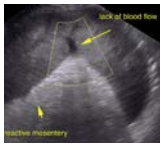
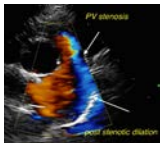
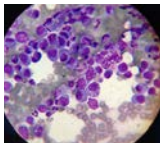
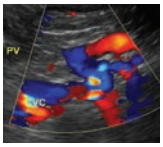
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Milly Rizzitello

SPECIES
Canine

BREED
Dachshund

SEX
Spayed Female

AGE
12 Years 8 Months

WEIGHT
17.1 Pounds

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

IMAGING PERFORMED BY
Kelly Vazquez

HOSPITAL NAME
Westwood Regional

REFERRING VET
Dr. Hartwick

INVOICE
39267

DATE
7/6/22

PRESENTING CLINICAL SIGNS

Chronic abnormal stools - partially responsive to metronidazole and Tylosin, on Z/D diet but owner mixes in chicken and rice. Appetite is good, occasional burping. Stools - mild mucus , no blockage. History of low TP/Glob./Alb.. UTT - treated 6/28/22, on Convenia. On Tylan powder, Z/D diet. and probiotic.
Abnormal PE/Chem/CBC/UA Results: 6/28/20: Superchem: TP 4.6, Alb. 2.9, Glob. 1.7, AST 71. CBC: WNL. T4/FT4: 1.7/27.6. U/A: WBC 2-3 HPF, USG 1.017.

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 left kidney has a normal shape and size (3.91 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.

The right kidney has a normal shape and size (3.37 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.68 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 0.56 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.

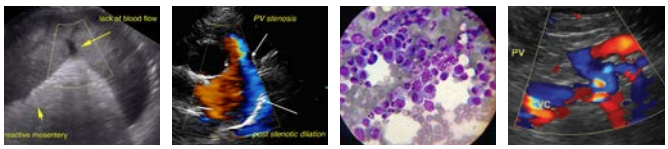
Spleen

The spleen is subjectively normal in size, 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 mildly 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.

The gallbladder lumen is moderately distended. The wall of the gall bladder generally has a smooth mucosal surface, but there is a collection of hyperechoic material/tissue near the neck of the gallbladder measuring approximately 1.3 cm in diameter, which could represent accumulated debris or an early mass effect/polyp. There is a moderate amount of non-organized dependent echogenic debris visualized. The cystic and common bile ducts are normal/not visible.



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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 measured 0.56 cm. Jejunum wall measured 0.38 cm. 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. 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 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

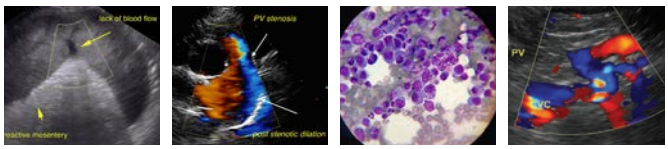
- Moderate debris in the gallbladder as well as a focal area that could represent an accumulation of debris or abnormal tissue (polyp, mass). In general the gallbladder appears relatively healthy with a normal wall and no surrounding inflammation. Recommend continued monitoring of the irregular accumulation of material/tissue near the neck of the gallbladder.

- Moderate small intestinal thickening – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of somewhat thickened small intestine. I suspect this is the source for the low albumin due to a protein losing enteropathy. Possible differentials could include inflammatory disease such as IBD, lymphangiectasia, less likely neoplastic change, GI parasitism, etc. Ideally, GI biopsies would be pursued to determine the type of disease present so that treatment could be appropriate for the process at hand. Prior to doing this, I would recommend a liver function test (pre- and post-prandial bile acids) to ensure that there is not concurrent liver dysfunction, and a urine protein to creatinine ratio and urinalysis to look for any evidence of concurrent urine protein loss.

- Recommend a novel protein/hydrolyzed protein prescription diet. If the owner is feeding chicken and rice to entice this pet to eat, consider consultation with a veterinary nutritionist, who can formulate a home cooked diet, which is novel and low fat, as to maximize the effects of



