



PATIENT

Anna Bracegirdle

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

11 Years

WEIGHT

64.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

29794

DATE

11/12/21

PRESENTING CLINICAL SIGNS

Patient has a history of protein-losing enteropathy that has been well controlled on 10mg prednisone once daily for several years. In recent weeks patient has had a decreased appetite and seems to be in pain. On exam, pain localized to cranial abdominal region. Patient's appetite and attitude improved with an oral cerenia trial. A CBC/ Chemistry / Urinalysis panel was within normal limits and fecal was negative. A SpecCPL was 1361 (normal 0-200)

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 (7.63 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 (8.06 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 left adrenal gland is normal in size measuring 0.48 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 0.58 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 large in size, and normal in 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 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 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.



PATIENT

Anna Bracegirdle

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 0.44 cm. Jejunum wall measured 0.41 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Canine

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.

BREED

Greyhound

Pancreas

The pancreas is prominent and 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.

SEX

Spayed Female

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.

AGE

11 Years

PRIMARY FINDINGS

- Large, 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. This is most consistent with a chronic steroid hepatopathy.
- Mild small intestinal wall thickening with mild mucosal fogging – 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).

WEIGHT

64.4 Pounds

SECONDARY FINDINGS

- Mildly mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are relatively mild changes associated with the bowel, consistent with the diagnosis of protein losing enteropathy. The liver changes are most consistent with chronic Prednisone use, and the pancreas is difficult to see, but visible. This could be consistent with mild/chronic pancreatic inflammation or previous pancreatic inflammation.

IMAGING PERFORMED BY

Dr. Tam Mengine

This patient's protein losing enteropathy has been well controlled for a very long time, making you reluctant to adjust medications. Nonetheless, you may be seeing symptoms associated with chronic pancreatitis and/or subclinical gastric ulceration.

HOSPITAL NAME

Stoney Creek VH

Consider a GI panel to look for active inflammation in the small intestine that might be consistent with a chronic B12 deficiency, etc. Recommend starting a probiotic and sticking with a strict dietary regiment (ultra low-fat diet or hydrolyzed protein diet (?)). If everything is optimized, then your options are to continue to monitor and manage symptomatically or to consider trying to transition over to a different immunosuppressive (Budesonide, Cyclosporine, etc.), or to try and taper the Prednisone slightly in case

REFERRING VET

Dr. Tam Mengine

INVOICE

29794

DATE

11/12/21



PATIENT

Anna Bracegirdle

it is exacerbating the pancreatic inflammation. Recommend continued monitoring. If the patient is not doing well, you might consider upper GI endoscopy or GI biopsies to further evaluate for ulceration or neoplastic transformation, etc.

