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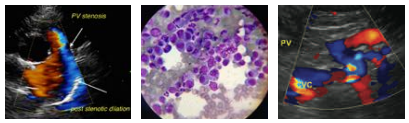

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DATE
11/5/21

PATIENT
Harley Hughes

SPECIES
Canine

BREED
Belgian Malinois

SEX
Spayed Female

AGE
2013

WEIGHT
87.7 lbs

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Animal Medical Center of Bel Air

REFERRING VET
Dr. Chaudhry

INVOICE
92918

PRESENTING CLINICAL SIGNS

History: GI issues.
Lab Results: Attached
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required for scan.
Stat Report: Not requested.

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 (7.75 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 (7.36 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 0.54 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 XXcm 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 and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

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 gallbladder 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal and the jejunum measured as normal (0.27 cm, 0..35 cm, 0.32 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 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 mild mesenteric lymphadenopathy visualized. The lymph node measured 1.65 x 1.56 cm in the area of the ileocecal junction. Another lymph node is visualized near to the root of the mesentery and measured 0.45 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

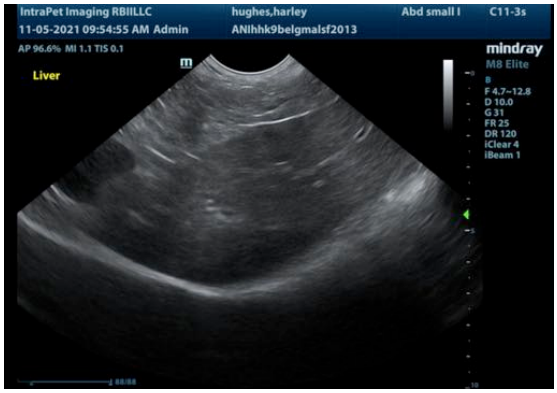
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the low albumin reported a protein losing enteropathy is suspected. I recommend a liver function test to rule out liver as a concurrent or primary issue.

The lesions on today's scan are relatively mild. No focal masses were observed. In some areas the bowel appears subjectively thickened, but wall layering is intact and this is not a consistent finding. There are some prominent lymph nodes that supports the underlying concept of a protein losing enteropathy.

- Consider a GI panel with a quantitative PLI, TLI, cobalamin and folate to further evaluate for pancreatic and small intestinal disease (to Texas A&M University).

If GI disease is strongly suspected based on ruling out the liver then broad categories of differentials include infiltrative disease (neoplastic change), inflammatory disease (inflammatory bowel disease), or lymphangectasia . Other differentials exist and typically biopsies of the bowel are necessary to differentiate between these processes. If this is a chronic findings (not due to acute vomiting, diarrhea) then I recommend obtaining GI biopsies. You can also consider a novel protein or hydrolyzed protein prescription diet, probiotics and supportive GI medications. Empirical deworming or screening for Addison's disease could be considered if clinically appropriate.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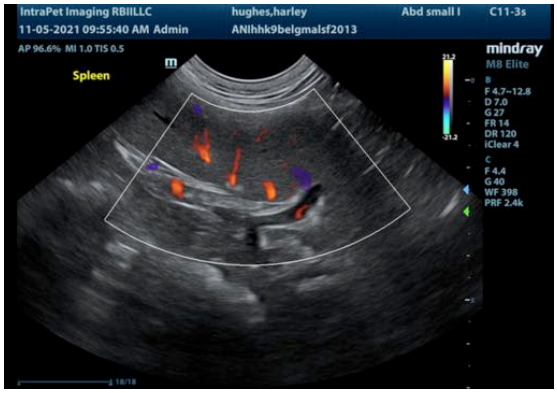
Liver
mindray
M8 Elite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Spleen
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M8 Elite


