

PATIENT

Oliver Solar

PRESENTING CLINICAL SIGNS

History: 9yo CM yorkie-poo. Chronic intermittent hx of vomiting, diarrhea, hyporexia/anorexia. Nonresponsive to bland diet/probiotics.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 1/20/22: - CBC: WNL - Chem: WNL - T4: 1.5 - Fecal comp - Cortisol: 3.1 - cPL: 110

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Yorki-Poo

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. 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.

SEX

Neutered Male

The prostate is normal in size (0.86 cm in width) and shape. Parenchyma is homogenous. A 0.14 cm urethrolith is observed within the prostatic urethra. The lumen proximal to the stone is slightly dilated.

AGE

9.5 years

The left kidney is normal in size (3.56 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

10 lbs

The right kidney is normal in size with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few tiny nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.46 cm at caudal pole) (1.36 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.

IMAGING PERFORMED BY

Dr. Sorbo

The right adrenal gland is normal size (0.82 cm at cranial pole) (0.41 cm at caudal pole) (2.05 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.

HOSPITAL NAME

Back Bay VC

Spleen

The spleen is normal in size (1.20 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.48 cm hypoechoic nodule is observed. Splenic vasculature is normal.

REFERRING VET

Dr. Wheeler

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.

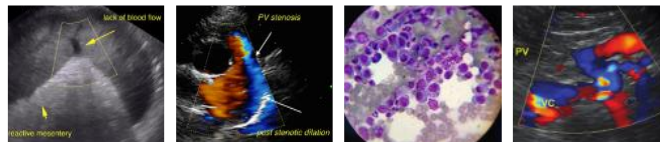
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1/28/22

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



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

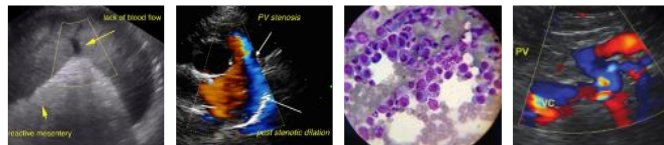
- An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, intestinal dysbiosis), low-grade pancreatitis, underlying metabolic issue, other.

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization and right non-obstructive nephrolithiasis.
- Tiny urethrolith, partially obstructive.
- The hypoechoic splenic nodule trends toward the benign (i.e., a focus of lymphoid hyperplasia or extramedullary hematopoiesis), with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:
 1. Serum cobalamin, folate, PLI and TLI
 2. A fecal evaluation for ova/Giardia, if not already performed
 3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
 4. A 6-week limited antigen diet trial to assess for food allergies.
 5. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
 6. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
 7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.



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8. Three-view thoracic radiographs should be performed prior to any anesthetic event.

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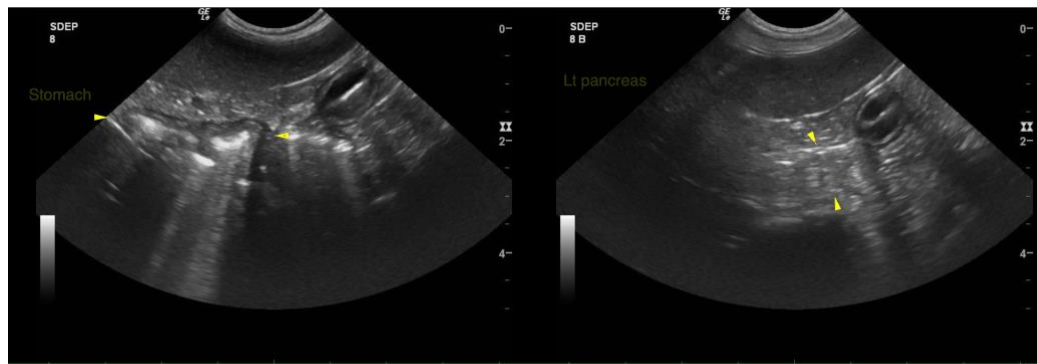
- Regarding the urethrolith, close monitoring of the patient's urination status is recommended as there is potential for a complete obstruction. Consider a repeat ultrasound in 1-2 weeks to assess for movement of the stone.

