

**DATE PRESENTING CLINICAL SIGNS**

12/1/21

**PATIENT**

Daisy Wong

**SPECIES**

Canine

**BREED**

Pitbull Terrier

**SEX**

Spayed Female

**AGE**

4/22/10

**WEIGHT**

45 Lbs.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Padonia VH

**REFERRING VET**

Dr. Anis

**INVOICE**

12772

History: History: continued vomiting on Cerenia and Zofran. History of gastritis/foreign body/HGE. Radiographs showed gas in fundus and in intestines and possible object in intestine. Additional history: CBC/Chem from a few weeks ago was unremarkable.

Current Medications: Cerenia 60 mg (1 po SID).

Lab Results: Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2.0 cm, are normal.

The left kidney presented normal size (6.83 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.

The right kidney presented normal size (6.83 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.68 cm at cranial pole) (0.58 cm at caudal pole) (3.09 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 normal size (0.65 cm at cranial pole) (0.63 cm at caudal pole) (2.23 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 (1.40 cm at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.49 cm hypoechoic nodule is visualized. 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 is of normal contours and contains some gravity dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is mildly to moderately distended with ingesta and shadowing material. The gastric wall is normal in thickness with a normal layering pattern. 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 or overt infiltrative 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 brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

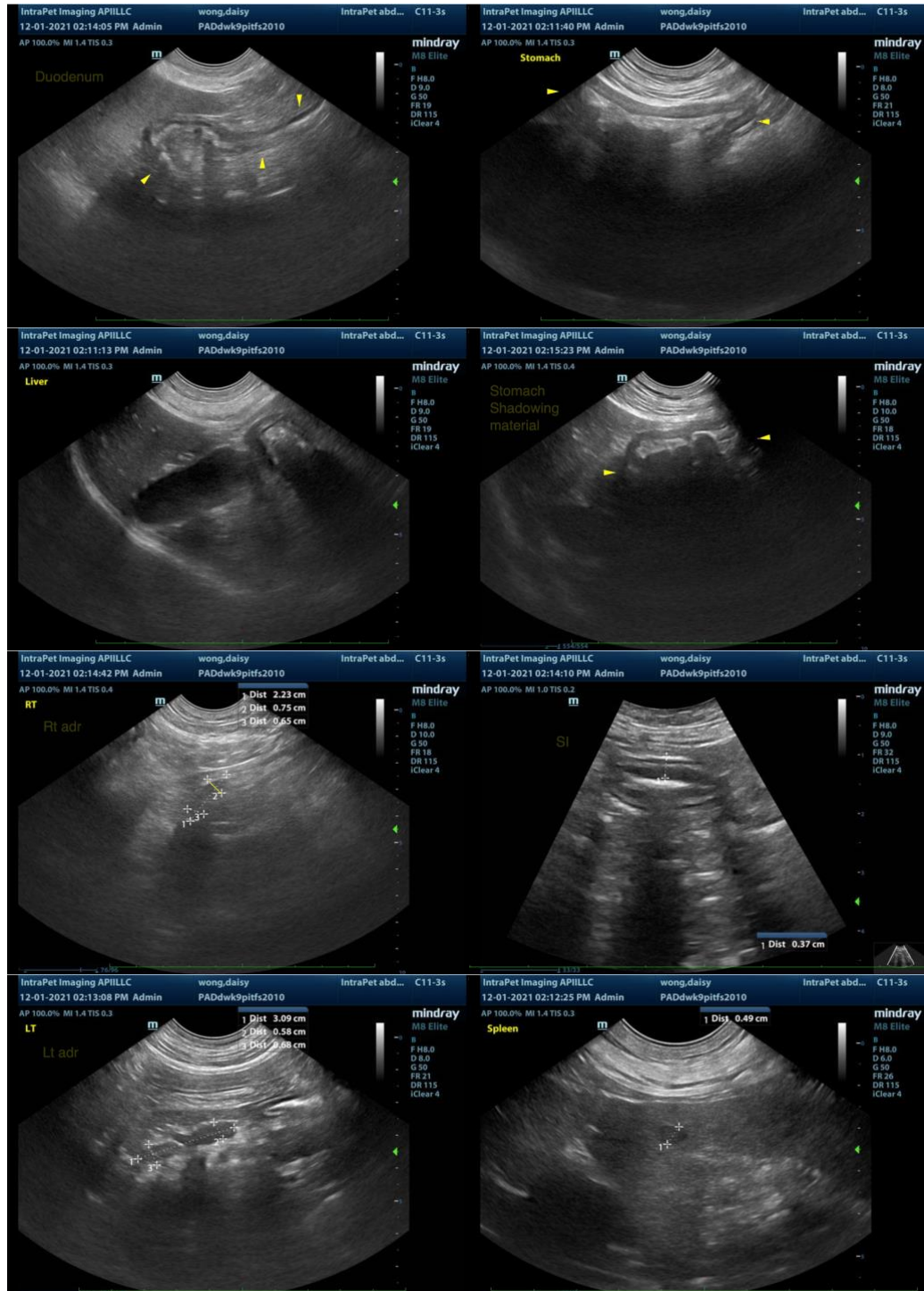
## **ULTRASONOGRAPHIC FINDINGS**

- The shadowing material within the gastric lumen may represent foreign material and/or ingesta. It is unclear if the shadowing material is responsible for the patients' chronic vomiting.
- The hypoechoic splenic nodule may represent a benign focus of lymphoid hyperplasia or extramedullary hematopoiesis. Alternatively, an emerging neoplastic process is possible. A benign process is favored.

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

1. Fecal evaluation for ova and Giardia
2. GI panel (send to Texas A & M)
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
4. Consider 6-week hypoallergenic diet trial
5. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
6. If an aggressive approach is desired at this time, consider an abdominal exploratory with

gastrostomy (to assess for foreign material) and acquisition of GI biopsies. Otherwise, consider non-invasive testing first. If results are inconclusive and the patient continues to vomit, then GI biopsies may be warranted.



**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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