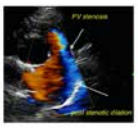
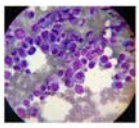
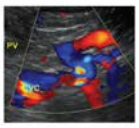

PATIENT

Lucy Upton

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

11 Years

WEIGHT

15 Pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

chronic weight loss, 1 week of diarrhea progressed to having blood in it
Abnormal PE/Chem/CBC/UA Results: mild abdominal distension; Chem 17 - mildly elevated TP, Globulin, and T. Bilirubin; fecal float - negative Hyperechogenicity at stomach/duodenum on brief AUS, no free fluid, no obvious masses

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm. The right kidney measured 5.1 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The right adrenal gland was normal in size. The left adrenal gland appeared to be mildly prominent within the caudal pole, yet without overt evidence of hyperplasia. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.1 cm length x 0.62 cm at the caudal pole. The left adrenal gland measured 1.6 cm length x 0.80 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

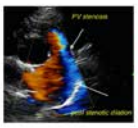
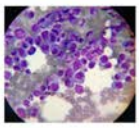
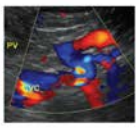
Liver

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.27 cm.

The small intestine presented intact wall layering with subjective propensity for mildly prominent duodenojejunal mucosa as well as subtly prominent to echogenic submucosal layer. The lumen of the

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small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.55 cm. Jejunum wall measured 0.30 cm.

Normal visible colon wall layers were present with subjective semiformed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Focal, mildly prominent to enlarged jejunocolic lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No effusion. Omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy with mild colitis
- Associated intermittent subjectively benign/reactive jejunocolic lymphadenopathy
- Heterogeneous pancreas – age related/patient variant with potential for parenchymal remodeling owing to previous inflammation or low-grade to chronic inflammation possible.
- Mild chronic renal changes
- Subjective mild vacuolar hepatopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history of chronic weight loss with recent development of hematochezia, appearance of the small intestine is suggestive of chronic enteropathy, likely chronic inflammatory enteropathy or IBD with additional considerations including dietary intolerance/weight loss, occult parasitism considered less likely given the negative fecal, and without overt evidence of neoplastic gastrointestinal criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

3-view chest radiographs suggested to rule out occult thoracic pathology as potential cause of weight loss. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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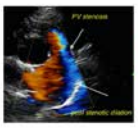
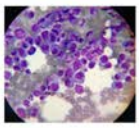
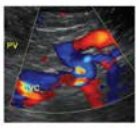

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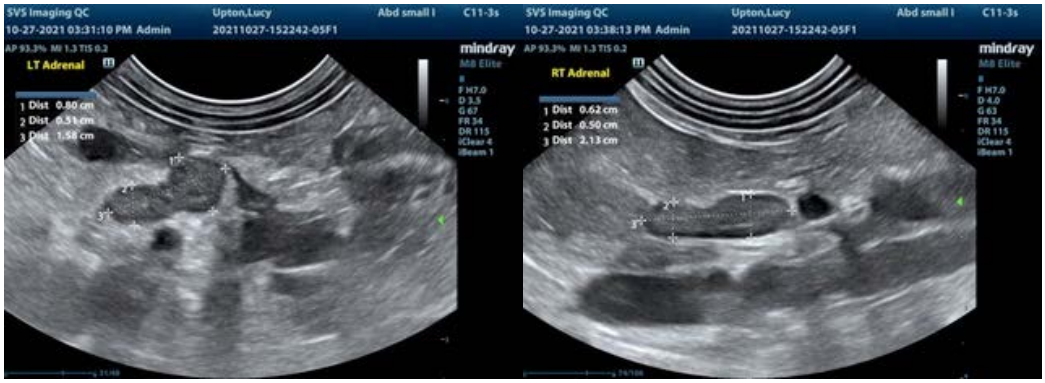

