

**DATE PRESENTING CLINICAL SIGNS**

1/20/2022 History: Chronic diarrhea. Patient is otherwise normal.

**PATIENT**

Omaha Laveroni

Current Medications: Visbiome- 4cap SID PO starting 1/11, DiaGel x2: 1 syringe SID PO on 1/11.  
Lab Results: Negative on IPS.  
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Patient sedated with Dexdomitor.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, RDMS

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

Female Spayed

**AGE**

4-12-2017

**WEIGHT**

112.5 Lbs.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**HOSPITAL NAME**

Eastern Animal  
Hospital

**REFERRING VET**

Dr. Frere

**INVOICE**

10171

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (7.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney presented normal size (7.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.67 cm at caudal pole) (3.31 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.33 cm at cranial pole) (0.47 cm at caudal pole) (3.12 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is subjectively prominent in size (2.67 cm in width at the level of the hilus) with a with undulating peripheral contours. The parenchyma is homogenous. No focal lesions are observed Spleenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.51 cm), with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

### ***Pancreas***

The right limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and somewhat mottled in appearance. A 0.87 cm ill-defined cystic area is observed near the base. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

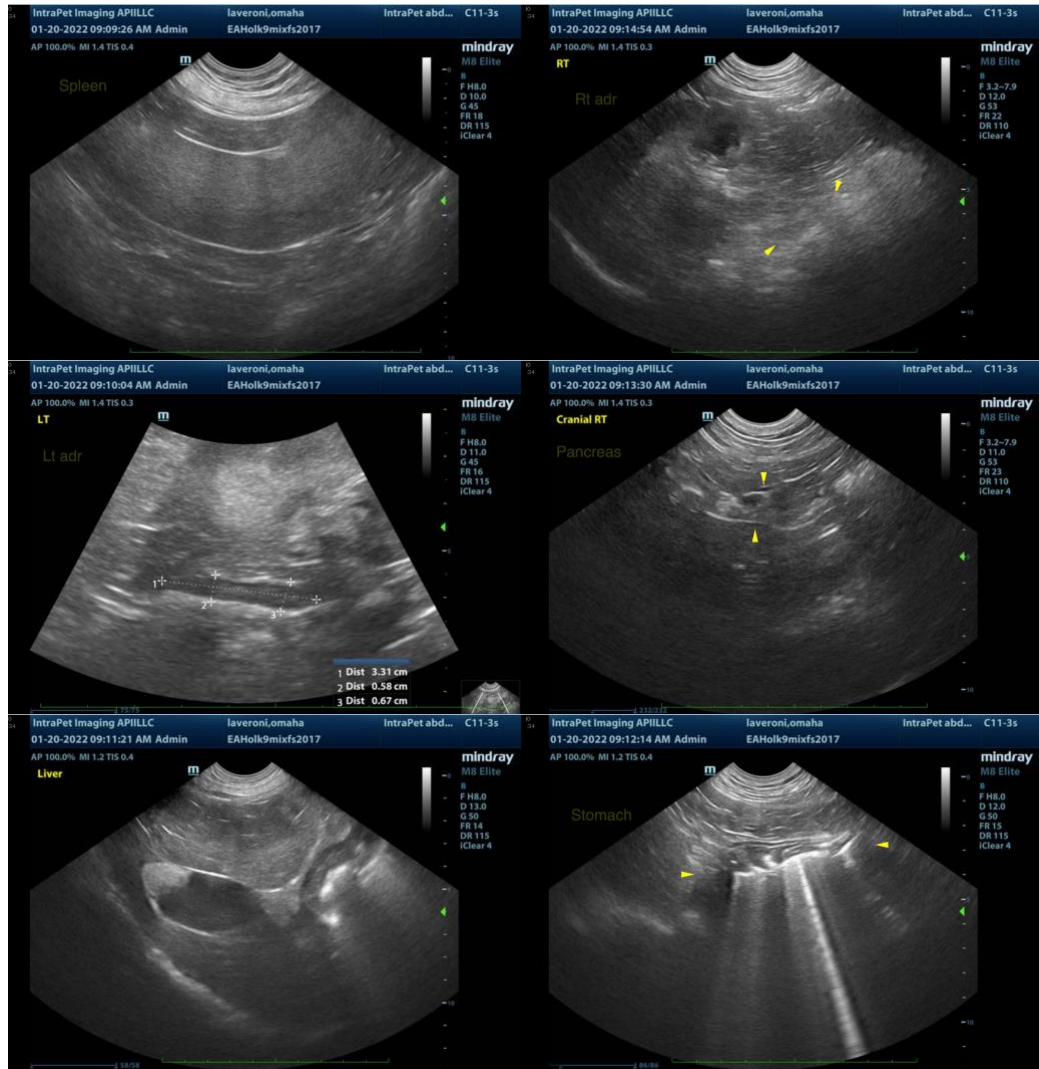
- The splenic parenchymal changes may be a normal variant for this patient. Alternatively, lymphoid hyperplasia or extramedullary hematopoiesis may be present. Infiltrative neoplasia is possible, but considered less likely.
- Pancreatic remodeling is present with a small cystic area, likely benign.

