

**DATE**

10/25/2021

**PRESENTING CLINICAL SIGNS**

History: Patient presented to AEH on 9/26/2021 for diarrhea issues. Owner was concerned due to a possible foreign body; therefore, an exploratory surgery was performed. During surgery - a small splenic nodule was identified. Owner declined splenectomy at that time. We discussed splenectomy vs cytology vs monitoring changes with an ultrasound. Patient is healing well from surgery and no further abnormalities noted.

**PATIENT**

Bodhi Williams

Current Medications: No current medications.

Lab Results: Pre-surgery: TBili 1.6 (0.0-0.9), no further abnormalities noted.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**SPECIES**

Canine

**BREED**

Coonhound

**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.

**SEX**

Male, neutered

**AGE**

5/1/2017

The prostate is normal in size (1.09 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**WEIGHT**

53 lbs.

The left kidney is normal size (6.07 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.

**INTERPRETED BY**

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

The right kidney is normal size (6.34 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 (0.59 cm at cranial pole) (0.66 cm at caudal pole) (1.82 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**

Fullerton AH

**REFERRING VET**

Dr. Stock

The right adrenal gland is normal size (0.50 cm at cranial pole) (0.50 cm at caudal pole) (1.96 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.

**INVOICE**

12405

**Spleen**

The spleen is subjectively normal in size (1.77 cm in width at the level of the hilus). A slight swelling is observed at the medial aspect, resulting in an irregular medial contour. The lateral margin is curvilinear. The parenchyma is diffusely homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

**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. A moderate amount of aggregated echogenic mostly gravity-dependent 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 segmentally gas distended. 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.

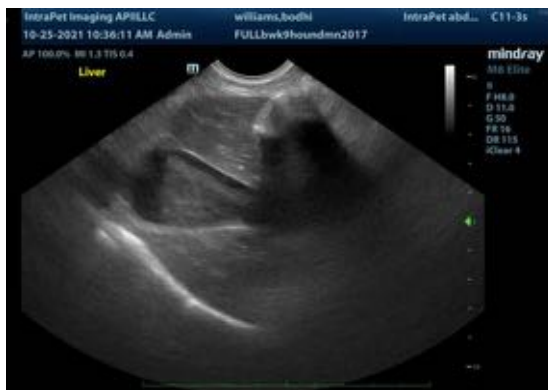
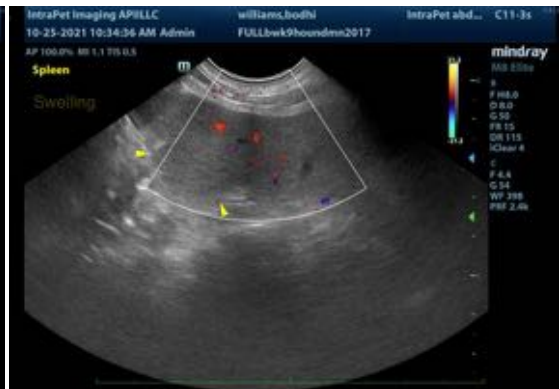
## **ULTRASONOGRAPHIC FINDINGS**

- The splenic swelling is likely a normal variant for this patient. However, an area of extramedullary hematopoiesis or lymphoid hyperplasia cannot be completely excluded. An early neoplastic process is possible but considered unlikely.
- The remainder of the abdomen is unremarkable.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient's diarrhea persists, consider a more advanced GI workup including the following:

1. A fecal evaluation for ova/Giardia
2. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
3. Serum cobalamin, folate, PLI and TLI
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
5. A 6-week limited antigen diet trial to assess for food allergies
6. +/- endoscopic or surgical gastrointestinal biopsies





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.

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