



PATIENT PRESENTING CLINICAL SIGNS

Charlie Salerno History: many pre-existing co-morbidities (DCM, Addison's, Hypothyroid, anxiety) short term chronic diarrhea since last cardiology visit Oct 2022 weight loss, loss of cranial muscle mass

SPECIES Abnormal PE/Chem/CBC/UA Results: Elevated folate. Normal TLI, PLI, and cobalamin Fecal in November was neg Glucose 69 L (70- 143), cholesterol mildly low

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Staff. Terrier Mix

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

The region of the prostate is not visualized due to its pelvic location.

Neutered Male

AGE

The left kidney is normal in size (6.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter

10.5 years

The right kidney is normal in size (6.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

62 lbs

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (*Small Animal Internal Medicine*)

Spleen

The spleen is normal in size (1.67 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

Emily Kirk

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.

HOSPITAL NAME

Shiloh Animal Hospital

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Shayne Zimmerman

Gastrointestinal

The gastric lumen is moderately fluid-distended and hypomotile. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely distended with fluid and chyme (mild to moderate) and appears hypomotile. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

INVOICE

12044

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious abnormalities are seen.

DATE

1.12.23

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

- Diffuse gastrointestinal ileus is suspected, although a partial bowel obstruction cannot be completely excluded.

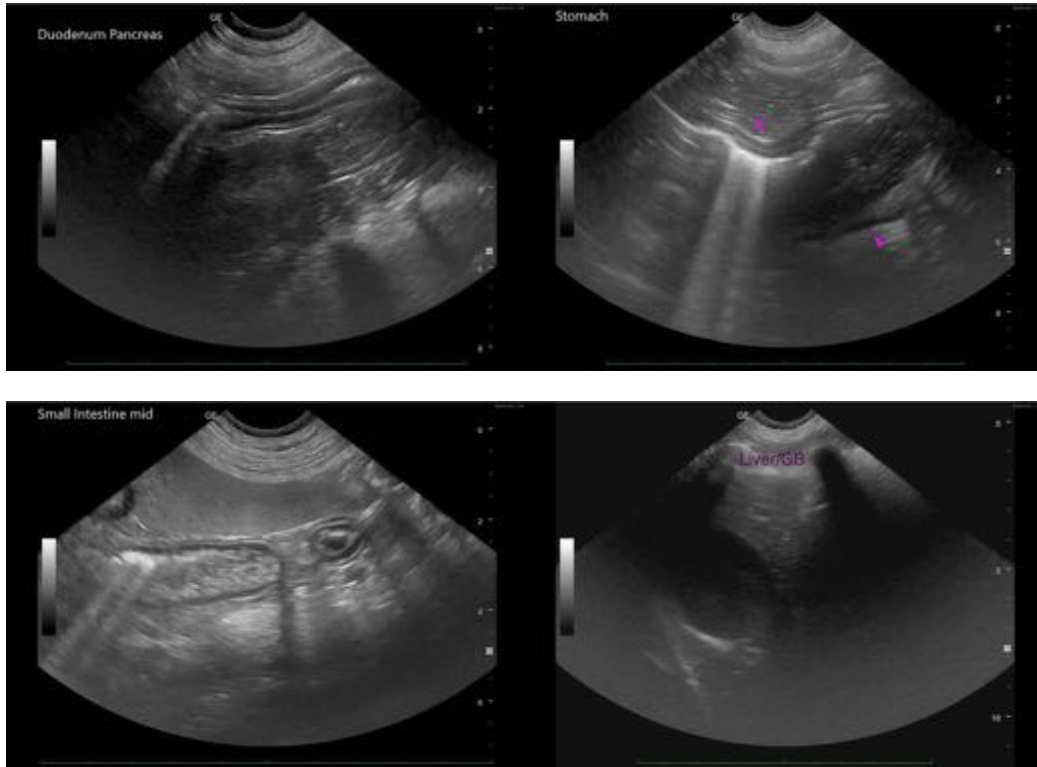
Secondary Findings

- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history of diarrhea and weight loss, consider the following:
 1. Prophylactic deworming with Fenbendazole (despite the negative fecal evaluation)
 2. Initiation of a probiotic and a fiber supplement (i.e., Metamucil or Konsyl)
 3. 6-week limited antigen or hydrolyzed protein diet trial
 4. Consider a 4-week course of Tylosin as empirical treatment for bacterial overgrowth
 5. +/- GI biopsies (i.e., endoscopic or surgical)
- Regarding the hypoglycemia, a repeat blood glucose on a glucometer is recommended. If hypoglycemia is persistent, consider the following:
 1. Pre-and postprandial serum bile acids to assess hepatic function
 2. Insulin: glucose ratio





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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