

**DATE PRESENTING CLINICAL SIGNS**

1/17/23

Waxing and waning diarrhea. PU/PD, low USPG (1.008-1.016-1st AM).

PATIENT

Sully Ariano

Current Medications: Tylan powder ¼ tsp BID started 1/6/23.

Lab Results: CBC/Chem/T4 WNL. USPG 1.008, 1.016 on 1st AM sample.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Golden retriever

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2-3 cm, are normal.

SEX

Male, neutered

The prostate is normal in size (1.02 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

2/25/2015

The left kidney is normal size (7.14 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

75.6 lbs.

The right kidney is normal size (5.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.71 cm at cranial pole) (0.80 cm at caudal pole) (3.49 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

Timonium AH

The right adrenal gland is normal size (0.82 cm at cranial pole) (0.77 cm at caudal pole) (4.24 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.

REFERRING VET

Dr. Brand

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

14460

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 pyloric outflow tract is patent. 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 disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic 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

- Minor geriatric hepatic and renal changes.

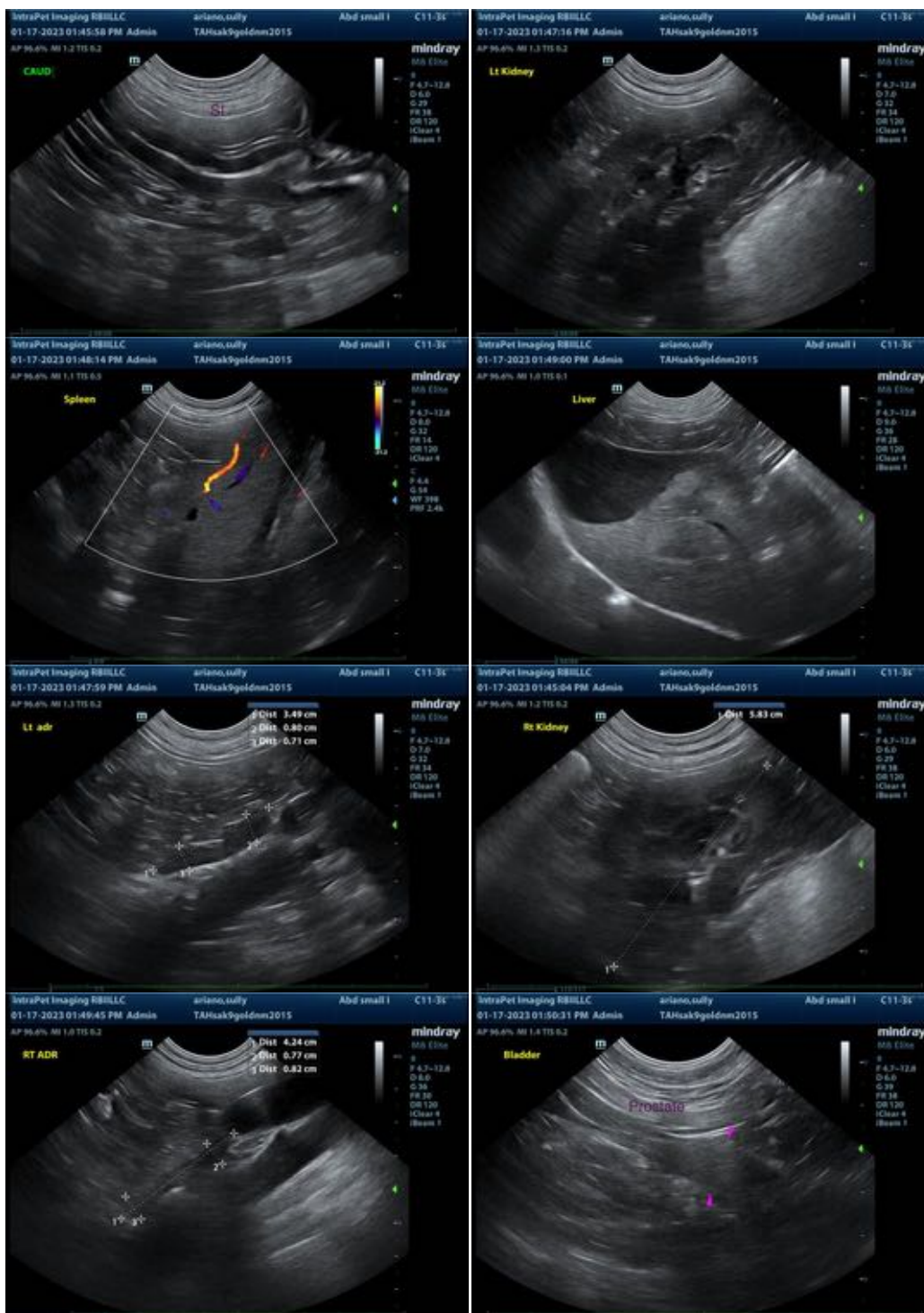
*An obvious cause for the patient's chronic diarrhea is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., infectious/parasitic disease, food allergy, inflammatory bowel disease), underlying metabolic issue, other.

*Considerations for the PU/PD include occult pyelonephritis, early renal disease, diabetes insipidus, psychogenic polydipsia, Cushing's disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- With regard to the diarrhea, consider the following:
 1. Fecal evaluation for ova and Giardia, if not already performed.
 2. GI panel including serum cobalamin, folate, TLI and PLI.
 3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
 4. Hypoallergenic or hydrolyzed protein diet trial.
 5. Initiation of a probiotic and fiber supplement
 6. +/- GI biopsies.
- Regarding the PU/PD, consider the following:
 1. Urine culture and sensitivity.
 2. Testing for Cushing's disease (i.e., low-dose Dexamethasone suppression test). However, given the normal ALP, Cushing's disease is considered unlikely.
 3. +/- DDAVP trial to assess for central diabetes insipidus.

4. +/- Modified deprivation test.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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