**DATE**

5/13/22

PRESENTING CLINICAL SIGNS

History: Chronic intermittent GI signs. Improvement with hydrolyzed protein diet.

Relapse 6 months ago- improved with Tylan, cerenia and Visbiome. 2 months ago intermittent GI began again.

PATIENT

Leo Brunner

Current Medications: Hydrolyzed protein diet, Prilosec 20mg PO q 12 hrs. Will have Gabapentin prior to visit. Lab Results: See attached.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Pitbull

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Neutered Male

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.

AGE

2/25/13

The prostate is normal/borderline large in size (1.61 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

63.8 Pounds

The left kidney has a normal in size (7.55 cm), with a slightly irregular shape. 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. There is a large cortical cyst visualized, measuring 3.6 cm in diameter in the cranial pole. Renal vasculature is normal.

The right kidney has a normal shape and size (6.66 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.

INTERPRETED BY

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

HOSPITAL NAME

Timonium AH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.72 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.

REFERRING VET

Dr. McMichael

The right adrenal gland is normal in size measuring 0.75 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.

INVOICE

15165

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. This is a mild/moderate change. The jejunum measures 0.41 cm. There is a focal section of small intestine which appears more prominent with wall thickening at 0.55 cm. Wall layering is intact, but slightly less crisp in distinction.

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

There are occasional prominent mesenteric lymph nodes near the mesenteric root, measuring 0.61 and 0.59 cm. There is no free fluid. The omentum is of normal echogenicity.

Other

There is a 1.06 cm x 0.85 cm hypoechoic cystic structure visualized medial to the spleen, most consistent with a benign omental cystic structure.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderately thickened small intestine. The moderate bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

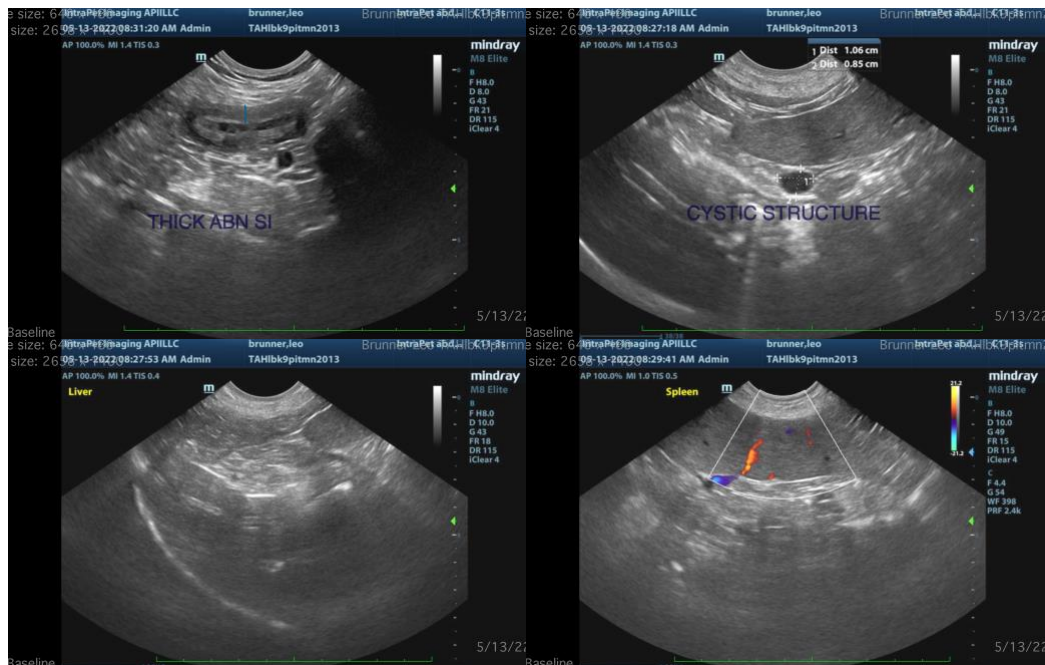
- Borderline large prostate. The prostate appears very normal in appearance but is slightly large for a neutered male dog. If this pet was neutered after puberty, this is likely within normal limits. If neutered at a very early age, then I recommend closer monitoring for any evidence of prostatic pathology +/- fine needle aspirate.

