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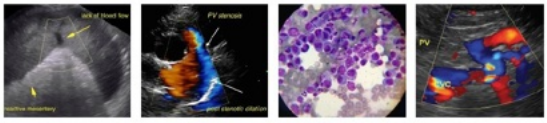


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Melody Fleming-SO

SPECIES

Canine

BREED

English Cocker Spaniel

SEX

Spayed Female

AGE

11y5m

WEIGHT

26.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Loetitia Saint-Jacques

REFERRING VET

Liz Byers, DVM

INVOICE

10434

DATE

8/23/2023

PRESENTING CLINICAL SIGNS

Slight sedation 3/4 way thru scan- Chronic/sporadic large bowel diarrhea - suspect IBD Chronic/sporadic large bowel diarrhea, fecal negative and seems unrelated to stress nor dietary indiscretion. Has hypothyroidism and currently being treated and controlled. No PE abnormalities found Radiographic Abnormalities: NSF Current Therapy and Medications: Levothyroxine 0.1mg q12hrs, Metronidazole 125mg q12hrs (finished), Providable probiotic, Heartgard Plus.

Abnormal PE/Chem/CBC/UA Results: Summary of Laboratory Abnormalities: NSF - mild elevated ALT 142 (12-118), Precision PSL 175 (24-140), 2+ protein in urine with UPC ratio 0.2 mg/dL. Last tT4 2.8 on supplementation.

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 (5.59 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 (5.54 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 0.68 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.

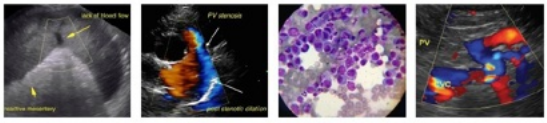
The right adrenal gland is normal in size measuring 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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. There is a hypoechoic nodule visualized within the parenchyma measuring 1.03 cm x 1.28 cm.

Liver

The liver is large in size, and normal in echogenicity, but is irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary



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tract appear normal. The parenchyma is diffusely coarse almost nodular with a honeycomb like pattern.

The gall bladder lumen is significantly distended. The gallbladder wall appears slightly prominent and there is questionable hyperechoic reactive tissue surrounding the gallbladder. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.38 cm), and the jejunum measured as normal (0.33 cm.) There is some mild mucosa speckling visualized. 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 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.

Free Abdomen

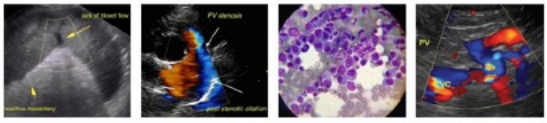
Evaluation of the peritoneal cavity did reveal scant free fluid. There are prominent hypoechoic lymph nodes, one such cluster has lymph node measuring 0.5 cm and 0.54 cm in diameter. The omentum appears hyperechoic and reactive in some areas particularly where the lymph nodes are prominent.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Hypoechoic nodule visualized 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 mildly mottled pancreas. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, or chronic pancreatitis.
- Large severely heterogenous liver. The diffuse hepatic changes are non-specific and could be



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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.

- Large gallbladder debris with questionable surrounding reactive tissue. This is somewhat questionable but could be consistent with mild cholestasis.
- Mild mucosal speckling visualized associated with the small intestine. Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc. in the mucosal crypts.
- Clusters of large hypoechoic lymph nodes surrounding by hyperechoic mesentery. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Scant free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the colon to explain the large bowel diarrhea reported. There are some areas of hyperechoic reactive mesentery and adjacent to these areas are some clusters of hypoechoic large lymph nodes. Consider a fine needle aspirate of an enlarged lymph node.

Additionally, the pancreas is somewhat prominent in some areas but does not appear to be surrounded by significant inflammation. The gallbladder has a large amount of debris and some mildly reactive tissue surrounding. Recommend chronic Ursodiol therapy and +/- antibiotic therapy with continued monitoring of the gallbladder appearance and lab work with ultrasound.

The mucosal speckling visualized is concerning for mild enteropathy, this could be related to the GI signs reported.

- 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 if symptoms are persistent and recurring then consider obtaining biopsies of the large and small bowel.

The significance of the hepatic changes is uncertain. The parenchymal changes are fairly significance ultrasonographically, but this does not always correlate to liver function and pathology. Liver enzyme elevations are relatively mild. Options would be to continue monitoring or you could consider a liver function test, +/- a fine needle aspirate of the liver.

