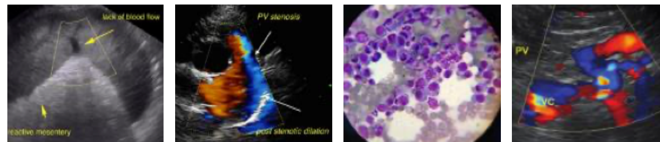


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Fred James

SPECIES
Canine

BREED
Poodle Mix

SEX
Neutered Male

AGE
10 years

WEIGHT
14 lbs

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

IMAGING PERFORMED BY
Graham Sager-Gellerman

HOSPITAL NAME
Back Bay VC

REFERRING VET
Graham Sager-Gellerman

INVOICE
12046

DATE
1.13.23

PRESENTING CLINICAL SIGNS

History: Since 12/9/22 has had intermittent diarrhea, vomiting, inappetence Responded well to subcutaneous fluids until repeat of clinical signs 1 mo later 1/9/23: similar presentation, responded well to SQF but appetite did not improve as it had from 1 mo prior.

Abnormal PE/Chem/CBC/UA Results: 12/9/22: CBC: wnl CHEM: wnl cPL: wnl Significant periodontal disease. On 12/9/22 evaluation sensitive to abdominal palpation (turned to bite), but did not exhibit this on 1/9/23 evaluation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
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.

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

The left kidney is normal in size (3.81 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.63 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Several small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal in size (0.37 cm at cranial pole) (0.41 cm at caudal pole) (1.47 cm in length) with a normal shape and 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 in normal size (0.84 cm at cranial pole) (0.45 cm at caudal pole) (2.09 cm in length) with a normal shape and smooth peripheral contours. A 0.34 cm hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is normal in size (1.29 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.

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 moderate distended with fluid and ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme (mild). 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.

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
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 gastric distention could be consistent with a post-prandial presentation, gastric ileus, or less likely, a pyloric outflow tract obstruction. Correlation with the patient's clinical history is recommended.

Secondary Findings

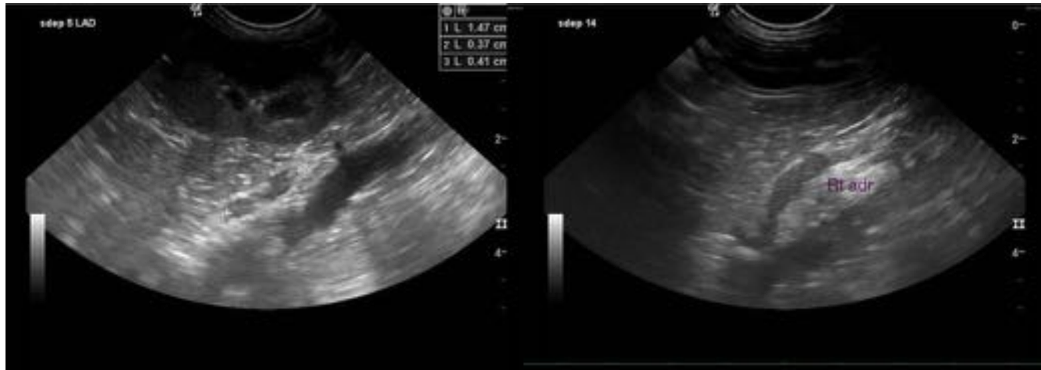
- Bilateral nonobstructive nephrolithiasis with minor, age-related renal changes

- The right adrenal nodule trends toward the benign (i.e., nodular hyperplasia). However, an emerging tumor cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the chronic intermittent nature of the patient's gastrointestinal signs, consider the following:

