

## PATIENT

Dude Raymond

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

## BREED

Lhasa Apso

## SEX

Neutered Male

Patient was doing well with z/d diet until this weekend. He was hospitalized 2 weeks ago for supportive care. Abdominal u/s was recommended at that time, but patient improved, so O cancelled u/s appointment. This weekend, V/D and anorexia resumed. O has been very careful about not feeding anything other than prescription diet. No known dietary indiscretion. Physical exam findings: BAR; mild dehydration; fully ambulatory x 4; comfortable and unremarkable abdominal palpation; RADS: There is a mild gas pattern seen throughout the GI tract. This is most likely normal for the patient or transient in nature but can be associated with enteritis or other enteropathies. There is also possible thickening of small intestinal walls. There is may be an artifact of fluid within the bowel, but true wall thickening can be seen with chronic enteropathies such as IBD.

Abnormal PE/Chem/CBC/UA Results: Abnormal CBC/Chem/UA values: In-house lab work (performed 07/12/22) demonstrated mild, mature neutrophilia (14,730/uL), mild lymphopenia (990/uL); mild elevation of ALP @ U/L, all other values WNL; cPL normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### AGE

9 Years

### 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.

### WEIGHT

20.8 Pounds

The prostate is normal in size (0.78 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.

## INTERPRETED BY

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

The left kidney has a normal shape and size (4.59 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 hydronephrosis. Renal vasculature is normal.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

The right kidney has a normal shape and size (4.6 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 hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

## HOSPITAL NAME

Brighton Greens VH

The left adrenal gland is normal in size measuring 0.71 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. Robin Janeway

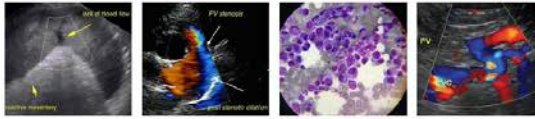
The right adrenal gland is normal in size measuring 0.74 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

## INVOICE

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## DATE

7/27/22



## PATIENT

Dude Raymond

### **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.

## SPECIES

Canine

### **Liver**

The liver is subjectively normal in size, and hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

## BREED

Lhasa Apso

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

## SEX

Neutered Male

### **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.

## AGE

9 Years

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 measured 0.46 cm. Jejunum wall measured 0.40 cm. Mild mucosal speckling noted. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## WEIGHT

20.8 Pounds

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

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with nonformed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### **Pancreas**

The pancreas is prominent and hypoechoic as 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.

## HOSPITAL NAME

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### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. An occasional prominent mesenteric lymph node is visualized at 0.40, 0.36 cm. The omentum is generally of normal echogenicity.

## REFERRING VET

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## ULTRASONOGRAPHIC FINDINGS

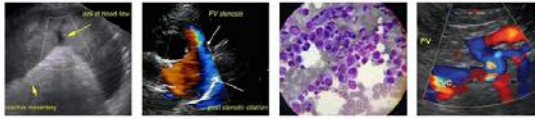
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Hypoechoic, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-

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Dude Raymond mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

**SPECIES**

Canine

- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

**BREED**

Lhasa Apso

- Mild mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

**SEX**

Neutered Male

- Occasional prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

9 Years

No focal lesion are visualized associated with the gastrointestinal tract. The changes observed are relatively mild and non-specific. The changes in the pancreas are likely consistent with current mild pancreatitis or previous episode of pancreatic inflammation. There is mild mucosal speckling observed in the GI tract. This can be seen with lymphangiectasia and other inflammatory enteropathies. Recommend a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine. Recommend symptomatic treatment for pancreatitis, but if symptoms persist, recommend obtaining GI biopsies.

**WEIGHT**

20.8 Pounds

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

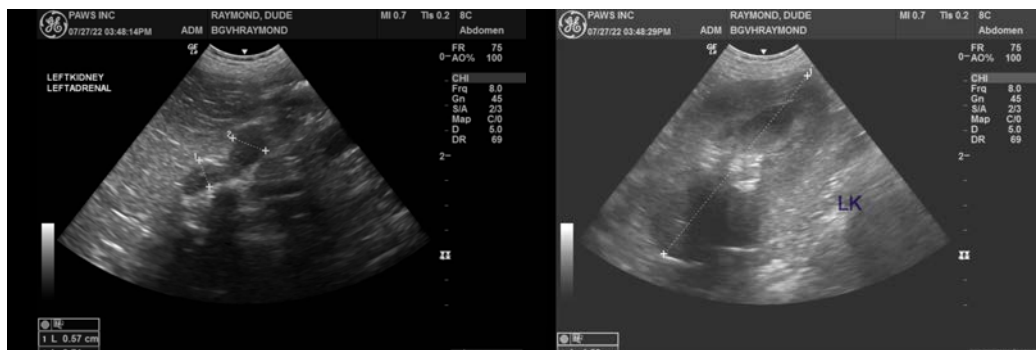
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The liver is mildly heterogeneous, but no discrete lesions are observed. Recommend continued monitoring of the ALP elevation reported. If this is progressing or concerning, consider a liver function test and a fine needle aspirate of the liver.

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Loetitia Saint-Jacques,  
LVT



**HOSPITAL NAME**

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**REFERRING VET**

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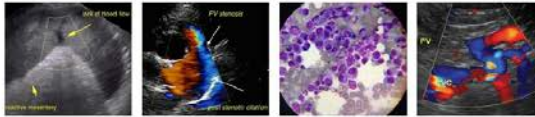
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**PATIENT**

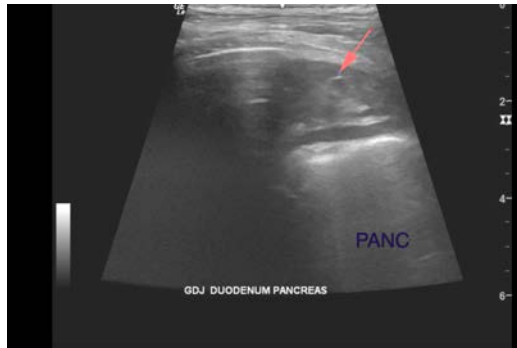
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Lhasa Apso



**SEX**

Neutered Male

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.

**AGE**

9 Years

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.

**WEIGHT**

20.8 Pounds

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