

PATIENT PRESENTING CLINICAL SIGNS

Tia Johnson
SPECIES Canine
BREED Chihuahua
SEX Female, spayed
AGE 2 Yrs.
WEIGHT 4 lbs.

History: Sedation: dex.torb 0.01ml IV each- P presented for lack of appetite, intermittent vomiting, and diarrhea. P was adopted about 1 week prior to presenting on 12/23. Vomiting and diarrhea x 6 days (since adoption) and intermittent inappetence. RADS CONCLUSIONS: No signs of gastrointestinal mechanical obstruction are seen, and the vomiting and diarrhea may be secondary to gastroenteritis/colitis, dietary indiscretion or pancreatitis. P was diagnosed with Giardia duodenalis on 12/27 and has been on Panacur, metronidazole, cerenia. P initially did well and ate for 2 days, but since then, getting P to eat has been very difficult, and once P was finished with metronidazole, P started having diarrhea again.

Abnormal PE/Chem/CBC/UA Results: Parvo test negative BW results: cpl <75 (normal) cbc - wbc 19,140 (6000-17,000), neut 16,750 (3000-12,000), plt 630,000 (165,000-500,000), chem - bun 38 (7-25), crea wnl, alb 4.4 (2.5-4.4), glu 169 (60-110), glob 2.2 (2.3-5.2)

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 left kidney is normal size (2.97 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 is normal size (3.03 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 (0.23 cm at cranial pole) (0.33 cm at caudal pole); 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 (0.49 cm at cranial pole) (0.38 cm at caudal pole); 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 normal in size (1.24 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

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Desert Hills AH

REFERRING VET

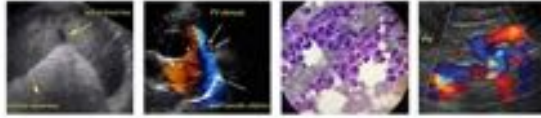
Dr. Michelle Caldwell

INVOICE

14403

DATE

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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 lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris 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 mildly distended with ingesta. 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 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

There is no evidence of free fluid. A few prominent lymph nodes are observed at the ileocecolic junction and at the mesenteric root, the largest measuring 0.72 cm in length. A 0.40 cm lymph node is also observed in the right cranial quadrant. 1-2 prominent lymph nodes are also observed near the aortic trifurcation.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

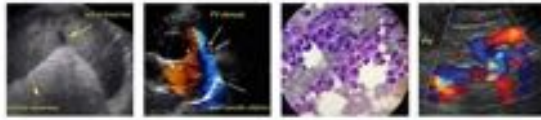
ULTRASONOGRAPHIC FINDINGS

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the recurrence of diarrhea, consider the following:
 1. A repeat fecal evaluation for ova and Giardia is recommended after the Fenbendazole course is complete.
 2. Malabsorption panel, including serum, cobalamin, folate, TLI and PLI.
 3. Limited antigen or hydrolyzed protein diet trial.
 4. Initiation of a probiotic as well as a fiber supplement.



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5. Resting cortisol level.
6. If the patient's clinical signs persist, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.

