



PATIENT PRESENTING CLINICAL SIGNS

Joy Sliwa

Chronic picky appetite for years, homemade diet started in May 2023, initially had great appetite for diet but now skipping breakfast & intermittent Vomiting. Presented for HGE on 7/14/23, lackluster appetite since though eating (while on cerenia).

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mild hypoalbuminemia (full cbc chem attached, cPL pending). Resting cortisol > 2.

BREED

Beagle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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

10 Years

The left kidney has a normal shape and size (4.69 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.

WEIGHT

18.9 Pounds

The right kidney has a normal shape and size (4.96 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

IMAGING PERFORMED BY

Emily Kirk

The left adrenal gland is normal in size measuring 0.44 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.

HOSPITAL NAME

Shiloh Animal Hospital

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. There is a very small, subtle hypoechoic nodule visualized within the parenchyma measuring 0.60 cm.

REFERRING VET

Dr. Shana Silverstein

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 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.



PATIENT *Gastrointestinal*

Joy Sliwa The stomach contains a small amount of intraluminal fluid. The gastric wall appears slightly prominent at 0.78 cm with intact wall layering. There is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Canine

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 0.43 cm. Jejunum wall measures 0.40 cm.

BREED

Beagle

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

The area of the ileocecal junction was visualized with no abnormalities noted. The more distal colon appears to have a slightly thickened wall measuring 0.24 cm with intact wall layering.

Pancreas

AGE

10 Years

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

18.9 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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- Small, ill-defined hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent, mottled right limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent gastric wall – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent colon wall with intact wall layering – Findings are most consistent with colitis, but infiltrative disease cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears somewhat prominent and thickened, but there is no significant loss of layering or wall changes that are concerning. Similarly, the colon wall appears slightly prominent



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distally, possibly consistent with recent colitis episode. Unfortunately, you can have relatively normal appearing small intestine and still have a significant enteropathy present. Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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.

The right limb of the pancreas is slightly prominent and mottled with minimal surrounding reactive mesentery. These changes are likely consistent with remodeling and previous episodes of pancreatitis, although current mild pancreatitis cannot be ruled out. Correlate these findings with a quantitative cPLI level.

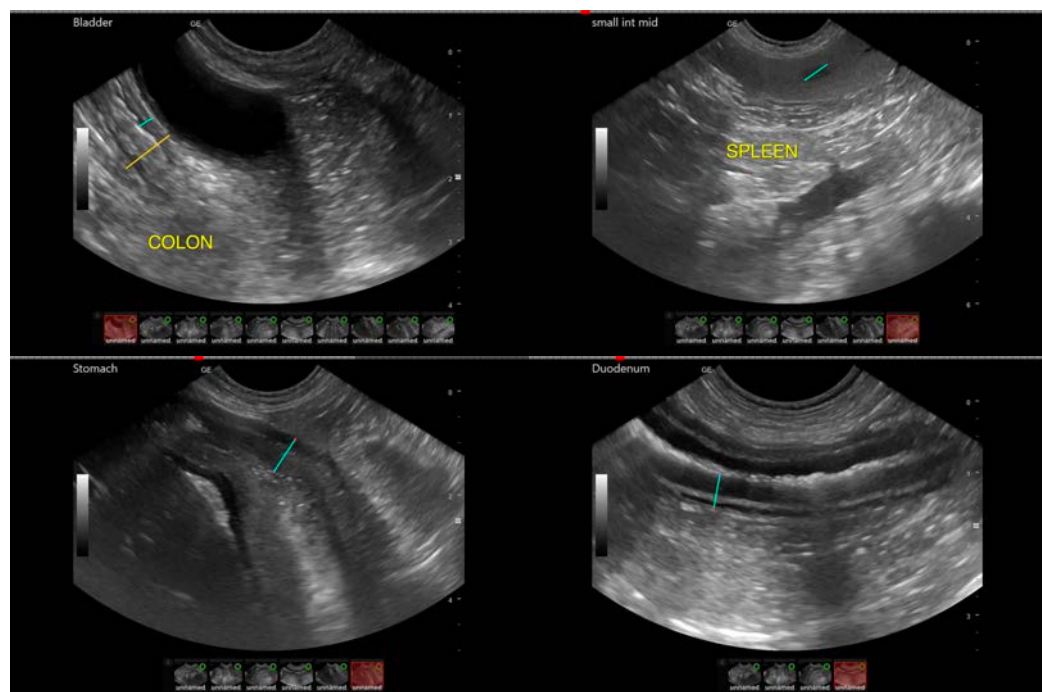
The gastric wall appears slightly prominent and there is a small amount of intraluminal fluid. Gastric wall layering is intact. I suspect this could be consistent with mild gastritis or imaging artifact.

