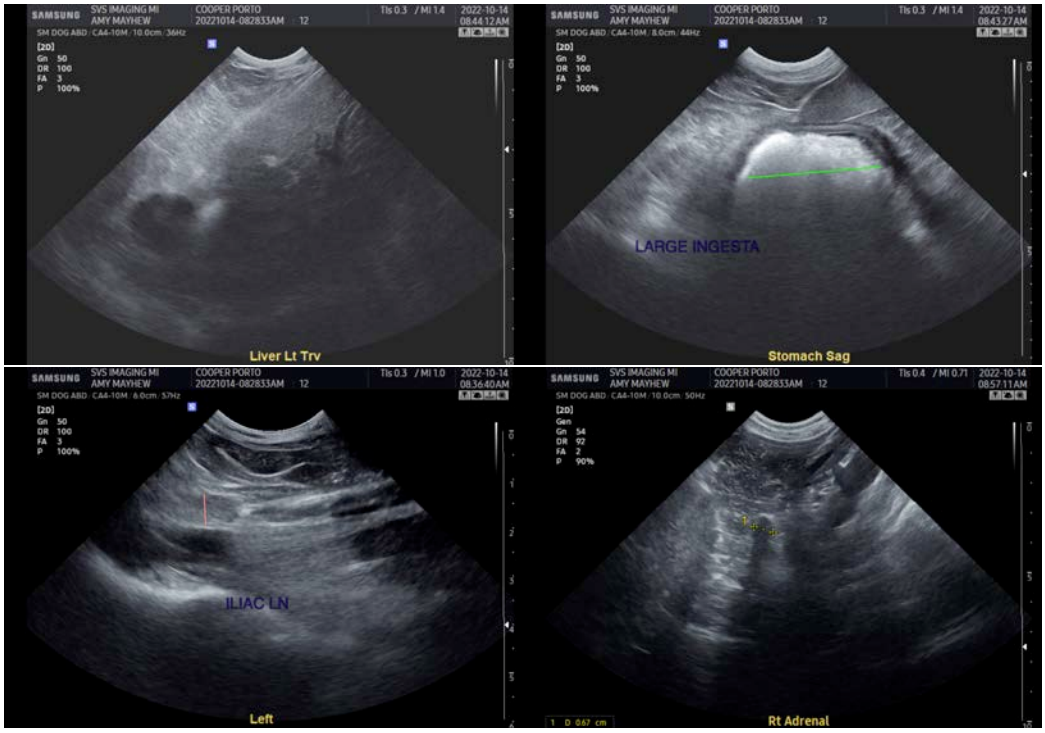
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal GI lesions are visualized. There is an overall impression of slightly thickened small intestine, and the colon is dilated with fluid diarrhea. Consider such differentials as food allergy/dietary intolerance, dysbiosis, GI parasitism, IBD, and less likely intestinal neoplasia.

- Recommend a novel protein/hydrolyzed protein prescription diet.
- 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. (I believe this is already planned)
- Recommend chronic probiotic therapy.
- Consider empirical deworming if not already done.
- If symptoms persist, recommend obtaining GI biopsies.

The prostate is slightly large for a neutered male dog, but it has a normal appearance. Correlate with the age of neutering. If the patient was neutered prior to puberty, then you could consider a fine needle aspirate of the prostate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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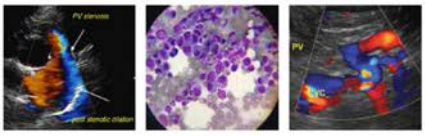

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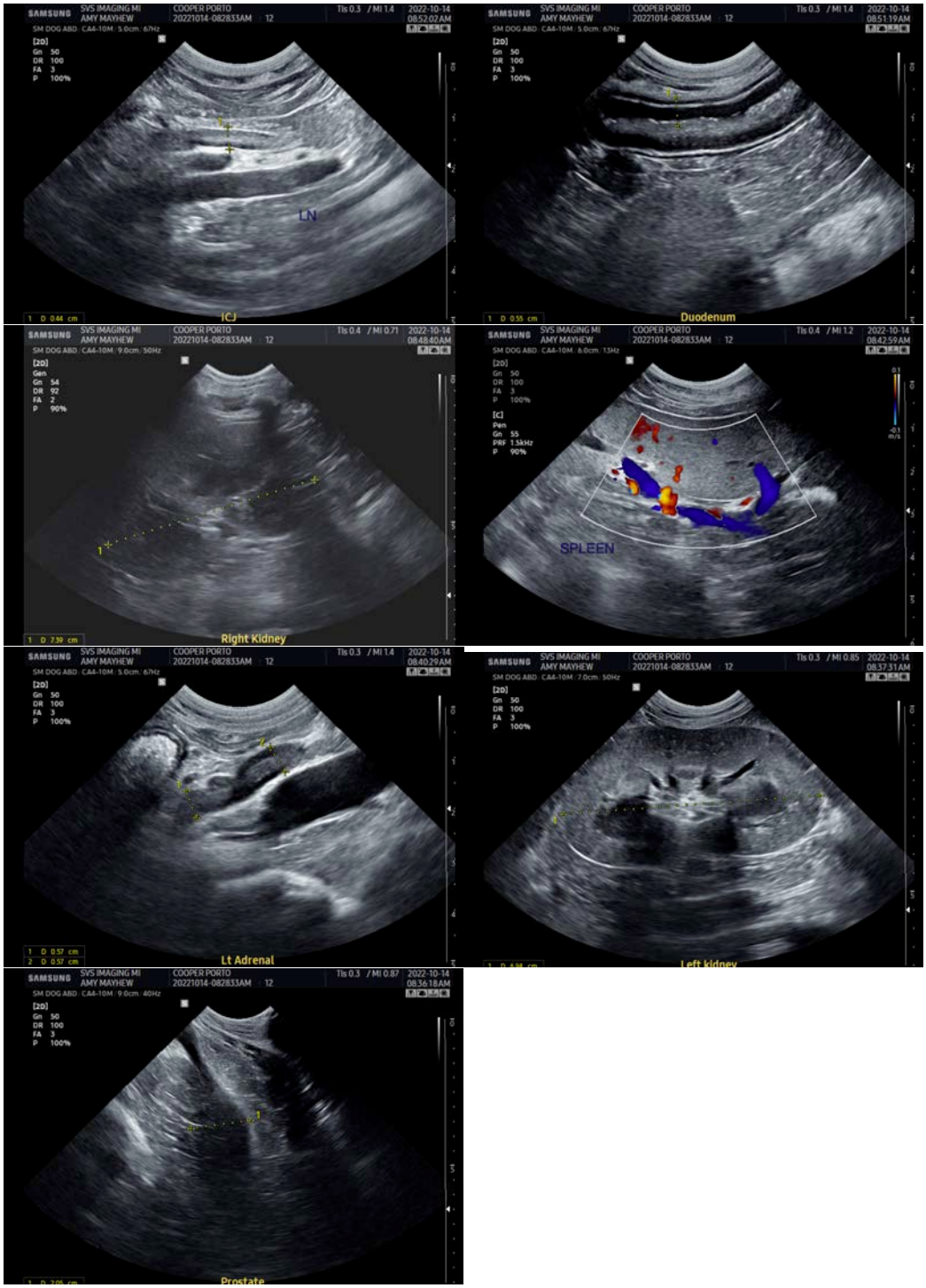

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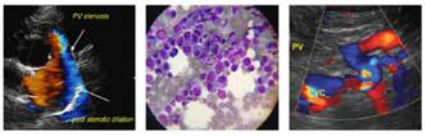

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com