SonoPath
Clinical Sonography & Telecytology
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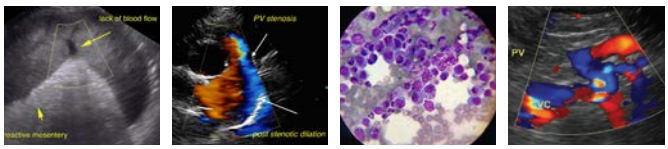

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Newton Sharkey

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

4 Years

WEIGHT

51.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Fine

INVOICE

46561

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Pet presented for chronic diarrhea that is not responding to Metronidazole. Pet is also losing weight and appears cachectic. Malabsorption panel including EPI was nsf besides elevated Folate. pet was recently switched to Z/D diet and was dewormed with Panacur. Fecal test has been negative. Pet has lost another 2 lbs in a few weeks
Abnormal PE/Chem/CBC/UA Results: 03/30: TP: 2.4 Alb: 1.4 Glob: 2 Ca: 7.6 T4: 0.6 WBC: 18.6 Plt: 715 No urinalysis

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.52 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 (7.12 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 0.52 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is 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.

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 gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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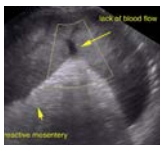
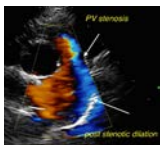
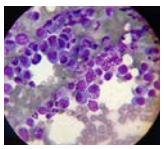
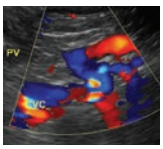

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Gastrointestinal

The areas of visualized stomach contain minimal luminal contents and measure at a normal thickness of <0.70 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 fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.44 cm. There is significant mucosal speckling visualized. 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. The colon is significantly distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area 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

There is a moderate to large amount of anechoic free fluid. No lymphadenopathy. The omentum is diffusely slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Moderate small intestinal thickening with mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Large, fluid distended colon – Findings are consistent with the diarrhea reported.
- Moderate to large amount of anechoic free fluid – This is likely secondary to the hypoalbuminemia reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears thickened with significant mucosal speckling and some fluid distention. Additionally, the large bowel is significantly fluid distended, consistent with the diarrhea reported. I suspect these findings are most consistent with a protein losing enteropathy. Recommend evaluation of a urine protein to creatinine ratio, and a liver function test to rule out potential hepatic or renal disease contributing to the hypoalbuminemia.

Likely differentials would include (but are not limited to) severe IBD, lymphangiectasia, or underlying neoplastic disease. These are differentiated based on biopsy results, and treatment recommendations vary depending on the diagnosis. You've done a nice job with initial evaluation, including changing to a novel protein diet. If this doesn't seem to help, consider an ultra low-fat diet. Ideally, endoscopic biopsies are preferable due to the diminished healing potential and a hypoalbuminemic patient.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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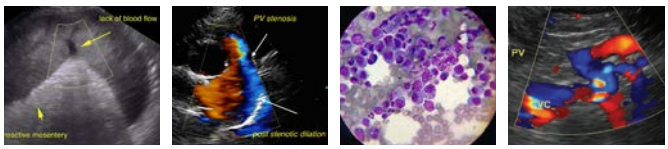

