



PATIENT PRESENTING CLINICAL SIGNS

Giner Janoschek

History: Gender(altered?) S Age: 2Y Weight in #: 12.5# Breed: Chihuahua mix History: Chronic intermittent diarrhea x 6-7 mo. Episodes include diarrhea, sometimes vomiting, lip smacking. Has not so far responded to dietary changes. Does improve with metronidazole treatment. Stool ranges from watery and bloody to milder changes/soft stool. Most recently on Science Diet Perfect Digestion (with active biome); recently changed to RCVD HP Physical exam findings: Abdomen comfortable, no palpable GI thickening. Abnormal CBC values: None Abnormal Chemistry Values: None. cpl, TLI, folate all normal; cobalamin high. Diarrhea PCR also done; results included Abnormal UA Values: none Reason for Ultrasound: Evaluate for underlying causes of chronic diarrhea.

SPECIES

Canine

BREED

Chihuahua mix

SEX

Female, spayed

AGE

2 Years

WEIGHT

12.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

REFERRING VET

Dr. Shane Sheets

INVOICE

12906

DATE

1/24/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney is normal size (3.90 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 (4.51 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 (0.32 cm at cranial pole) (0.41 cm at caudal pole) (1.49 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.

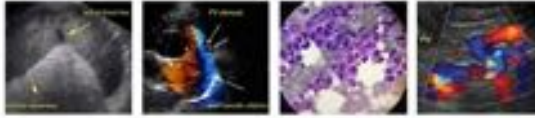
The caudal pole of the right adrenal gland is visualized in one still image and is normal size (0.39 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (1.27 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.



PATIENT *Gastrointestinal*

Giner Janoschek 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.

SPECIES

Canine

Pancreas

BREED

Chihuahua mix

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.

SEX

Female, spayed

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.44 cm cranial abdominal lymph node is visible. At least one prominent mesenteric lymph node is visualized (0.286 cm in length). A 0.88 cm right medial iliac lymph node is also seen.

AGE

2 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12.5 lbs.

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- An obvious cause for the patient's GI signs is not identified in this study. Possible differentials include primary gastrointestinal disease (i.e., food allergy/intolerance, intestinal dysbiosis, inflammatory bowel disease), low-grade pancreatitis, underlying metabolic issue, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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- A fecal evaluation for ova/Giardia, if not already performed.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- Consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin.
- Also consider supplementation with a probiotic with a high colony count (i.e., Provable Forte or Visbiome).
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.

