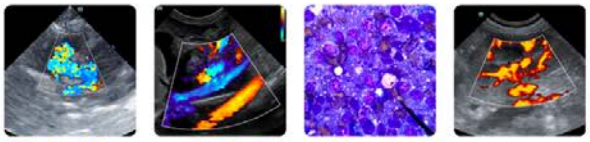

PATIENT

Bailey Swinn

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

6 Years

WEIGHT

10.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stavros Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Chhabra

INVOICE

73409

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3/4/26

PRESENTING CLINICAL SIGNS

Chronic gi signs for 6 months. Vomiting, hyporexia, and diarrhea. Combination of signs has waxed and waned over those months. Dog's activity is normal. Have tried z/d and microbiome but dog's inappetence has the owner feeding human food. Cerenia and mirtazapine have currently been prescribed and owner reports vomiting has improved but not appetite.

Abnormal PE/Chem/CBC/UA Results: Some weight loss otherwise ok CBC: Platelets 553 x10e9/l (148-484) Pltcrit 0.70% (0.14-0.46) CHEM: TP 48 g/l (52-82) Alb 20 g/l (23-40) Amyl 1557 u/l (500-1500)

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 (4.81 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 (5.35 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 0.55 cm at the cranial pole and 0.47 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.

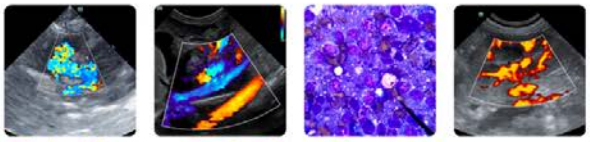
The right adrenal gland is normal in size measuring 0.91 cm at the cranial pole and 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.45 cm), 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.



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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 moderate fluid/soft shadowing ingesta. It measures at a normal thickness of 0.34 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 moderate 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 measures 0.33 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 are some areas in the distal descending colon that appear more prominent and mildly thickened, an example measures at 0.38 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 occasional prominent mesenteric lymph nodes particularly around the ileocecal junction. Examples measure 0.65 cm and 0.90 cm. The omentum is mildly hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Mild/moderate fluid distention of the stomach and some areas of the small intestine – Correlate with feeding history. This could represent a post-prandial patient or mild ileus. No evidence of an obstruction is visualized.
- Mildly thickened small intestine – Wall layering appears intact. Findings are most consistent with an inflammatory enteropathy.
- Thickening of the distal colon wall – Findings could be consistent with colitis or early neoplastic change.
- Prominent colic lymph nodes – Findings are most consistent with highly reactive lymph nodes, although early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the stomach or small intestine on today's exam. Generally there is some mild to moderate fluid distention and mild wall thickening with intact layering, most suggestive of a primary enteropathy/protein losing enteropathy. On some views there is some

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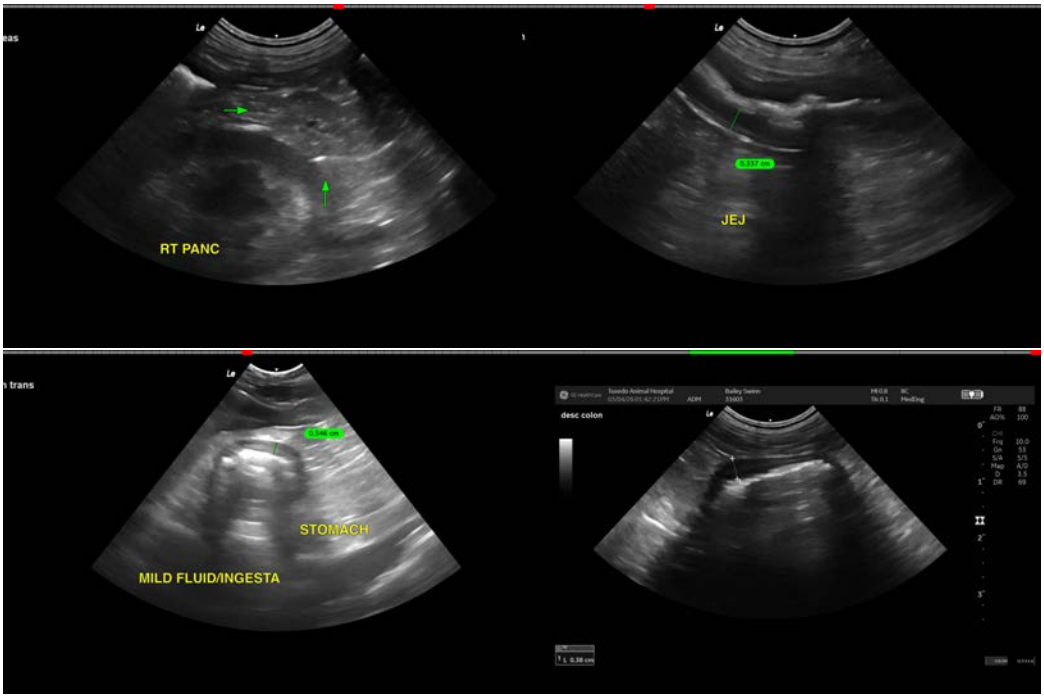
focal thickening of the colon wall. This should be monitored closely, as this could represent colitis or early neoplastic change. Consider the following:

- Ideally consider a low-fat/novel protein/hydrolyzed protein prescription diet. If the patient will not eat a commercial diet, recommend consultation with a veterinary nutritionist (I've used University of Tennessee's nutrition consultation system) to help formulate a homemade diet with these attributes.
- 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.
- If not already done, recommend parasite screening and empirical deworming.
- Recommend probiotic therapy.

Recommend evaluation of urine (urinalysis and urine protein to creatinine ratio) and consider a liver function test to rule out these areas as possible contributing factors to the low albumin reported.

Ideally, endoscopic biopsies of the upper and lower GI tract would be recommended to more definitively diagnose this disease process in order to optimally create a treatment plan.



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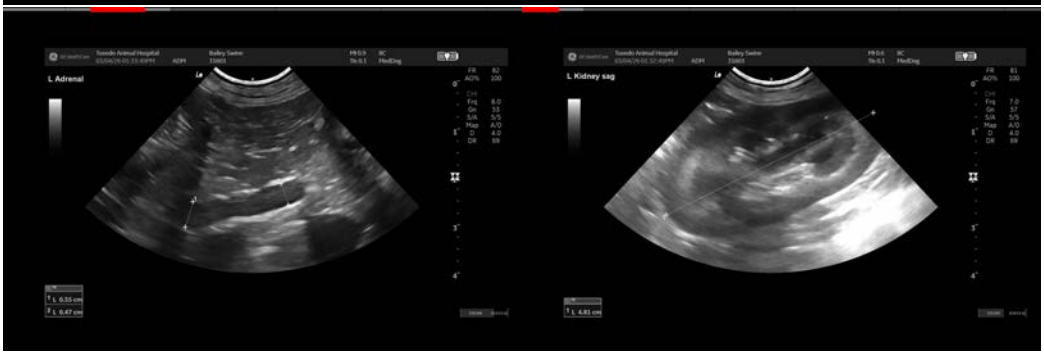

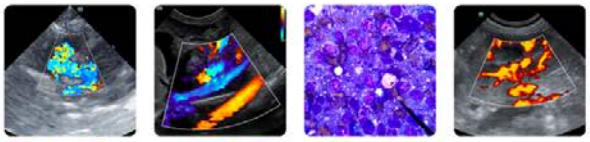

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com