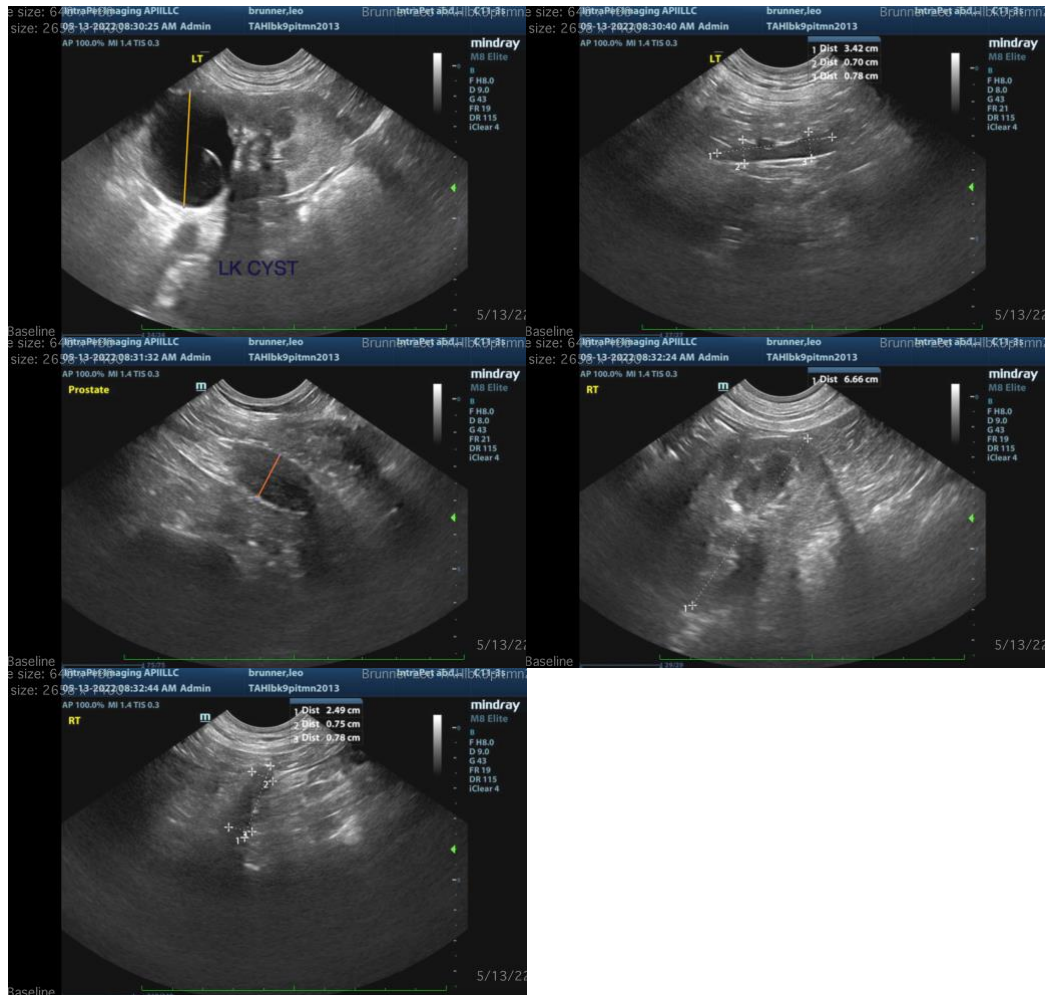
- Renal cyst visualized in the cranial pole of the left kidney. This is likely an incidental finding.
- Cystic structure in the left cranial abdomen This is most consistent with a benign omental cyst. I recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Many of the lesions observed on today's scan are incidental and unlikely to be related to the GI signs reported. The small intestine does appear subjectively thickened and some areas have slightly less distinct mucosal layering (possibly due to edema?). You have already taken many of the initial measures to treat a dog with chronic intestinal signs, including a novel protein/hydrolyzed protein prescription diet, etc.

- Consider a GI panel (to Texas A & M) for a qualitative PLI, TLI, cobalamin and folate, to further evaluate the pancreas and small intestine.
- Consider chronic probiotic therapy
- Closely scrutinize the history for any treats, medications, etc., that may be conflicting with a strict dietary plan.
- If symptoms persist, consider obtaining GI biopsies. In a dog this large, endoscopy may of limited utility and surgical biopsies may be necessary.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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)
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