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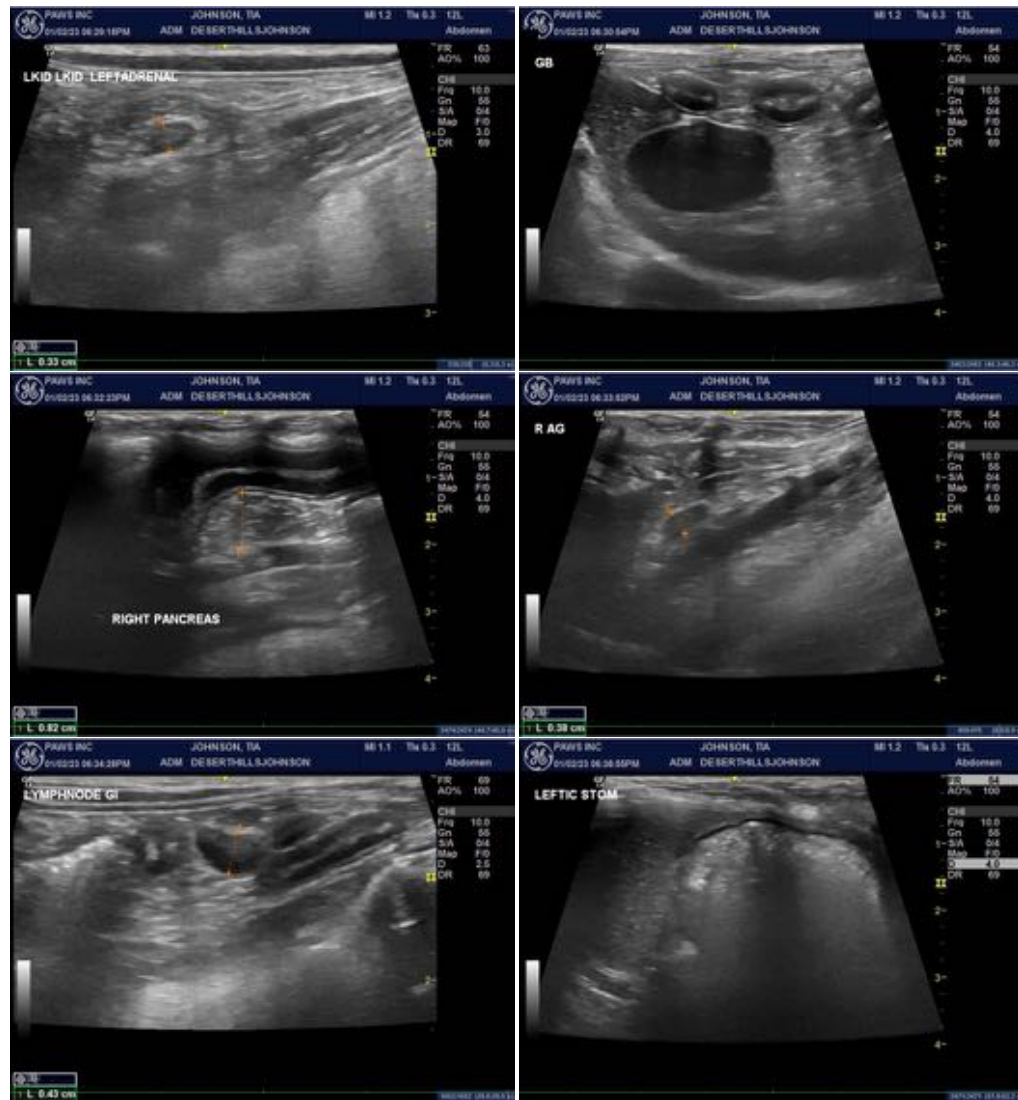
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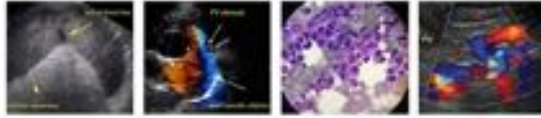
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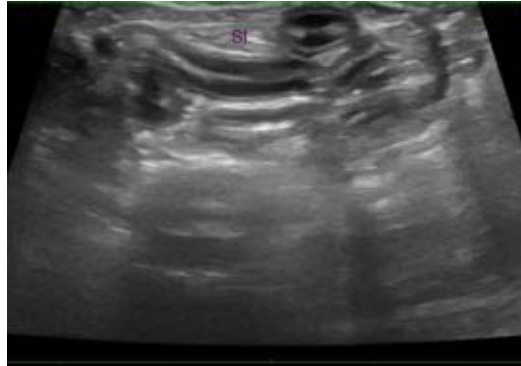
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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