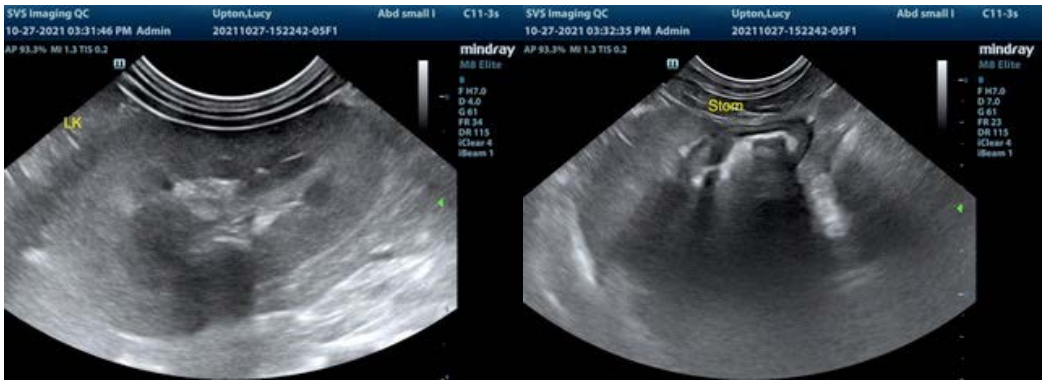

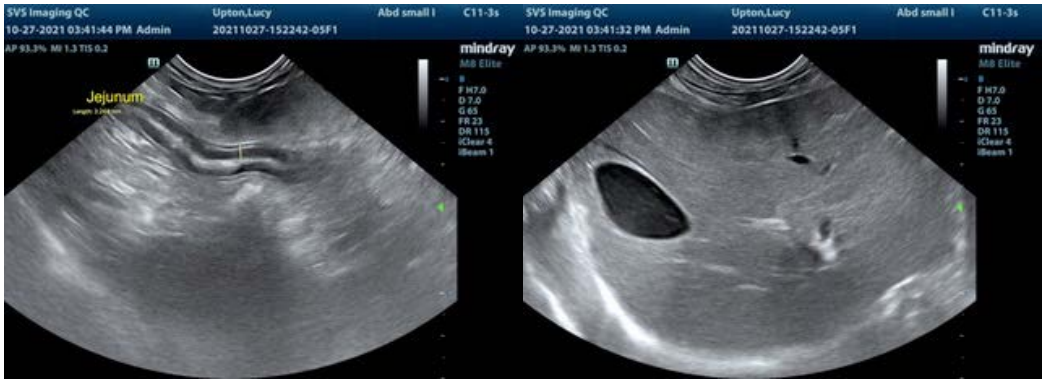

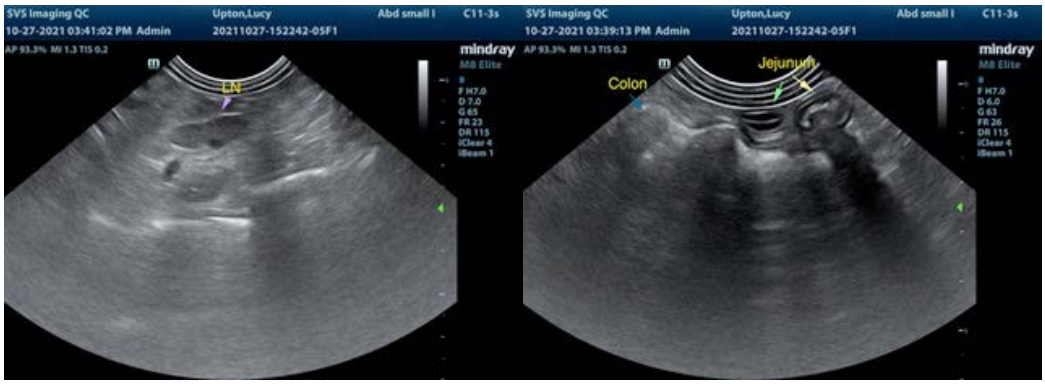

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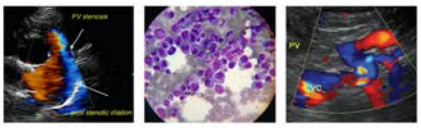

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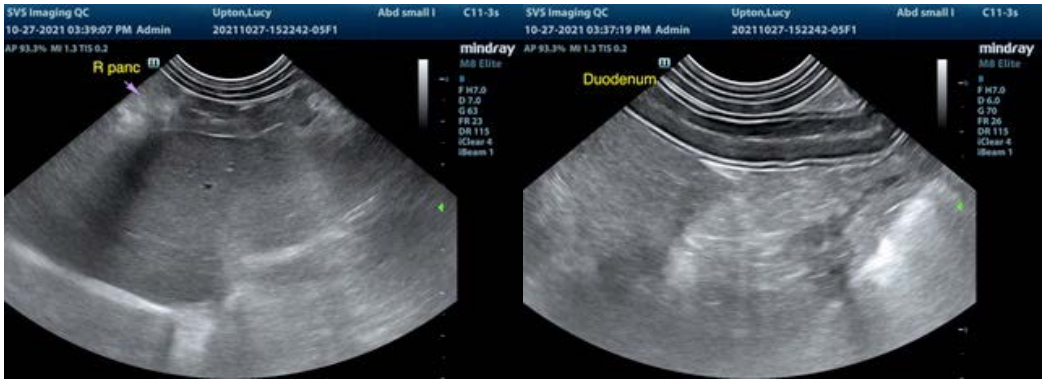

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com