



PATIENT	PRESENTING CLINICAL SIGNS
Buddy Collins	History: Patient began vomiting and having bloody diarrhea on 10/13. P was hospitalized on this day with supportive care. P symptoms subsided until single episode of hematochezia on 10/15. P went home with oral metronidazole, gabapentin, Cerenia, omeprazole and Proviabie. P began vomiting again last night and diarrhea recurred overnight despite maintaining bland diet.
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: Erythrocytosis: 57 (37-55) Thrombocytopenia: 125 (165-500) Neutrophilia: 13.81 (3-12)
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Yorkshire Terrier Mix	Urinary System
SEX	The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. The mucosal surface is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.
Neutered Male	The region of the prostate is not visualized due to its pelvic location.
AGE	The left kidney is normal size (3.40 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 hydroureter.
9 years	The right kidney is normal size (3.47 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 hydroureter.
WEIGHT	
11 lbs	Adrenal Glands
INTERPRETED BY	The left adrenal gland is normal size (0.28 cm at cranial pole) (0.39 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.
Andrea Nicastro, DVM, Diplomate ACVIM (<i>Small Animal Internal Medicine</i>)	The caudal pole of the right adrenal gland is visualized and is normal in size (0.47 cm in width) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Dr. Deml	The spleen is normal in size (1.08 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.
HOSPITAL NAME	Liver
Craig Road AH	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.
REFERRING VET	
Dr. Galanti	The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.
INVOICE	Gastrointestinal
11851	The gastric lumen is mildly fluid-distended. The gastric wall is diffusely thickened (up to 0.73 cm) with suspected loss of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal
DATE	
10.19.22	

wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the **pancreas** are normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall thickening could be consistent with infiltrative neoplasia (i.e., round cell tumor, adenocarcinoma). Alternatively, a severe inflammatory process may be present.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mild bilateral age-related renal changes

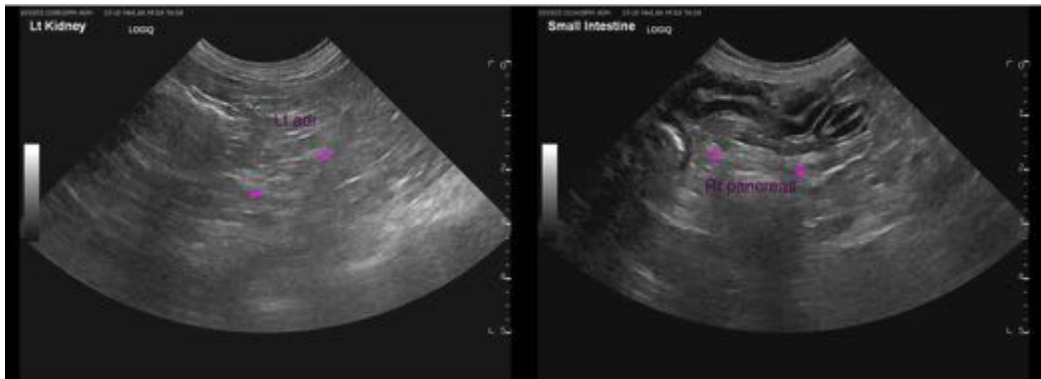
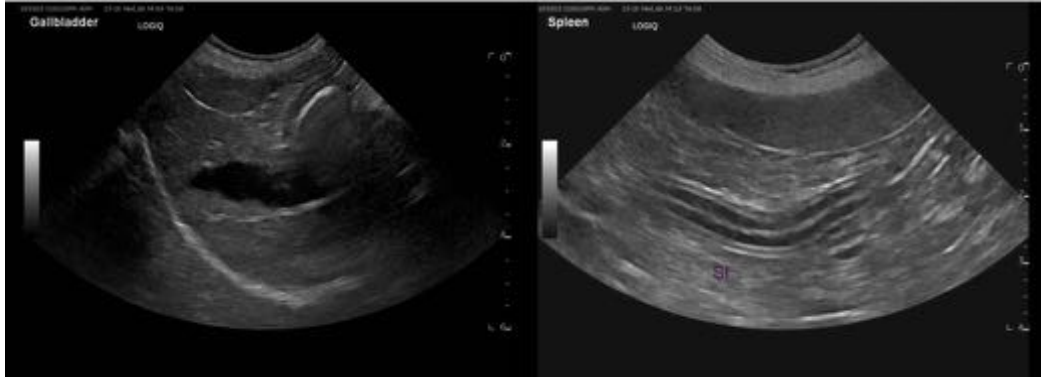
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine-needle aspirate of the gastric wall if clotting status is appropriate. A 25-gauge needle should be used.

Other considerations include:

1. Fecal evaluation for ova and Giardia is recommended.
2. Prophylactic deworming with Fenbendazole is also recommended.
3. Consider a malabsorption panel including serum cobalamin and folate, TLI and PLI.
4. Resting cortisol level to screen for hypoadrenocorticism.
5. Three-view thoracic radiographs are recommended to assess for evidence of esophageal disease.

If the above diagnostics are inconclusive and the patient doesn't respond to medical management, GI biopsies (i.e., endoscopic, or surgical) may be warranted.



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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