



PATIENT

Chloe Pezanowski

PRESENTING CLINICAL SIGNS

History: Progressively decreased albumin and TP Elevated STMA failure to gain weight BW / Records attached

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Shepherd Mix

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

SEX

Spayed Female

Kidneys

AGE

5 years

The **left** kidney measures 5.99 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 5.73 cm. Findings are similar to the left kidney.

WEIGHT

56 lbs

Aortic bifurcation/trifurcation

No abnormalities observed.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Adrenal Glands

The **left** adrenal gland measures 0.45 cm at the cranial pole, 0.40 cm at the caudal pole. Although no abnormalities are noted with the gland's overall architecture, echogenicity or echotexture, it may be slightly thinner than expected for a dog of Chloe's stature. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

IMAGING PERFORMED BY

Dr. Gallick

The **right** adrenal gland measures 0.37 cm at the cranial pole, 0.32 cm at the caudal pole. Findings are similar to the left.

HOSPITAL NAME

Magnolia Springs VC

Spleen

Possible, mild splenomegaly, however, no abnormalities are observed with its echogenicity. The capsule is smooth and curvilinear. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. The parenchyma has a subtle miliary appearance in certain views. An obvious mass is not observed.

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Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous, with a mildly coarse or granular echotexture. It is within normal limits in echogenicity. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

DATE

5/31/22



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The gallbladder wall is within normal limits in thickness and echogenicity. A trivial amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

SPECIES

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Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined, however, the mucosa is more prominent than usual. No obvious abnormalities are observed with its peristalsis.

BREED

Shepherd Mix

No abnormalities are observed with the duodenum.

The muscularis of multiple loops of jejunum is thickened.

SEX

Spayed Female

No abnormalities are observed with the ileo-cecal-colic junction.

Although the colonic wall is not thickened and mural detail is considered normal, the submucosa is mildly prominent. Slightly soft stools are present in the descending colon.

AGE

5 years

Pancreas

No abnormalities are observed with the architecture, smooth contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

WEIGHT

56 lbs

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Other

Lymph nodes

Lymph nodes are within normal limits (size, echogenicity and echotexture), including colonic and mesenteric.

IMAGING PERFORMED BY

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Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

Gastrointestinal tract: Findings are suggestive of GI inflammation of the stomach, jejunum and colon. Differential diagnoses include a protein losing enteropathy due to inflammation secondary to vomiting and diarrhea, inflammatory bowel disease, food intolerance, etc. Obvious signs of neoplasia are not observed.

Liver: A reactive hepatopathy is suspected.

Spleen: The miliary echotexture is extremely mild and somewhat subjective. Although it may be real, artefact caused by the sensitivity of the ultrasound machine is possible, and overinterpretation may occur. If the observation is real, differential diagnoses include extramedullary hematopoiesis or mild splenitis (inflammation due to antigenic stimulation). Neoplasia, such as lymphoma or other round cell tumour, is considered unlikely.

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Splenomegaly is often observed in German shepherd and German shepherd mix breed dogs. The cause of splenomegaly in this breed is not known, but is not considered clinically significant.

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In conclusion, the interpretation of the spleen should take into account the experience with one's machine; if there is any doubt that the spleen is "miliary" compared to other "normal spleens", a FNA is warranted.

BREED

Shepherd Mix

Adrenal glands: Hypoadrenocorticism cannot be excluded based on the slightly thinner width, in conjunction with chronic GI signs.

SEX

Spayed Female

The following are suggested/recommended

AGE

5 years

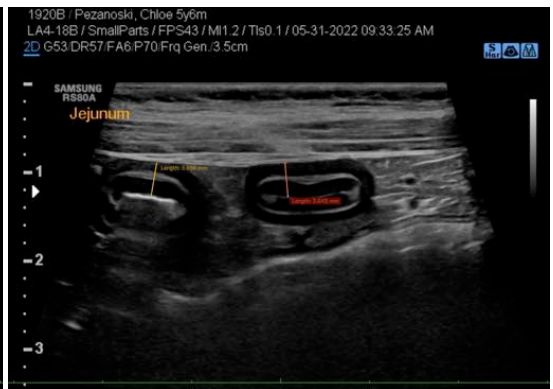
- TLI, serum cobalamin, folate to exclude malabsorptive and maldigestive diseases, including exocrine pancreatic insufficiency.
- Primary hypocobalaminemia may be causing macrocytosis
- Baseline (random) cortisol to exclude hypoadrenocorticism.
- Deworming, fenbendazole, even if Chloe receives monthly heartworm prevention.
- Diet trial (veterinary prescription brand hypoallergenic, hydrolyzed or novel protein)
- Administration of a synbiotic (product that contains both a pre and probiotic)
- Endoscopy and biopsies of the upper and lower GI tract diet, depending on blood work results and if no response to deworming and diet trials

WEIGHT

56 lbs

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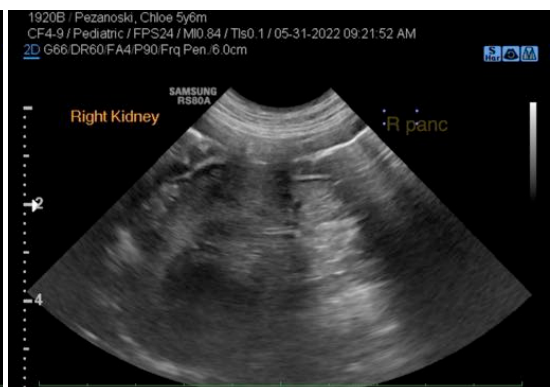


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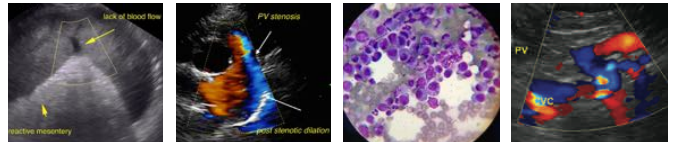
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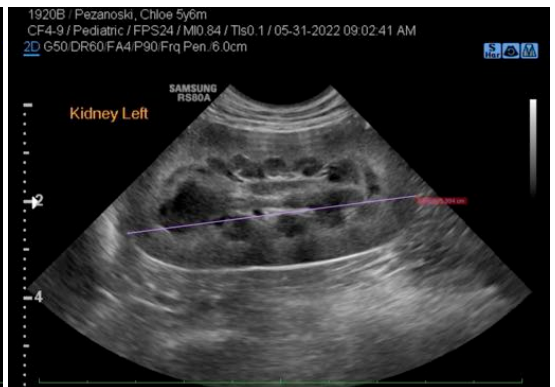
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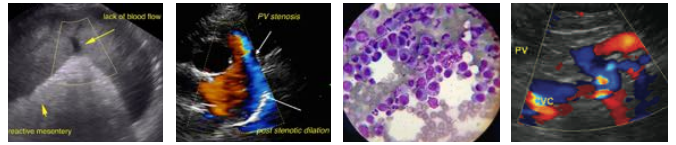
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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