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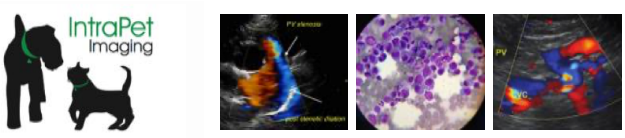

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DATE

10/11/2021

PATIENT

Cali Black

SPECIES

Canine

BREED

Labrador Retriever mix

SEX

Female, spayed

AGE

7/21/2013

WEIGHT

52 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Charm City VH

REFERRING VET

Dr. Karbonik

INVOICE

12325

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea for the past month; no change in appetite, no vomiting. Stools improve when Owner feeds bland diet.

Current Medications: Not provided by the veterinarian.
Lab Results: inc PSL, chem otherwise wnl, CBC wnl, T4 wnl.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A small aggregation of mineralized sand vs tiny calculi is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.93 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. Renal vasculature is normal.

The right kidney is normal size (5.06 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.60 cm at caudal pole) (2.55 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 right adrenal gland is mildly enlarged (0.87 cm at cranial pole) (0.81 cm at caudal pole) (2.50 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.

Spleen

The spleen is normal in size (1.71 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.

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 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.

Other
A few ring down lesions are suspected in the thorax.

ULTRASONOGRAPHIC FINDINGS
Primary Findings:

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

Secondary Findings:

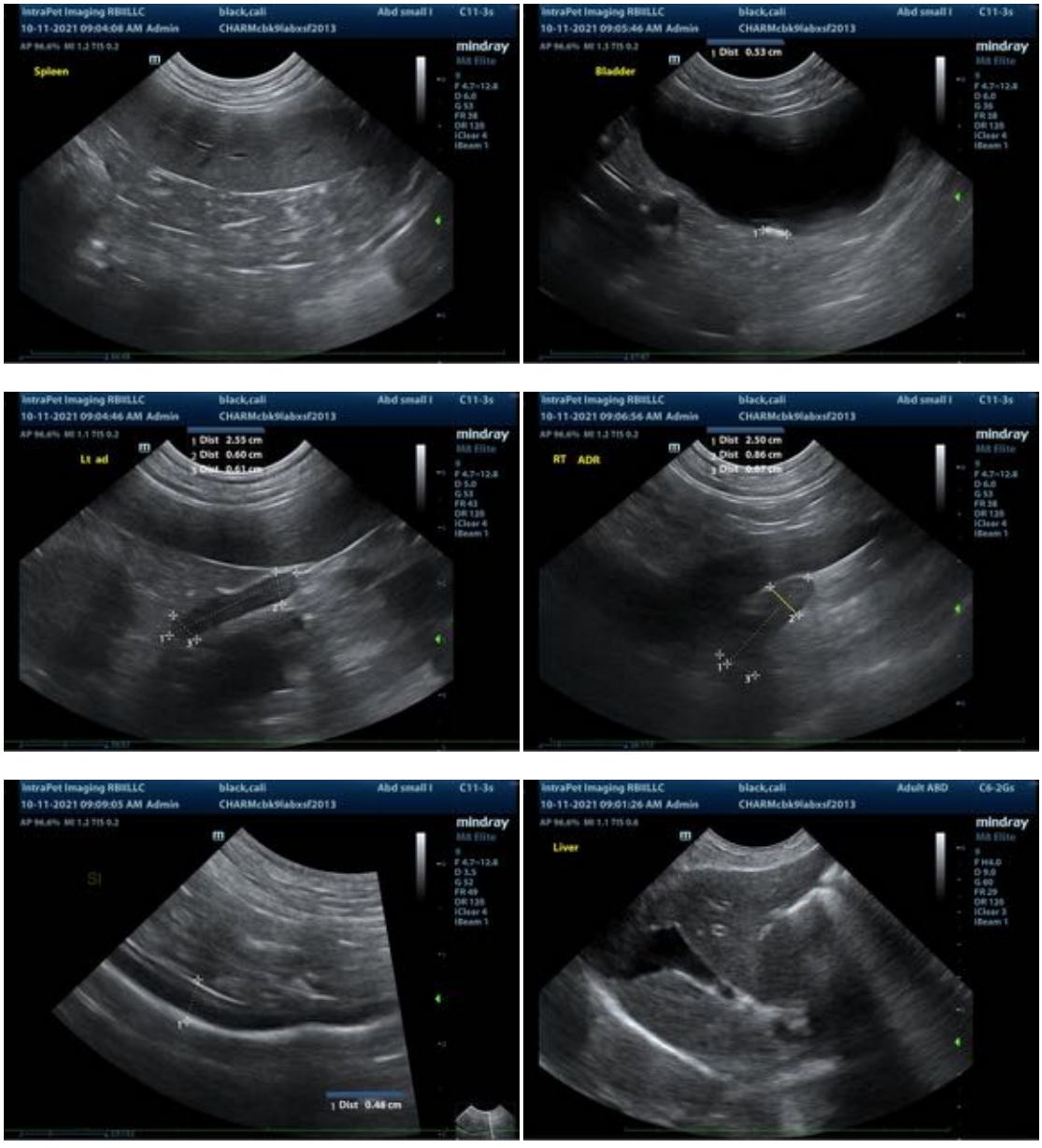
- Urinary bladder sand +/- tiny calculi.
- Mild right adrenomegaly.
- The suspected ring down lesions in the thorax are suggestive of pulmonary parenchymal disease.

