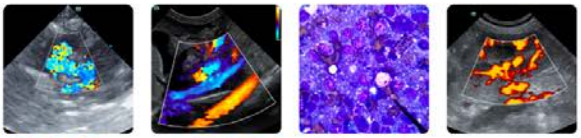


PATIENT

Rhys Wagner

SPECIES

Canine

BREED

Italian Greyhound

SEX

Neutered Male

AGE

5 Years 5 Months

WEIGHT

13.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Russell

INVOICE

75611

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Hypoalbuminemia. Essentially normal PE. Behaving normally at home.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.5, Ca 8.6. Resting cortisol WNL at 6.1. Pending UPC ratio. UA protein trace, bili 2+, usg 1.052

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 (3.19 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 (4.36 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 0.42 cm at the cranial pole and 0.33 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.

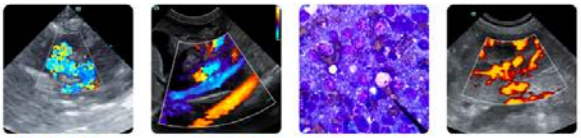
The right adrenal gland is normal in size measuring 0.89 cm at the cranial pole and 0.28 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.11 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 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. Duodenum wall measures 0.48 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. The duodenum appears somewhat mildly corrugated and thickened. No definitive focal lesions are visualized.

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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No lymphadenopathy noted. the omentum is hyperechoic in the right cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Thickened small intestine with some areas of segmental bowel thickening with corrugation – findings are most consistent with an enteritis type pattern.
- Hyperechoic mesentery in the right cranial abdomen – Findings could be consistent with focal enteritis, unseen pancreatic inflammation, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some sections of small intestine appear more significantly thickened with mild corrugation and questionable mucosal fogging. Additionally, there is inflammation in the right cranial abdomen without a focal lesion visualized. Consider the following:

- Recommend a urine protein to creatinine ratio and a urinalysis, looking for evidence of renal proteinuria (I believe this is currently pending).
- Consider pre- and post-prandial bile acids to assess liver function.
- If both of the above are normal, a protein losing enteropathy would be suspected (correlate with globulin levels, as these should typically be low as well), and consider a GI panel to a Texas A&M for a qualitative PLI, TLI, cobalamin and folate.

If a protein losing enteropathy is strongly suspected, consider the following:

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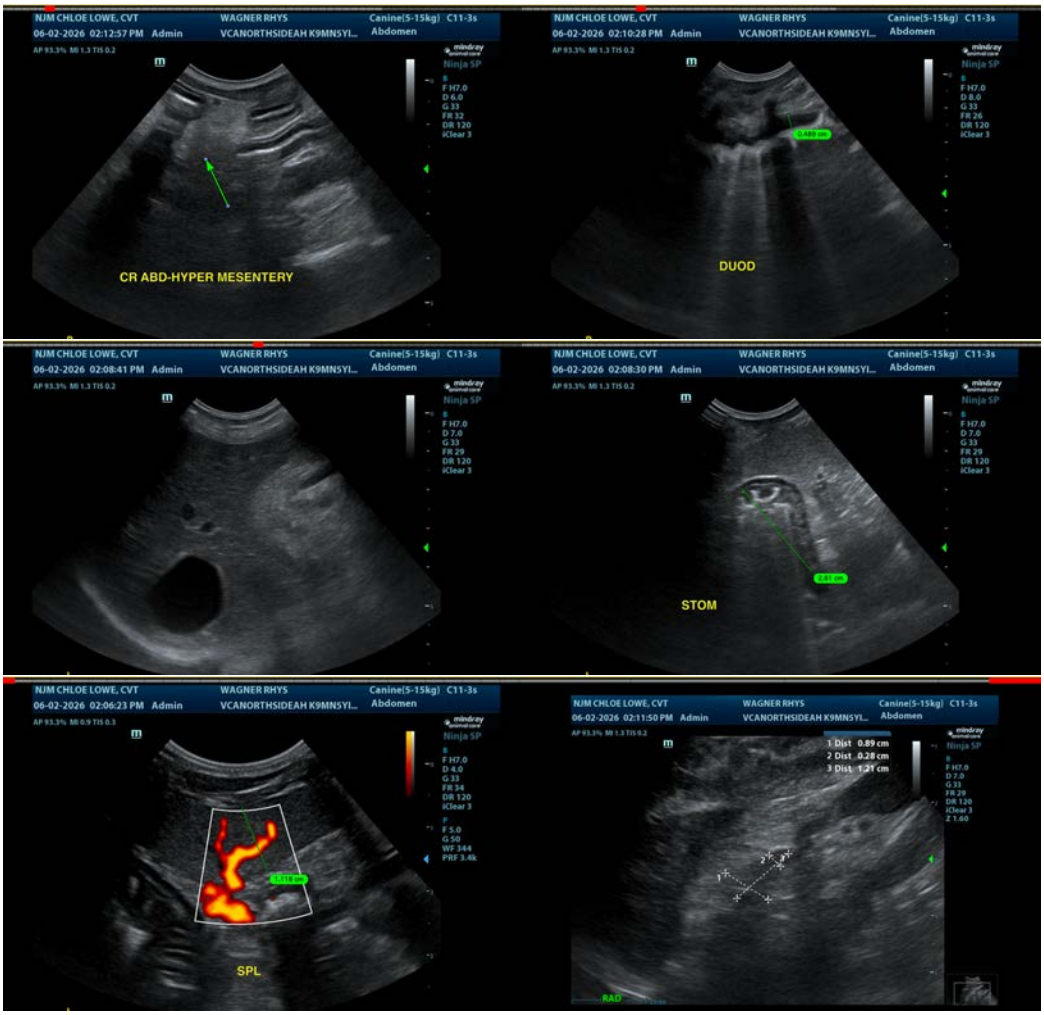
- Recommend an ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has this combination).
- Recommend probiotic therapy.

If a protein losing enteropathy is strongly suspected, and other causes are ruled out, consider obtaining biopsies of the GI tract for furthere valuation. If symptoms are persistent, consider repeat imaging, looking for the potential development of a more focal lesion.



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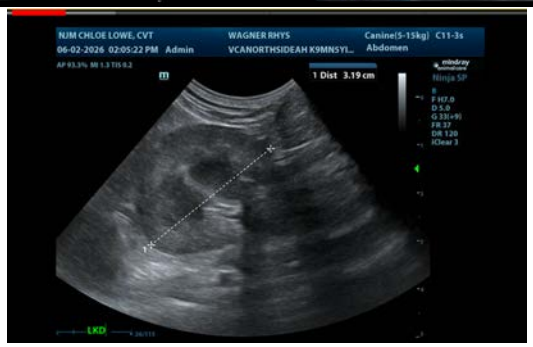

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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