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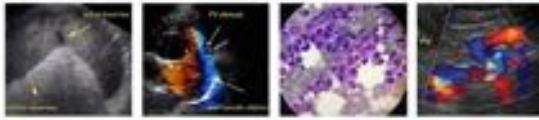
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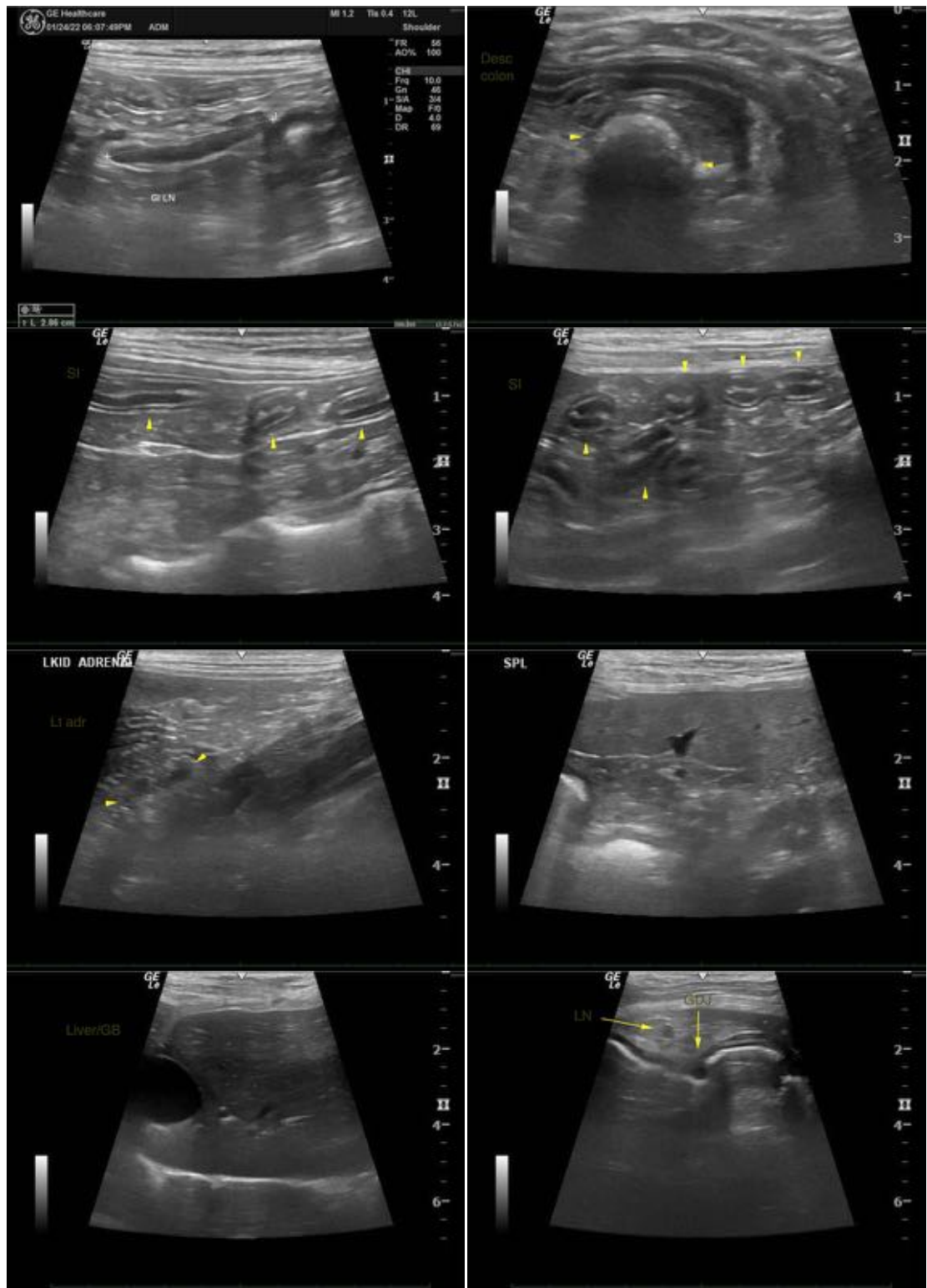
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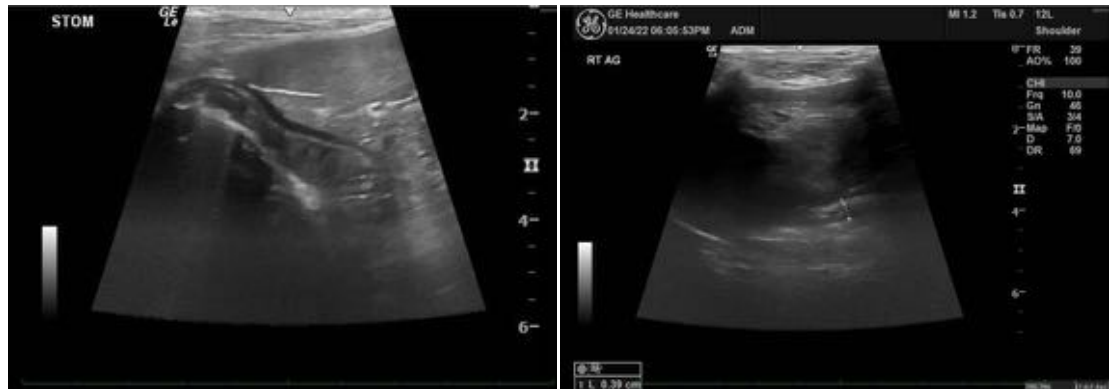
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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