

**DATE**

11/15/2021

PRESENTING CLINICAL SIGNS

History: For the past 6 weeks Patient has been having intermittent diarrhea; it resolves when Patient is on Metronidazole but returns once she is not on meds; Patient eats Royal Canin Hydrolyzed Food; appetite is good, no vomiting. Patient has also been dewormed w/ Panacur. NSF on PE.

PATIENT

Lilly Baker

CBC WNL, mild hypercalcemia 12.5, TLI mildly elevated, B12 and folate normal.

Current Medications: Royal Canin Hydrolyzed Food.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required for a full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

Shih Tzu

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A few tiny mineralized foci are observed along the dorsal wall. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (3.78 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 hydronephrosis. Renal vasculature is normal.

AGE

1/5/2015

The right kidney is normal size (3.63 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. 2-3 tiny mineralized foci is observed at the corticomedullary junction. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

12.2 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.50 cm at caudal pole) (1.34 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.

INTERPRETED BY

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

The right adrenal gland is normal size (0.46 cm at cranial pole) (0.52 cm at caudal pole) (1.62 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.

IMAGING PERFORMED BY

Stephanie Pearce RDCS,
 RVT

Spleen

The spleen is subjectively normal in size (1.04 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A 0.73 cm hypoechoic to heterogeneous nodule is observed at the medial aspect. In addition, a few myelolipomas are observed adjacent to vessels at the hilus. Splenic vasculature appears normal with no evidence of thrombosis.

HOSPITAL NAME

Charm City VH

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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Karbonik

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas 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

INVOICE

12525

layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. 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. A 0.47 cm lymph node is observed in the caudal abdomen, just cranial to the bladder apex.

ULTRASONOGRAPHIC FINDINGS

- Right non-obstructive nephrolithiasis.
- Suspected tiny cystic calculi.
- The hypoechoic splenic nodule could be consistent with an emerging neoplastic process. Alternatively, benign pathology (i.e., a focus of extramedullary hematopoiesis or lymphoid hyperplasia) cannot be excluded.
- The prominent caudal abdominal lymph node is likely reactive.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy, intestinal dysbiosis, inflammatory bowel disease), low-grade pancreatitis, underlying metabolic issue (i.e., Addison's disease), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Consider a cPLI to screen for low-grade pancreatitis.
2. Consider pre- and post-prandial serum bile acids to assess for occult hepatic dysfunction.
3. A fecal evaluation for ova/Giardia
4. Consider a 4-week course of Tylosin (in lieu of Metronidazole) as empirical treatment for small intestinal bacterial overgrowth.
5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.
8. Given the hypercalcemia, an ionized calcium +/- a PTH/PTHrP should be considered.





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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