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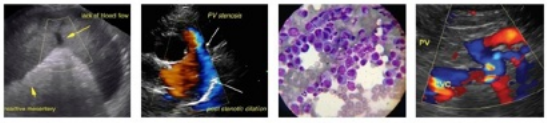

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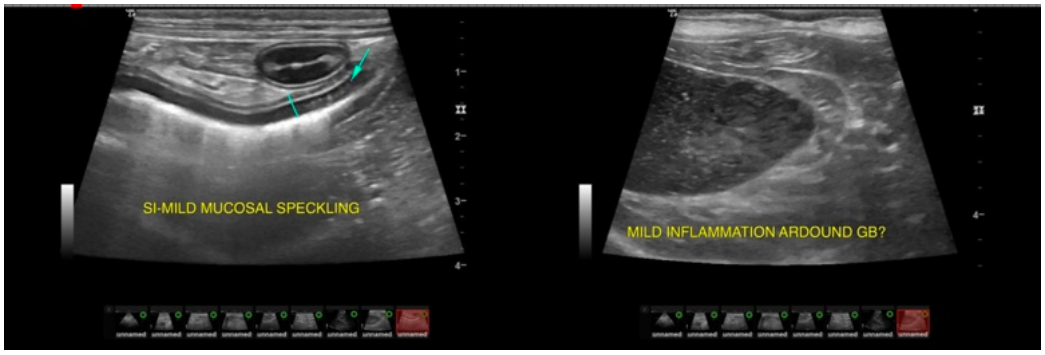

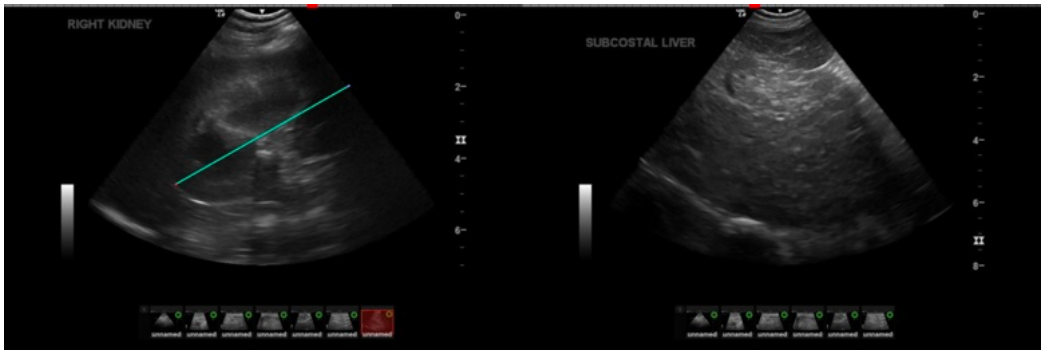

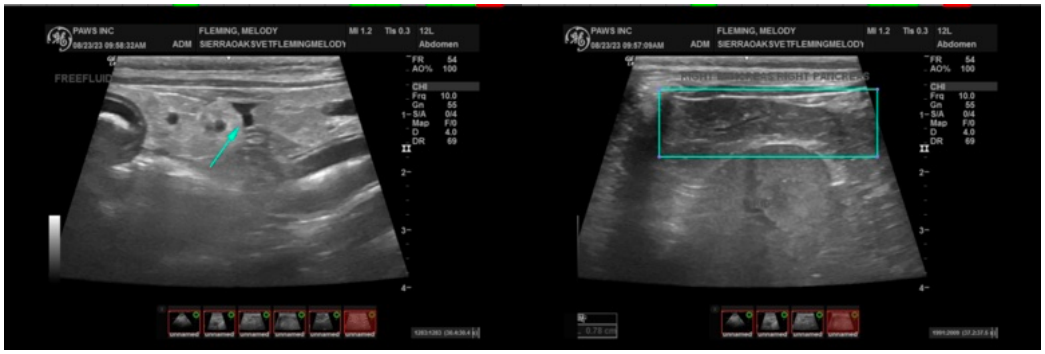

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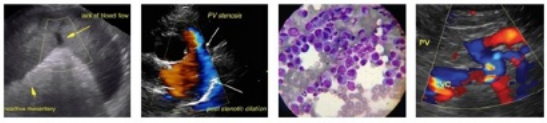

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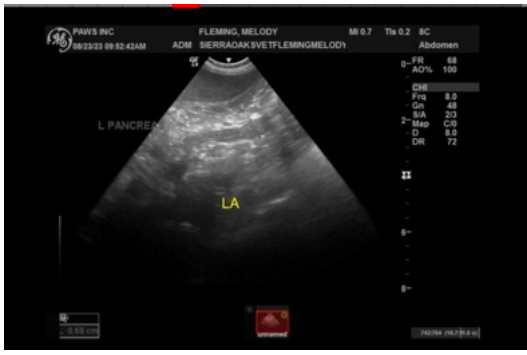

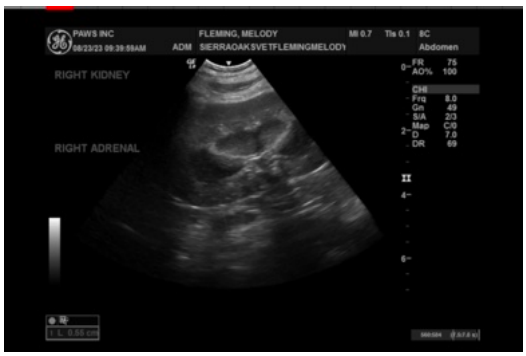

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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