There is a very small hypoechoic nodule visualized in the spleen. This is likely too small to easily sample. Recommend continued monitoring with ultrasound.

For further evaluation of the hypoalbuminemia reported, recommend a liver function test and a urine protein to creatinine ratio with urinalysis to look for other potential sources of hypoalbuminemia. If metabolic disease is thought very unlikely based on test results, then given the chronicity of the symptoms described consider obtaining GI biopsies.

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

I cannot clearly visualize any evidence of a significant uterus or ovaries on today's exam, although these can be very difficult to visualize if there is no fluid or current significant pathology.





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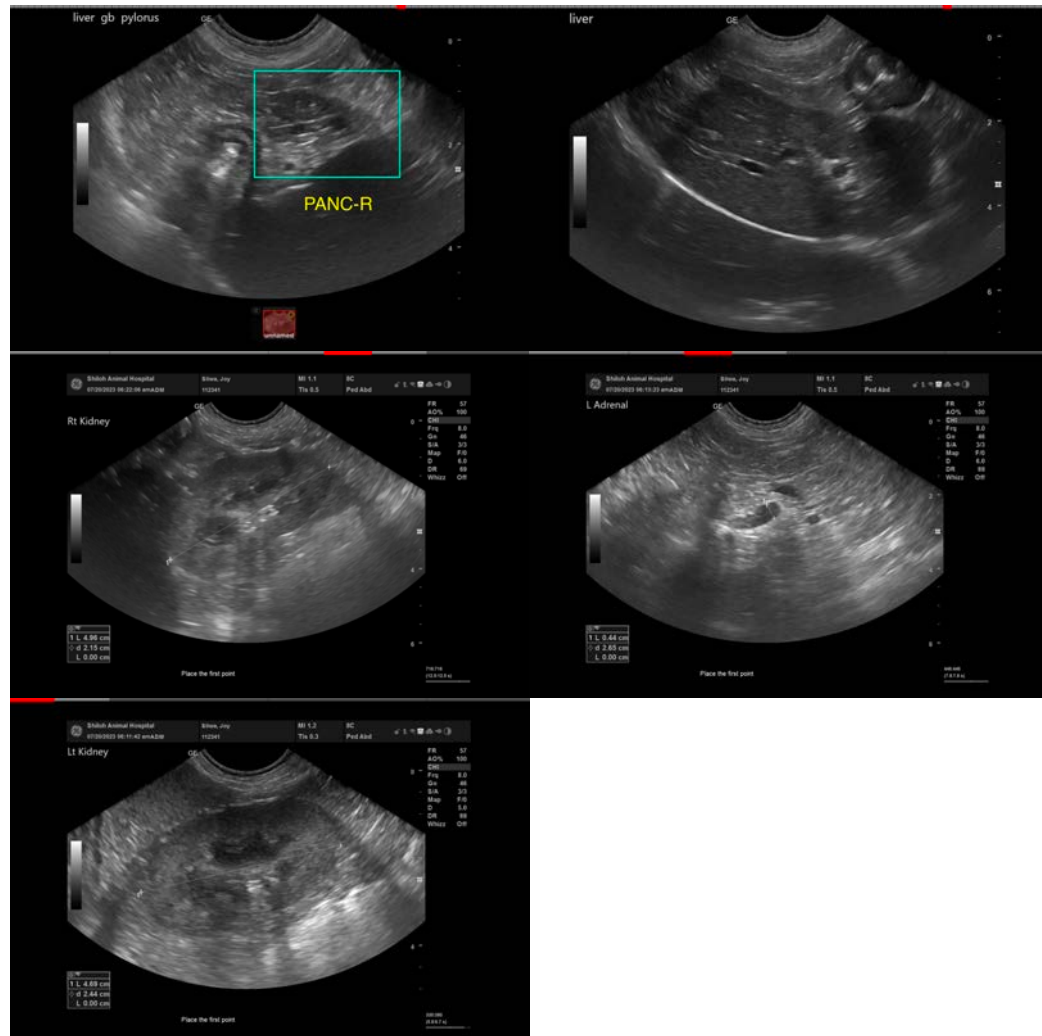
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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