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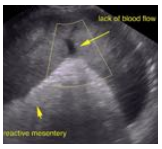
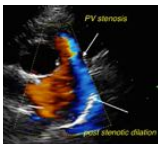
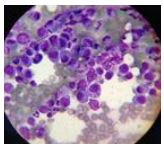
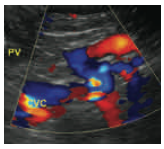

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1-800-838-4268 info@sonopath.com

PATIENT
Larry Lacks

SPECIES
Canine

BREED
Mixed

SEX
Neutered male

AGE
2 years

WEIGHT
44 lbs

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

IMAGING PERFORMED BY
Dr. Petrone

HOSPITAL NAME
Long Branch AH

REFERRING VET
Dr. Petrone

INVOICE
91739

DATE
9/9/21

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, no improvement on food trial (Z/D), some improvement with metronidazole and fortiflora. Maldigestion panel, CBC, Chem, accuplex, fecal-WNL

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 prostate is normal in size (0.81 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.

The left kidney has a normal shape and size (5.09 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Several, small, non-obstructive stones were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.5 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is mild pyelectasia measuring 0.33 cm and non-obstructive stones. A 0.23 cm stone was visualized in the dilated renal pelvis. This does not appear to be causing an obstruction. There are no infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 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.

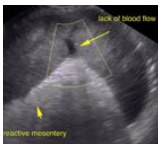
The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

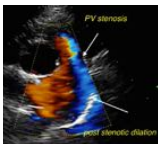
Spleen

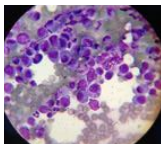
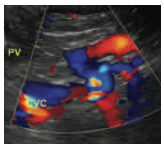
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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.





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The wall of the gallbladder 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.

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 (0.33 cm) and the jejunum measured as normal (0.24 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

PRIMARY FINDINGS:

- Mildly decreased corticomedullary distinction in both kidneys with right-sided pyelectasia and non-obstructive nephroliths (nephrolith in renal pelvis in the right kidney). Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

SECONDARY FINDINGS:

- Mild gallbladder sludge. The gallbladder lumen is moderately distended. The wall of the gallbladder 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.

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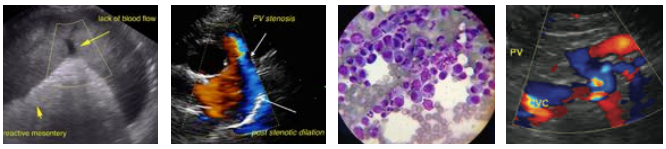

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic lesions visualized in the kidneys are relatively mild, but I recommend to continue monitoring, urinalysis, culture and blood pressure. There is potential risk for ureteral obstruction in the future.

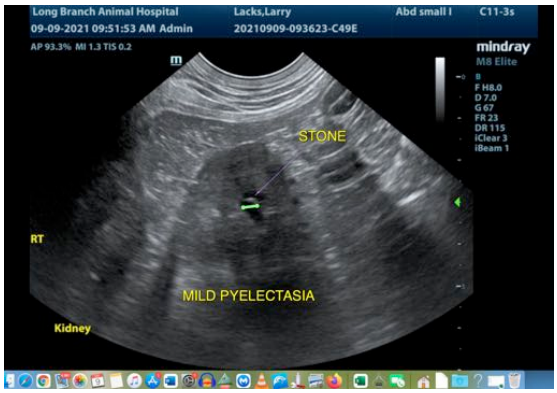
The small intestine appears relatively normal. It is not uncommon for ultrasonographic changes to be relatively mild as many causes for small bowel diarrhea cannot be definitively diagnosed by ultrasound alone. There were no focal lesions observed in the small intestine.

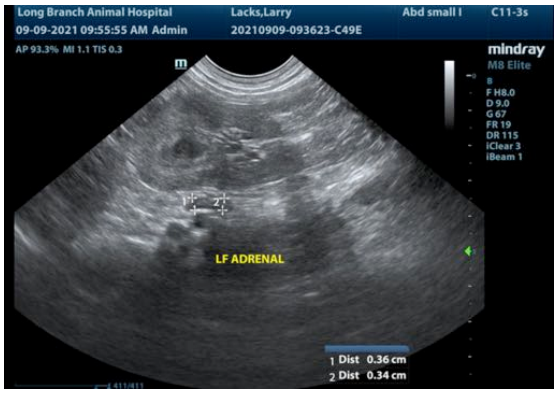
- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, GI panel (TLI/PLI, folate, cobalamin). The adrenal glands were somewhat small, so screening for Addison's is a good idea.

- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

- Consider diet trial with a different hydrolyzed protein diet such as Royal Canin hydrolyzed or even novel protein such as Fish and Potato, Duck, etc. Some dogs tend to respond to low fat and others to high fiber, so some experimentation will be necessary.

- Consider a GI panel for evaluation of a quantitative PLI, B12 and folate to look for evidence of intestinal dysbiosis. Consider trying a different probiotic such as proviable, etc. In a young dog like this the most common differentials would be GI parasitism, infectious causes (Clostridium, etc) or dietary intolerance. If there is a history of antibiotic use dysbiosis is more likely. In the future GI biopsies or fecal transplant can be considered.





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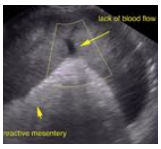
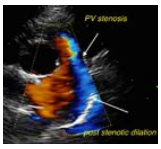
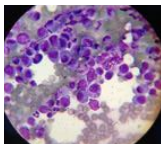
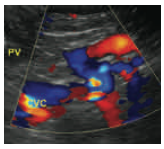

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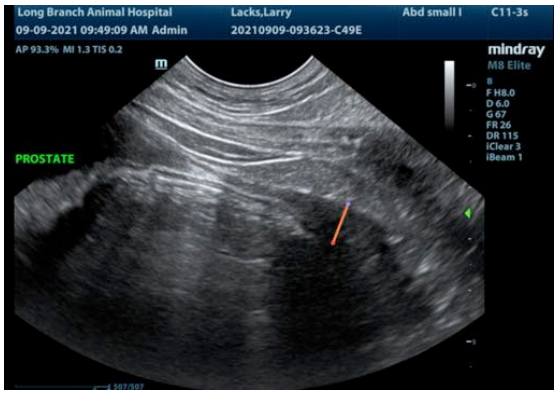

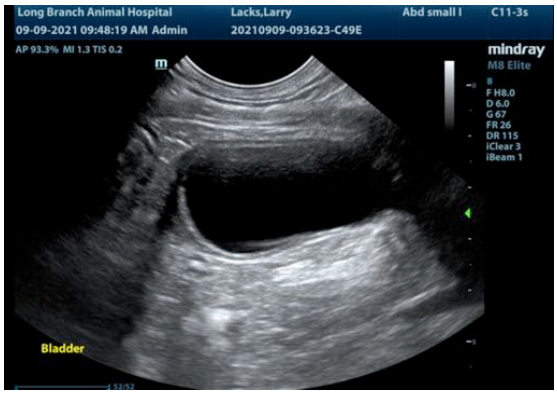

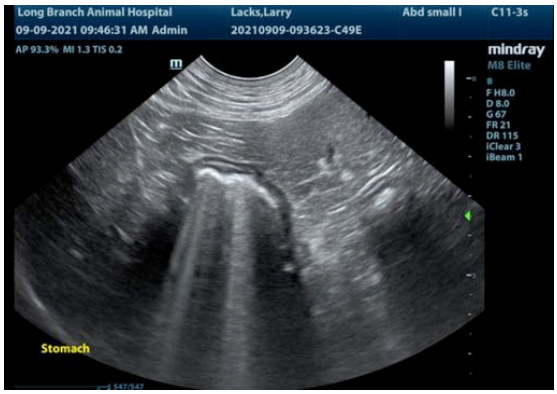

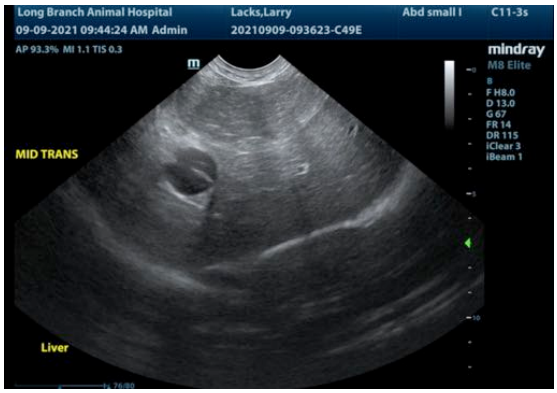

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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