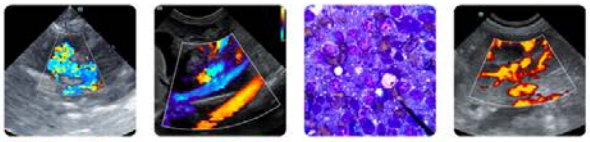


PATIENT

Hank Alegria

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Male

AGE

3

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hesham Akbawy

HOSPITAL NAME

Lincoln Avenue Cat & Dog Hospital

REFERRING VET

Dr. Hesham Akbawy

INVOICE

73249

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Pt is a 3 yo Male Intact Yorkshire Terrier who presented for 2 week history of diarrhea and intermittent vomiting and abdominal bloating. On physical exam, thoracic auscultation was normal with a mild increased respiratory effort. Crania nerve exam was normal and ocular, aural and oral exams WNL. Palpation of the abdomen showed severe distention and a moderate fluid wave. Femoral pulses were bounding mildly on palpation bilaterally. Radiographs showed a normal thoracic cavity with a severe amount of peritoneal effusion present. Paracentesis was performed with POCUS, and hypothesis fluid was observed in the peritoneal space with a snow globe effect. The small bowel that was visualized on AUS appeared thickened with hypoechoic fluid in the bowel lumen. Abdominal fluid collected appeared clear with no evidence of blood or purulent debris. 540 mL of this fluid was removed. Bloodwork showed indications of inflammation with a neutrophilia, monocytosis and thrombocytosis. Blood chemistry showed hypoproteinemia, hypocholesterolemia, hypocalcemia and elevated creatinine kinase. Fecal results were negative for GI parasites. Patient was started on ultra-low fat high protein diet and Denamarin. After 3 days of starting low fat diet, owner reported normalization of bowel movements. Abdomen still appeared distended and 1 L of peritoneal effusion was removed via paracentesis with similar fluid characteristics.

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 not clearly visualized.

The left kidney has a normal shape and size (4.28 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 is not clearly visualized.

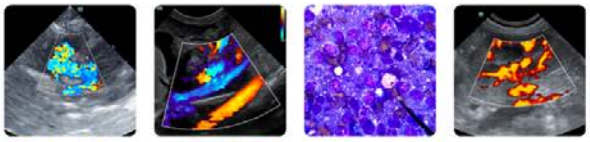
Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.52 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 not clearly visualized.

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.



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Liver

The liver is subjectively normal in size (0.90 cm), 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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.35 cm 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 to mild fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened with severe mucosal fogging, speckling, and striations. Duodenum wall measures 0.47 cm. Jejunum wall measures 0.42 cm.

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 large, prominent and mottled in the left limb. 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 amount of echogenic free fluid. No significant lymphadenopathy is noted. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic pancreatitis.
- Diffusely thickened small intestine with significant mucosal fogging, speckling, and striations – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Large volume echogenic free fluid – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine is diffusely thickened with mucosal striations and fogging. Findings are most consistent with a primary enteropathy. The most common differentials would be lymphangiectasia +/- IBD. Round cell neoplasia is possible but is less likely. Biopsies are necessary to differentiate. If the patient is not stable enough for biopsies, consider the following:

- Recommend a combination prescription ultra low-fat and hydrolyzed protein prescription diet (Royal Canin has one).