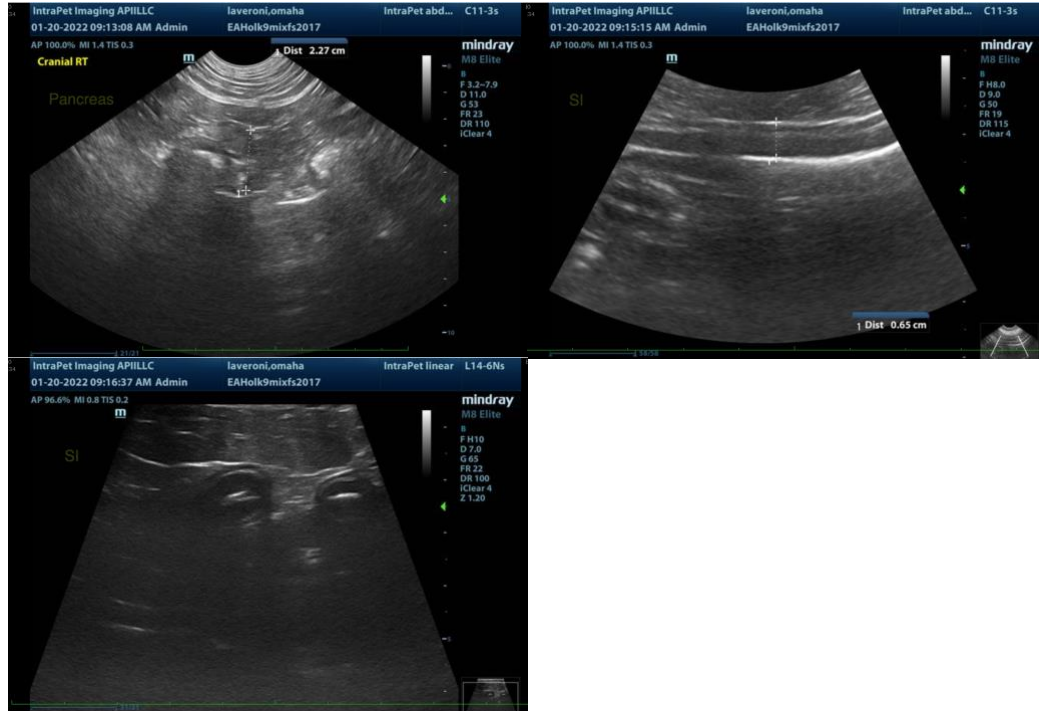
\*An obvious cause for the patient's chronic diarrhea is not identified in this study. Possible differentials include microscopic gastrointestinal disease, low-grade pancreatitis, underlying metabolic issue, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work, including a CBC Chemistry panel, urinalysis and T4 is recommended, if not already performed.
- The following diagnostics/treatment recommendations can be considered:
  1. Serum cobalamin, folate, PLI and TLI
  2. Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
  3. A 6-week limited antigen diet trial to assess for food allergies.
  4. Consider a 4-week course of Tylosin hours as empirical treatment for small intestinal bacterial overgrowth.
  5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.





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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