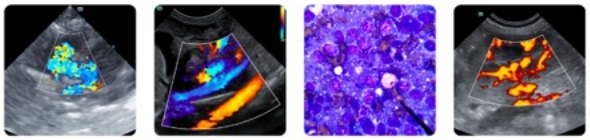


PATIENT

Brownie Shea

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

12 years

WEIGHT

15.6 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Sorbo

HOSPITAL NAME

JM Pet Resort & VC

REFERRING VET

Dr. Shetty

INVOICE

75379

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Patient currently having intermittent diarrhea correlating with starting vetoryl for HAC. Tried decreasing dosage of Trilostane to 15mg SID from 20mg with some improvement in symptoms without HAC symptom relapse. Recently increased episodes of progressive D+ at home. Mild weight loss as well.
Abnormal PE/Chem/CBC/UA Results: AFAST on recent workup at end of March was normal, but progressively getting worse clinically. Still responsive to AB - recently prescribed metronidazole.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.1 cm, right measured 4.3 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 0.6 cm in width.

Adrenal Glands

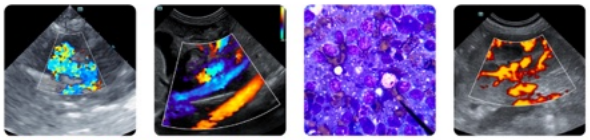
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.6 cm in length x 0.47 cm and 0.49 cm in width. The right adrenal gland measured 2.15 cm in length x 0.52 cm and 0.58 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious etiology for the chronic diarrhea.

Although the most likely etiology for the chronic diarrhea would be secondary to the Trilostane therapy, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis, cobalamin and folate assay and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Management of a Trilostane induced diarrhea would be reducing the dose to the minimum effective dose.

Symptomatic management for the possible underlying enteropathy would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then oral Budesonide would be recommended.

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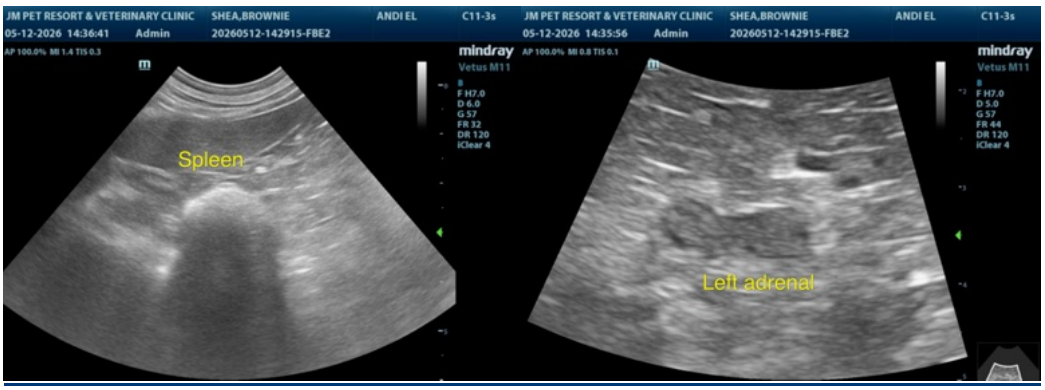