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Bladder
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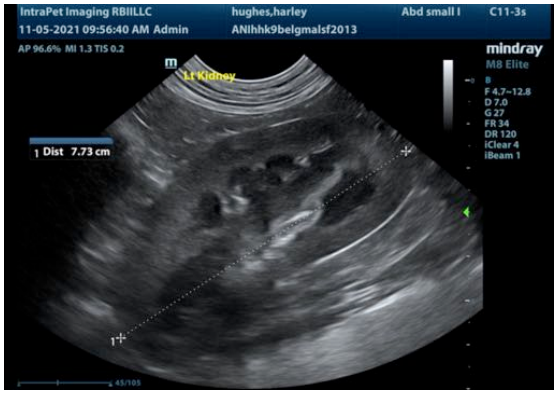
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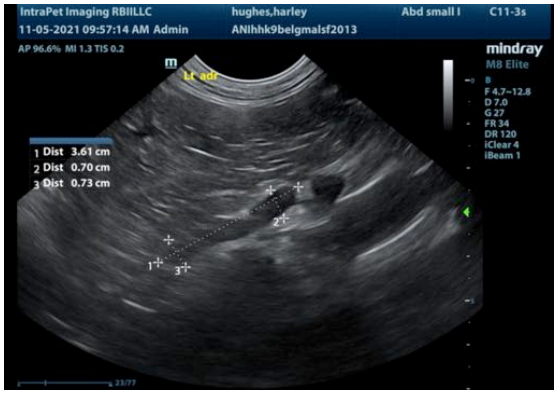
Lt Kidney
1 Dist 7.73 cm
mindray
M8 Elite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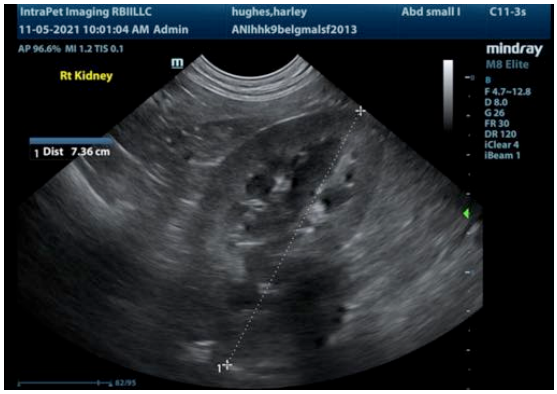
ANIhhk9belgmalsf2013
AP 96.6% MI 1.3 TIS 0.2
Lt adr
1 Dist 3.61 cm
2 Dist 0.70 cm
3 Dist 0.73 cm
mindray
M8 Elite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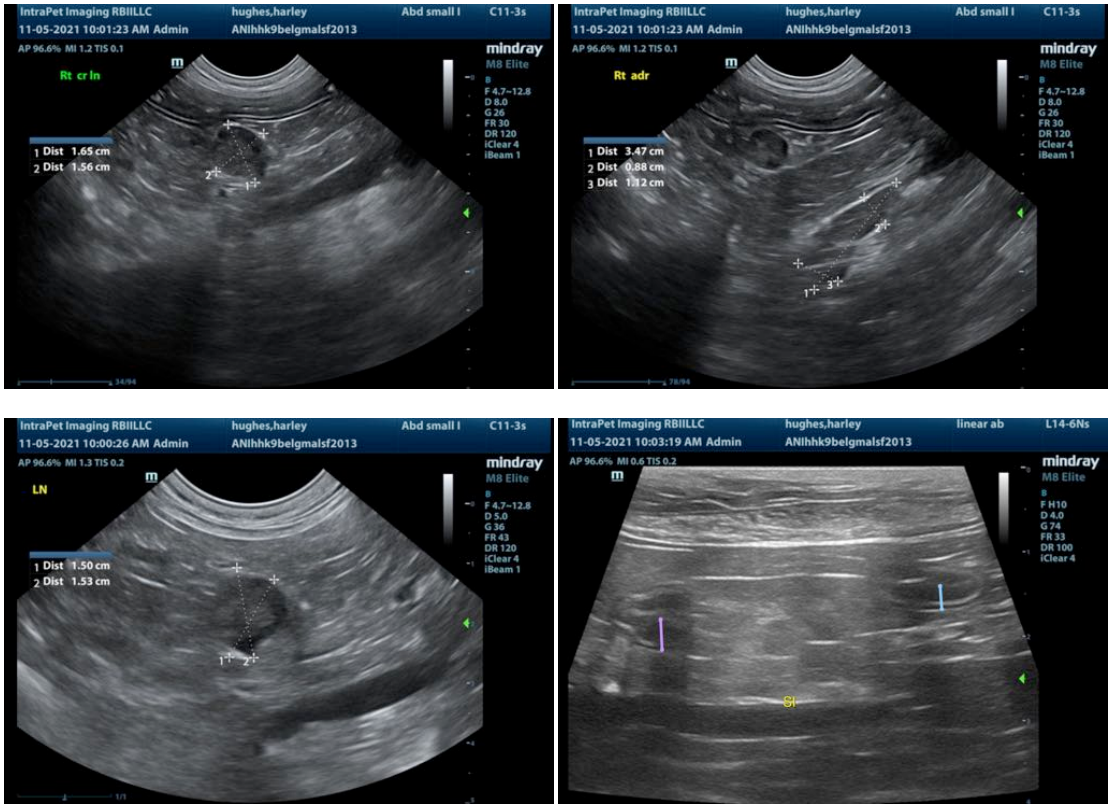
Rt Kidney
1 Dist 7.36 cm
mindray
M8 Elite



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.

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