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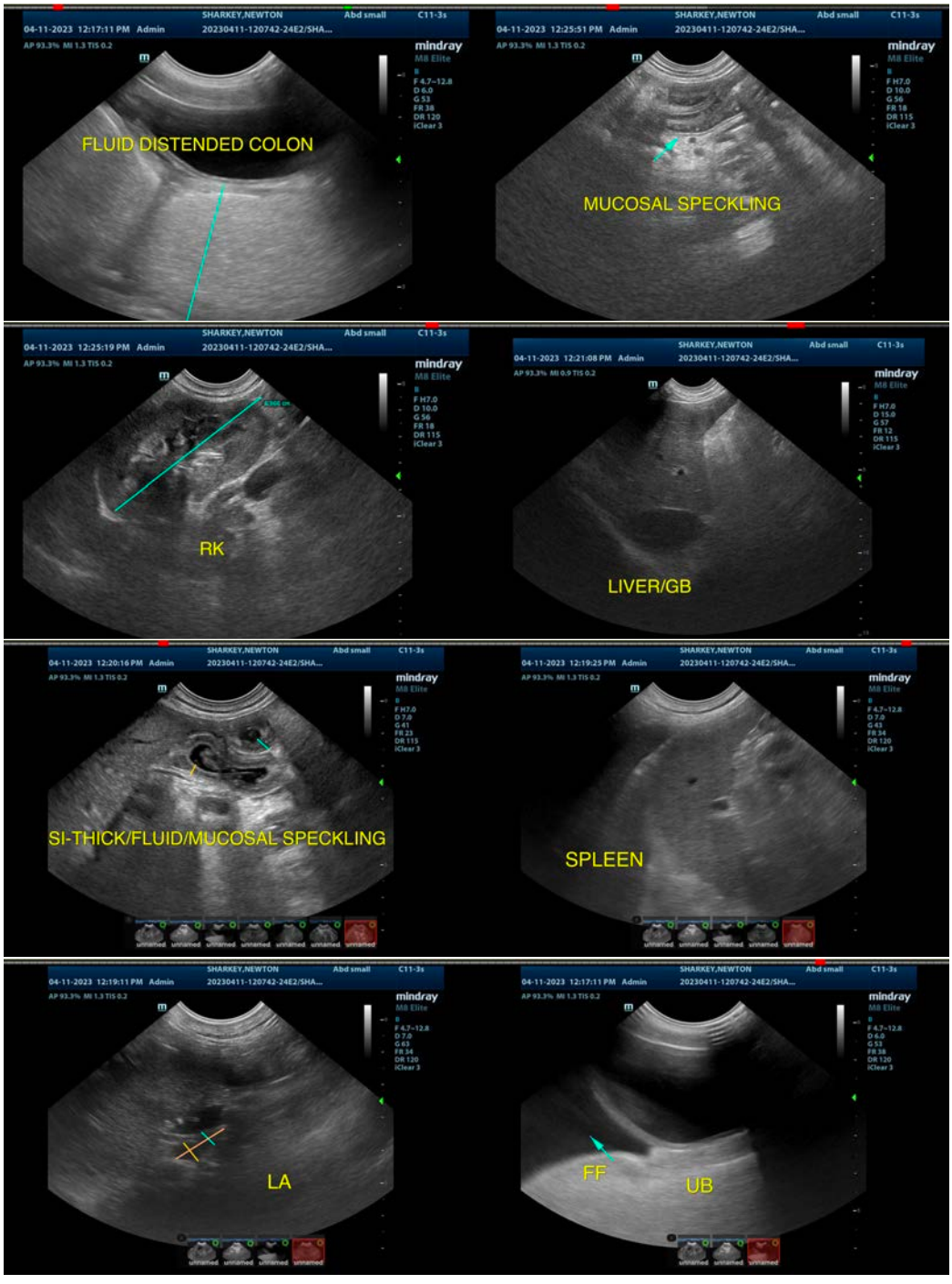
If biopsies are definitively not possible, and there is no response to an ultra low-fat diet, then you could consider an anti-inflammatory dose of Prednisone. Prognosis is guarded.



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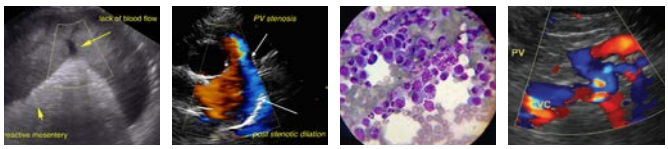

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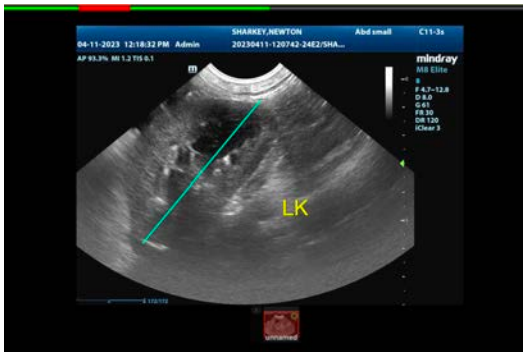

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com