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

11 Years

WEIGHT

64.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

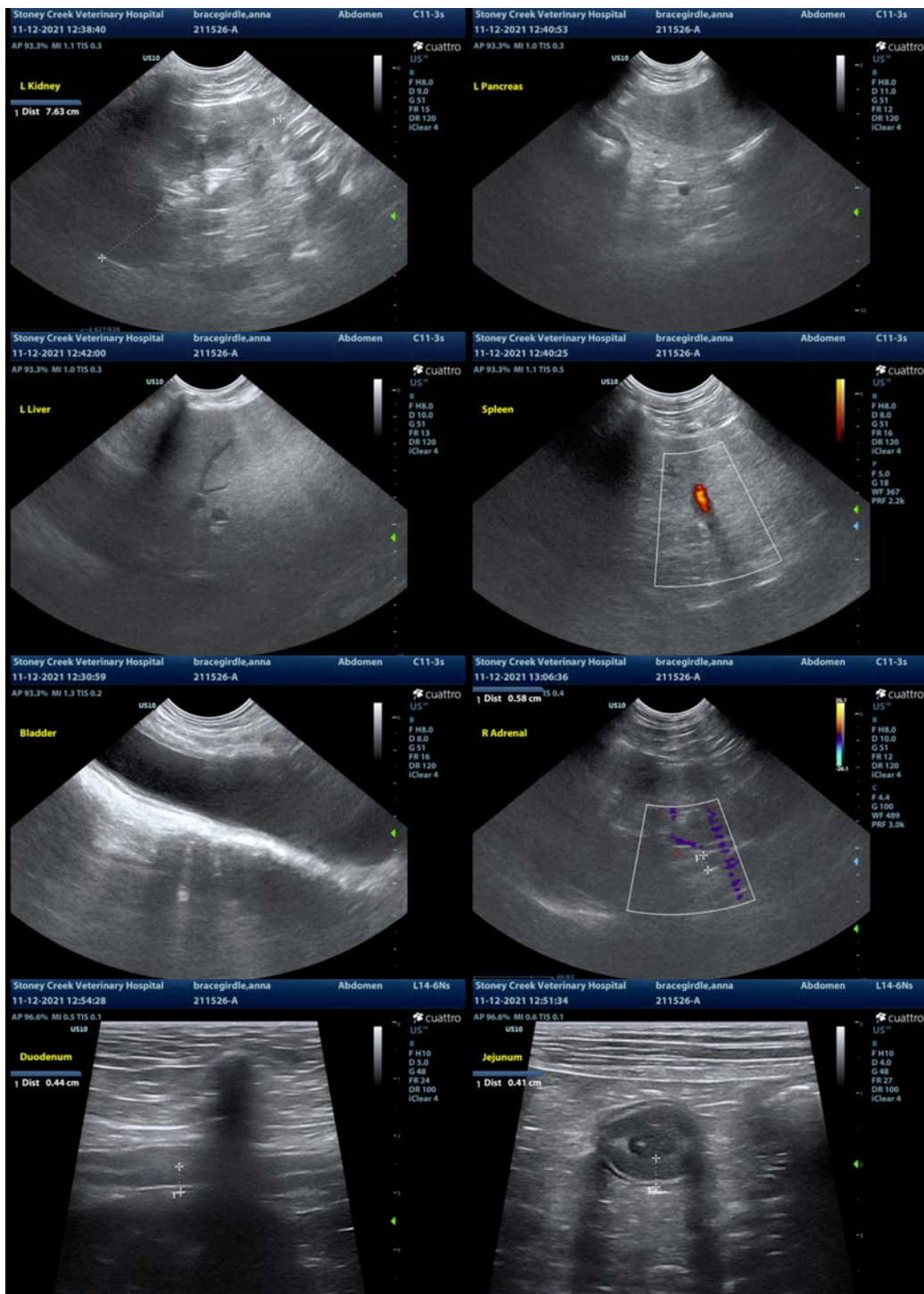
Dr. Tam Mengine

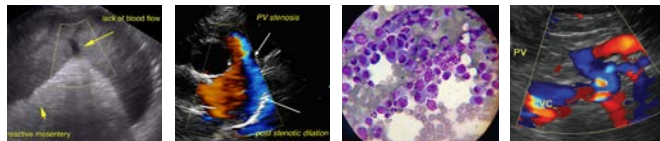
INVOICE

29794

DATE

11/12/21





PATIENT

Anna Bracegirdle

SPECIES

Canine

BREED

Greyhound

SEX

Spayed Female

AGE

11 Years

WEIGHT

64.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

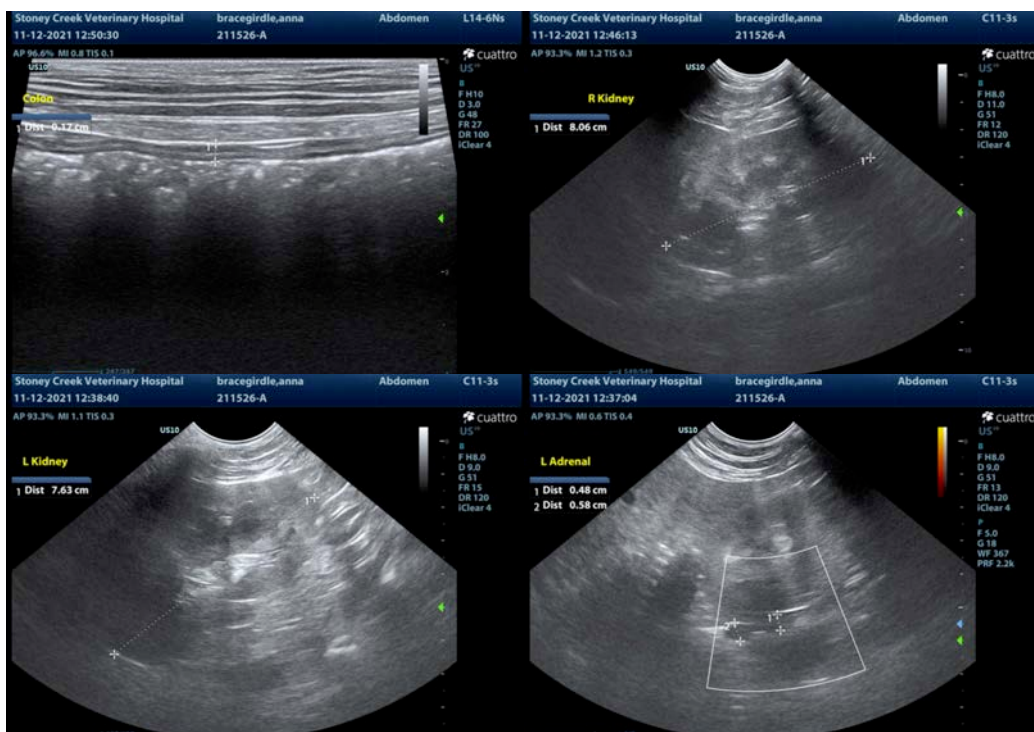
Dr. Tam Mengine

INVOICE

29794

DATE

11/12/21



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