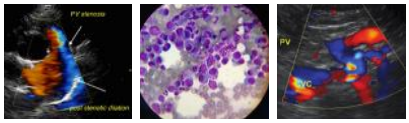
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
2/11/22

PATIENT
Lexi Flanders

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Spayed Female

AGE
2/17/14

WEIGHT
14.9 Lbs.

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

HOSPITAL NAME
Festival VC

REFERRING VET
Dr. Cianelli

INVOICE
13875

PRESENTING CLINICAL SIGNS

History: In for wellness and vaccines. Mentioned diarrhea at follow-up phone call. Hypoproteinemia. Dog unaware she is sick. Albumin is 1.6. Lexi is asymptomatic but a ticking bomb.

Lab Results: Albumin is 1.6. Attached separately.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (4.24 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. Mild pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.23 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. Mild pyelectasia is present (0.27 cm). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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 0.68 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 gall bladder 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.

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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum measured 0.42 cm. The jejunum measured 0.34 cm.

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/region of 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 lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of generally increased echogenicity. There is scant free abdominal fluid was present.

ULTRASONOGRAPHIC FINDINGS

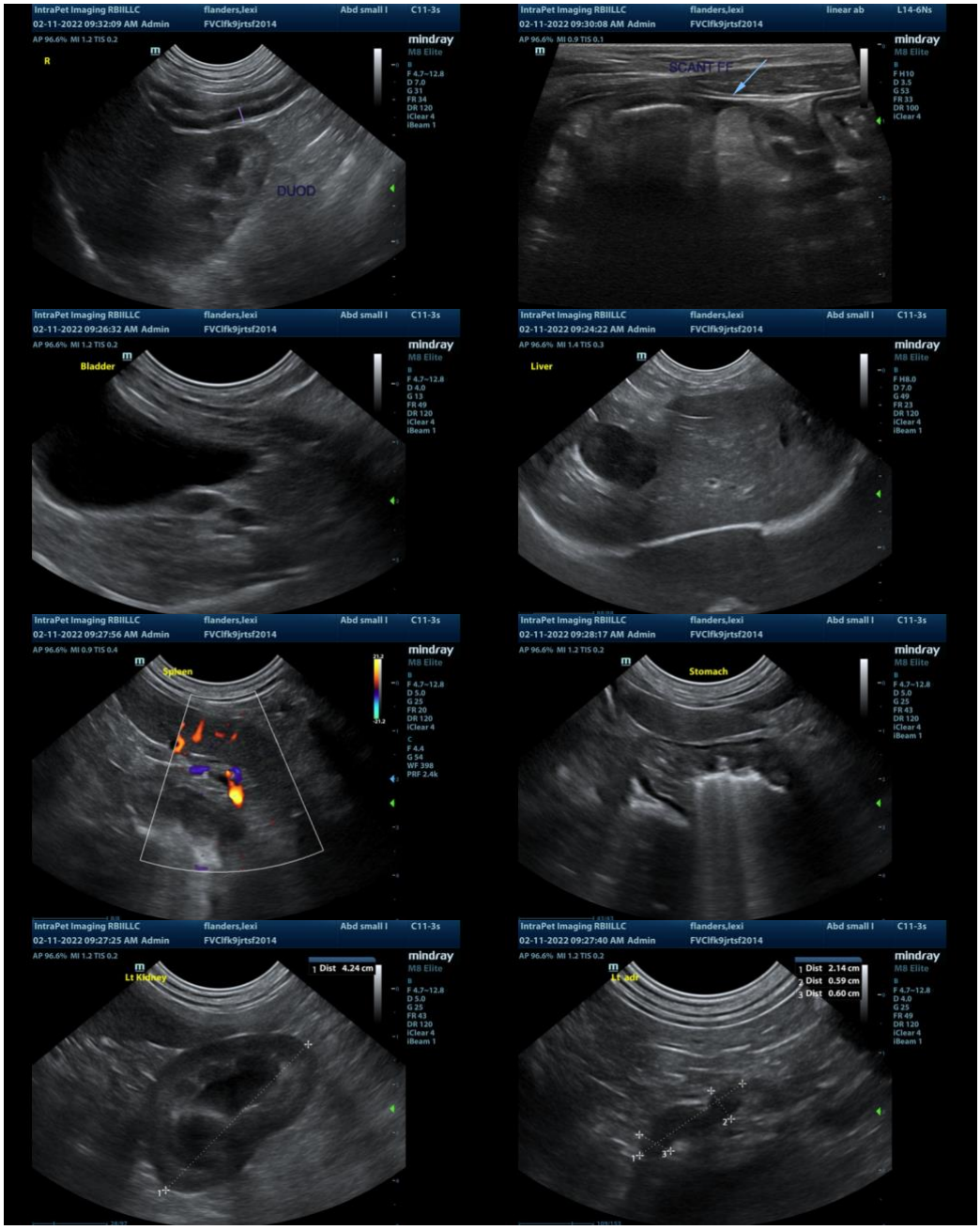
- Mild bilateral renal pyelectasia- Pyelectasia of the left and right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mildly thickened small intestine- The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Scant free abdominal fluid with hyperechoic mesentery- The findings are most consistent with ascites and a mild amount of inflammation.