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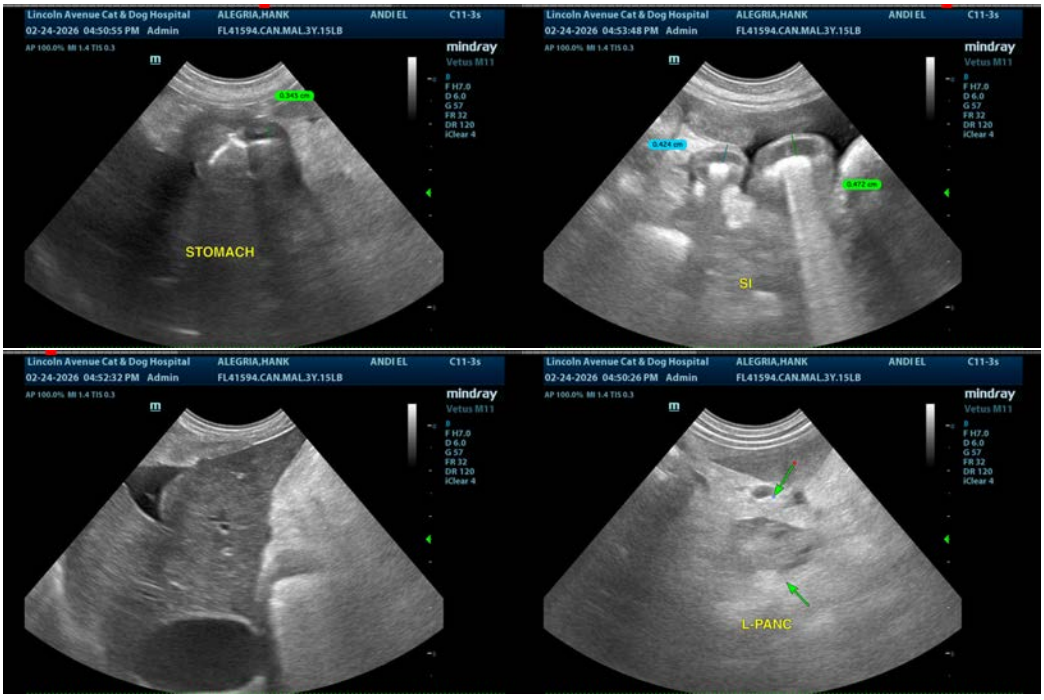
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- Consider an anti-inflammatory dose of Prednisone (not to exceed 0.5 mg/kg per day).
- Recommend concurrent treatment for pancreatitis with antiemetics, pain medications as needed, etc.
- Recommend fluid analysis and cytology based on the echogenic appearance of the free fluid.

If the patient becomes more stable, consider endoscopic GI biopsies for further evaluation. Recommend internal medicine consult for more detailed therapeutic recommendations based on patient's specific clinical evaluation.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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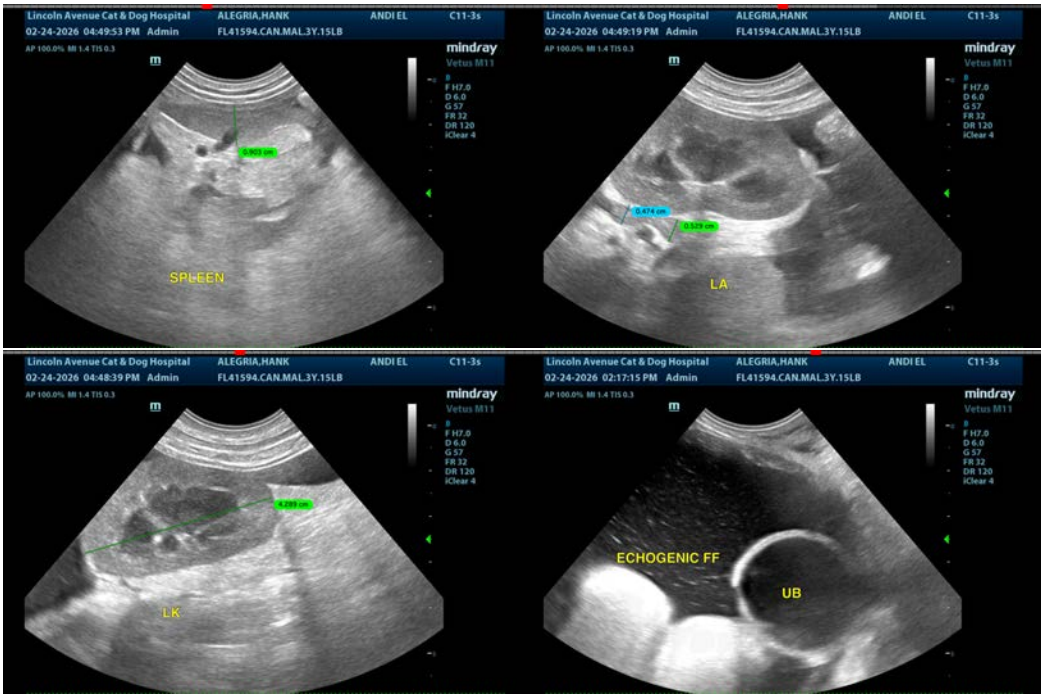

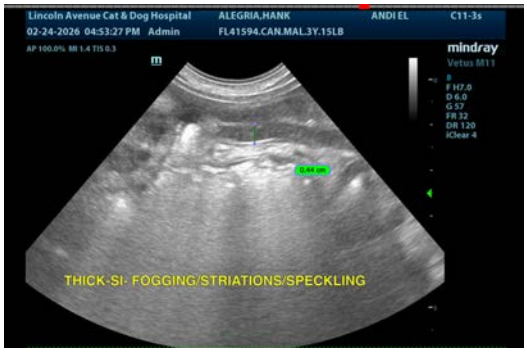

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com