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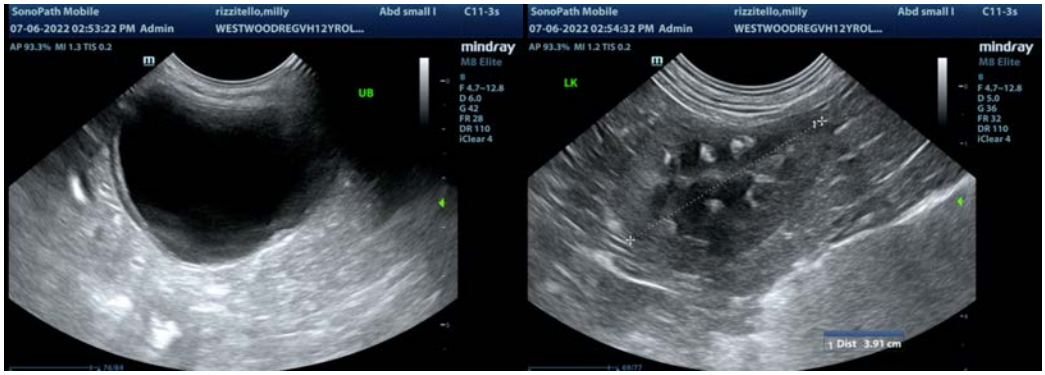
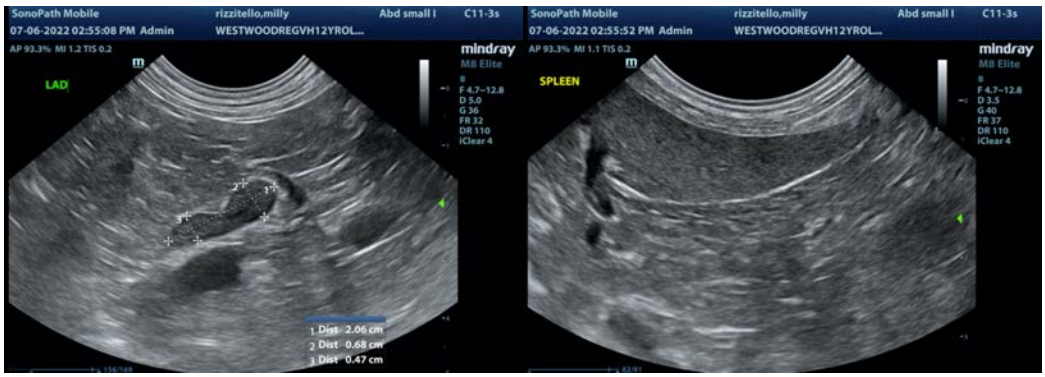
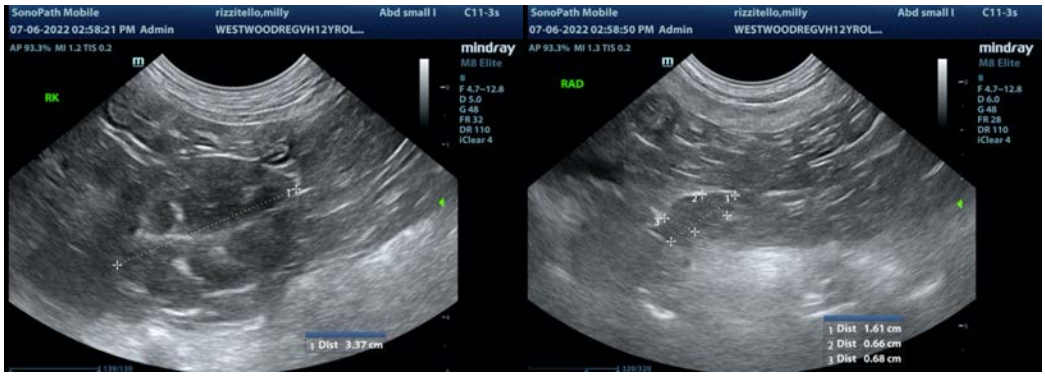
the therapeutic diet.

- Recommend a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to obtain further information regarding the suspected GI disease.
- Recommend chronic probiotic therapy.
- Additionally, there is a small irregular area to the gallbladder wall. This may be just an accumulation of debris or could be a small mass lesion. Recommend continued monitoring with ultrasound.







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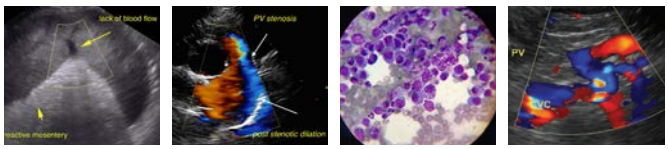

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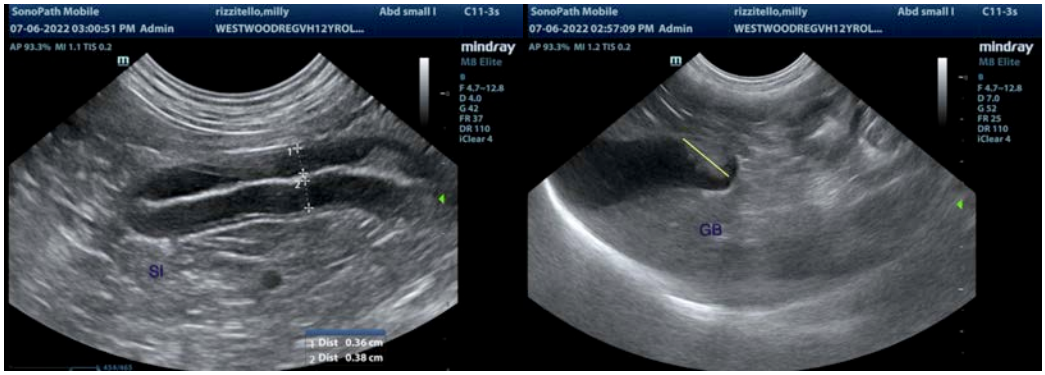

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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