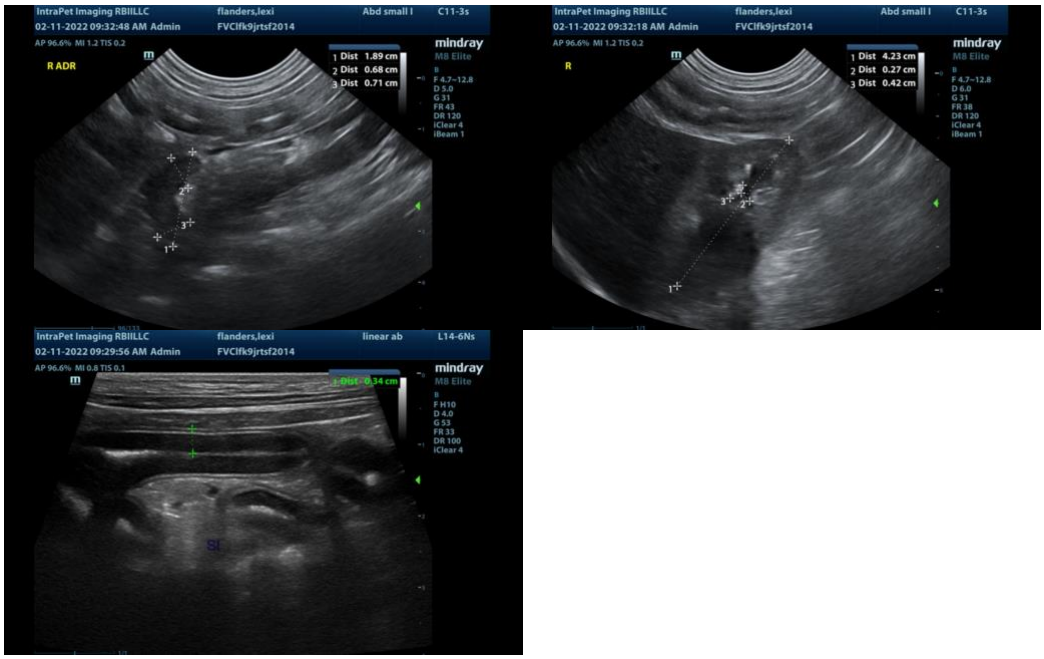
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal bowel lesions are observed, and no large mass effects or lymphadenopathy is seen. Based on the history and labs provided, I suspect this is a protein-losing enteropathy, but ideally, a liver function test and urine protein to creatinine ratio would be necessary to confirm that there isn't more than one process going on. If this is narrowed down to a GI process, then the most common differentials would be IBD, lymphangiectasia or infiltrative disease and a biopsy is necessary to differentiate between these issues, as they have very different treatment plans and prognoses.

- I recommend a GI panel (to Texas A & M) for a qualitative PLI, TLI, cobalamin and folate, to look for evidence of dysbiosis, B-12 deficiency, etc.
- Consider a diet change to either a hydrolyzed protein or a low-fat diet (would depend on diagnosis). Do not feed a high-fat diet.

- I recommend endoscopic biopsies to obtain more information.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.
- I always recommend testing for GI parasites and Addisons disease. A baseline cortisol appears to be pending, which is excellent.





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