BREED

Yorki-Poo

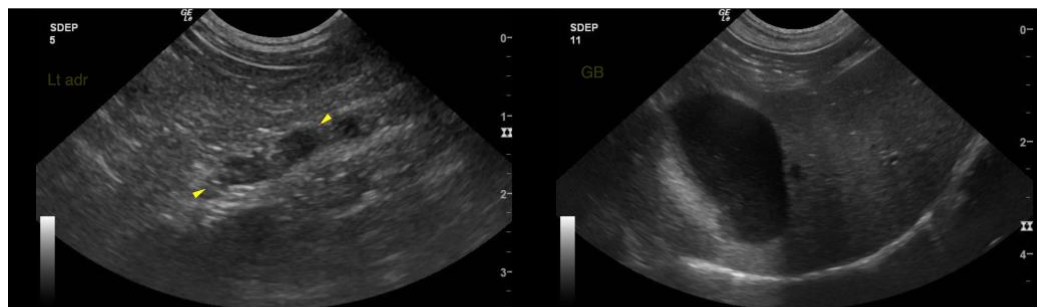
SEX

Neutered Male



AGE

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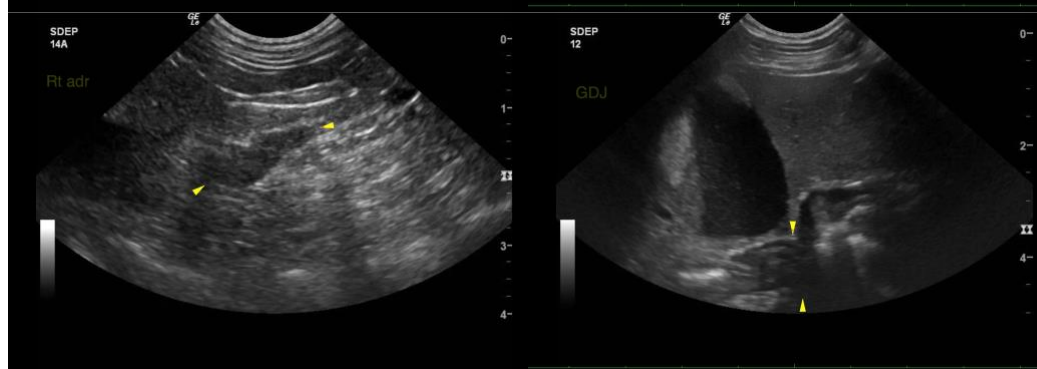


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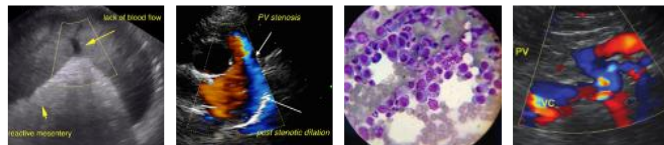
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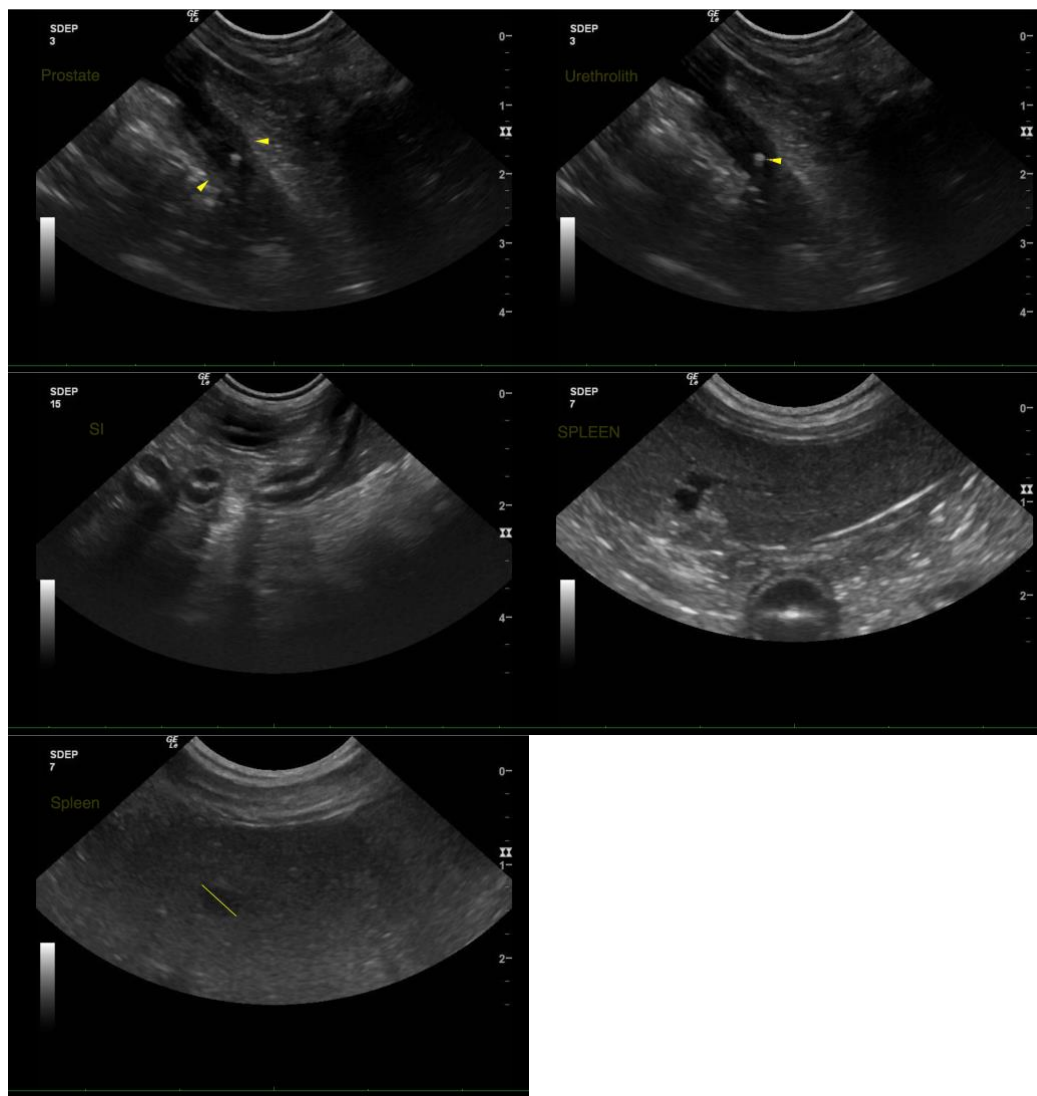
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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