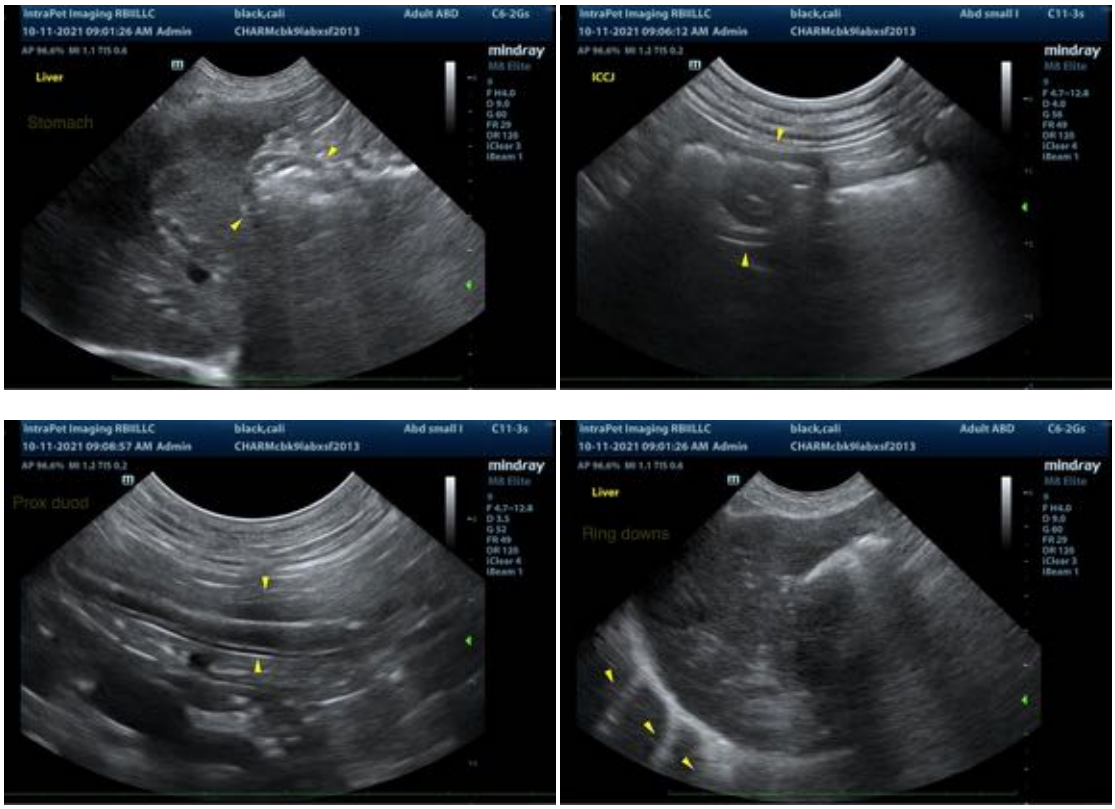
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:
    - Serum cobalamin, folate, PLI and TLI
    - A fecal evaluation for ova/Giardia
    - Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
    - A 6-week limited antigen diet trial to assess for food allergies.
    - Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
    - A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
    - Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.

- Three-view thoracic radiographs should be performed prior to any anesthetic event.

- Regarding the mineralized urinary bladder debris, consider abdominal radiographs to assess for distinct calculi.
- Given the right adrenomegaly, a repeat ultrasound is recommended in 1-2 months to assess for growth.





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