  1. Fecal evaluation for ova and Giardia (if not already performed)
  2. Prophylactic deworming with Fenbendazole
  3. GI panel including serum cobalamin and folate, TLI and PLI
  4. Limited antigen or hydrolyzed protein diet trial
  5. Resting cortisol level to screen for hypoadrenocorticism
  6. Initiation of probiotic and fiber supplement (i.e., Metamucil or Konsyl)
  7. +/- GI biopsies (i.e., endoscopic, or surgical)
  8. Thoracic radiographs should be performed prior to any anesthetic event.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2 L 0.37 cm
3 L 0.41 cm
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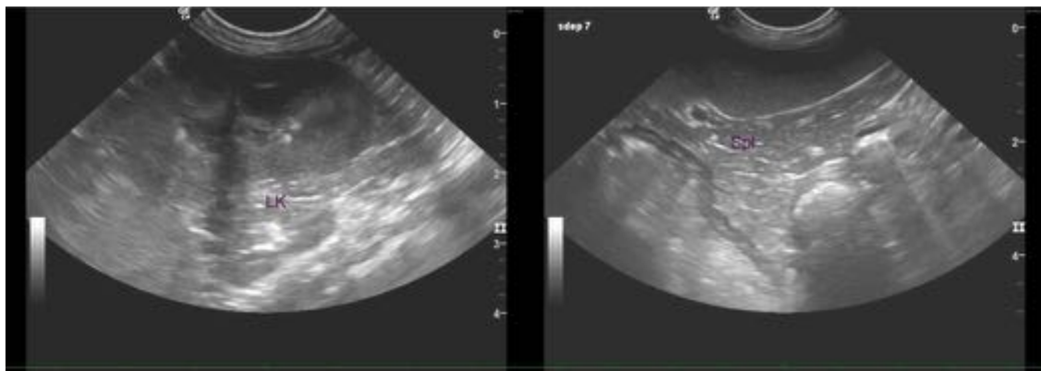
Rt adr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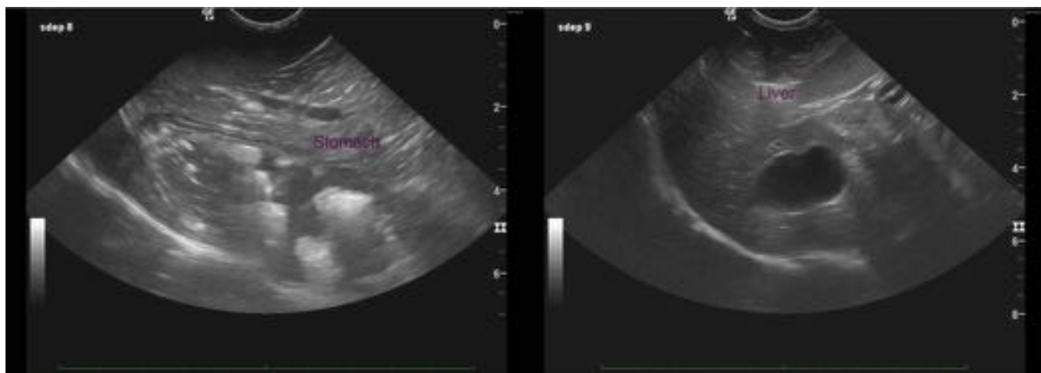
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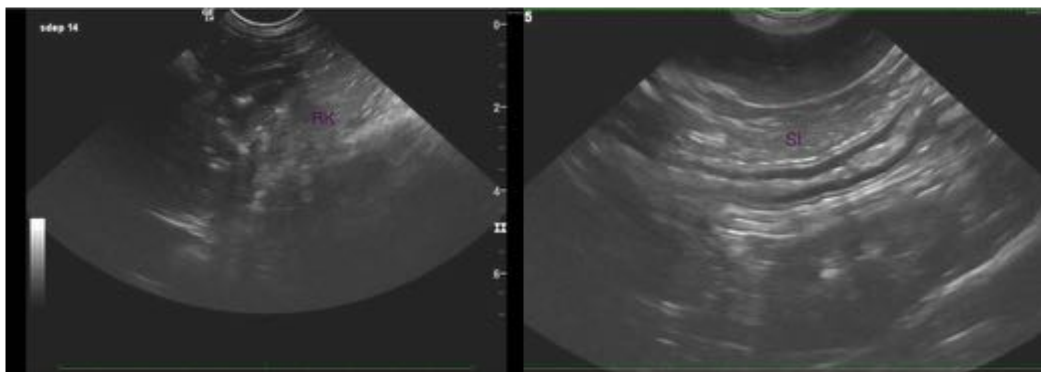
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RK
St

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com