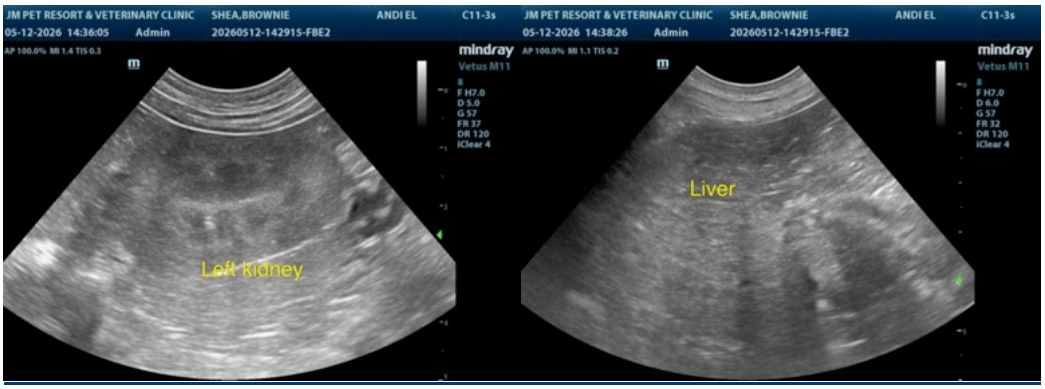

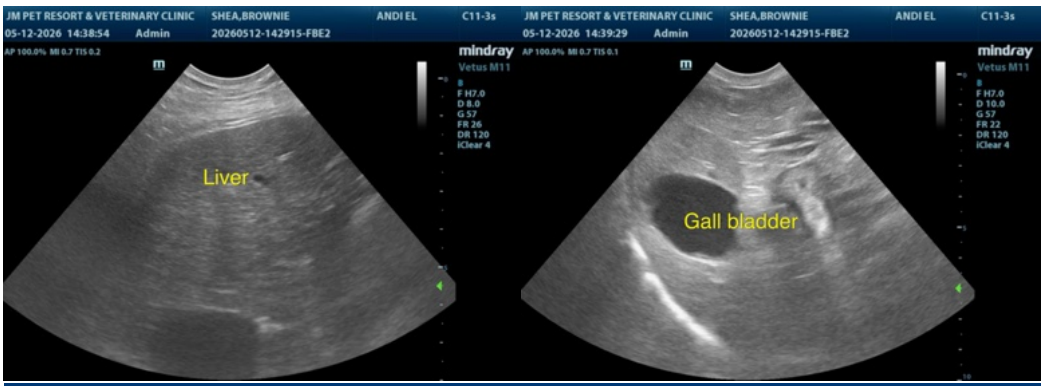

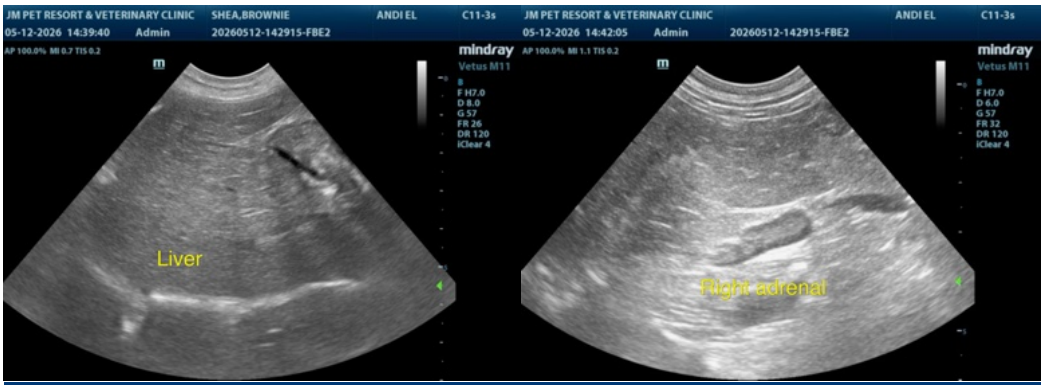

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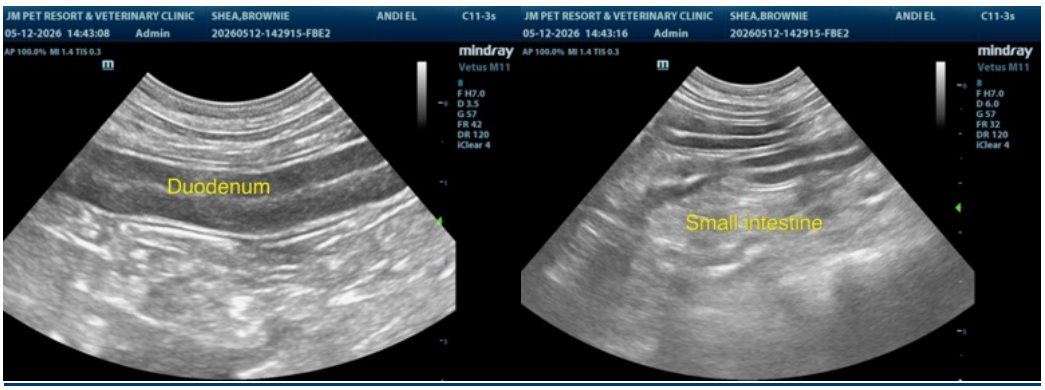

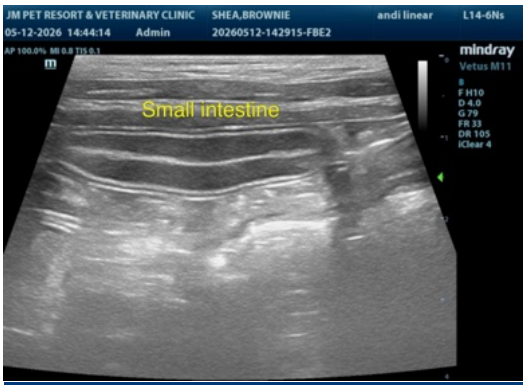

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com