**DATE PRESENTING CLINICAL SIGNS**

12/16/21

History: chronic gi issues; gdv surgery at pet er 5/20201; repeat exam for concern of mesenteric torsion 11/21 was ok no torsion; current recurrent uti over last 5 months; currently on Baytril for anal sacculitis.

**PATIENT**

Marcello Rose

Current Medications: Baytril.

Lab Results: bloodwork in 11/2021 by er was deemed normal but I do not have a copy or any X-rays to review.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: 5-26-2020.

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

Stat Report: Not requested.

Basset Hound

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

Neutered Male

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity dependent mineralized sand is observed within the lumen as well as a scant amount of suspended echogenic debris. No distinct calculi are seen. The region of the trigone and the visible portion of the proximal urethra are normal.

**AGE**

1/1/10

The prostate is not definitively visualized due to its pelvic location.

**WEIGHT**

80 Lbs.

The left kidney presented normal size (6.99 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

The right kidney presented normal size (7.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**Adrenal Glands**

The left adrenal gland is small in size (0.48 cm at cranial pole) (0.48 cm at caudal pole) (2.39 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**

Belvedere VC

The right adrenal gland is normal size (0.68 cm at cranial pole) (0.61 cm at caudal pole) (2.79 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.

**REFERRING VET**

Dr. Molinelli

**Spleen**

The spleen is normal in size (2.59 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**INVOICE**

13078

**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.

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosa ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### ***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***

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

### ***Other***

Some inflammatory tissue and edema are observed subcutaneously in the region of the previous surgery site (May 2021).

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Bowel pattern consistent with inflammatory bowel disease. However, there is some potential for emerging lymphoma.
- The significance of the trace ascites is unclear. It may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure. Correlation with clinical findings is recommended.

### **Secondary Findings**

- Urinary bladder sand
- Minor age-related renal changes
- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia (less likely), other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- The small left adrenal gland may be a normal variant for this patient or may be secondary to early atrophy (i.e., due to hypoadrenocorticism).

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

- Regarding the GI signs, consider the following:
  1. Fecal evaluation for ova and 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. GI panel (send to Texas A & M)
  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. 6-week limited antigen diet trial
  6. +/- endoscopic or surgical gastrointestinal biopsies. If biopsies are pursued, three-view thoracic radiographs should be performed prior to anesthesia.
- Regarding the recurrent urinary tract infections, consider a urine culture and sensitivity 5-7 days after the last dose of Baytril or when the patient experiences a recurrence of clinical signs.

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x 1840

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marcello,rose  
BELVmrk9bassmn2010

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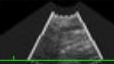
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IntraPet Imaging API LLC

marcello,rose

IntraPet abd...

C11-3s

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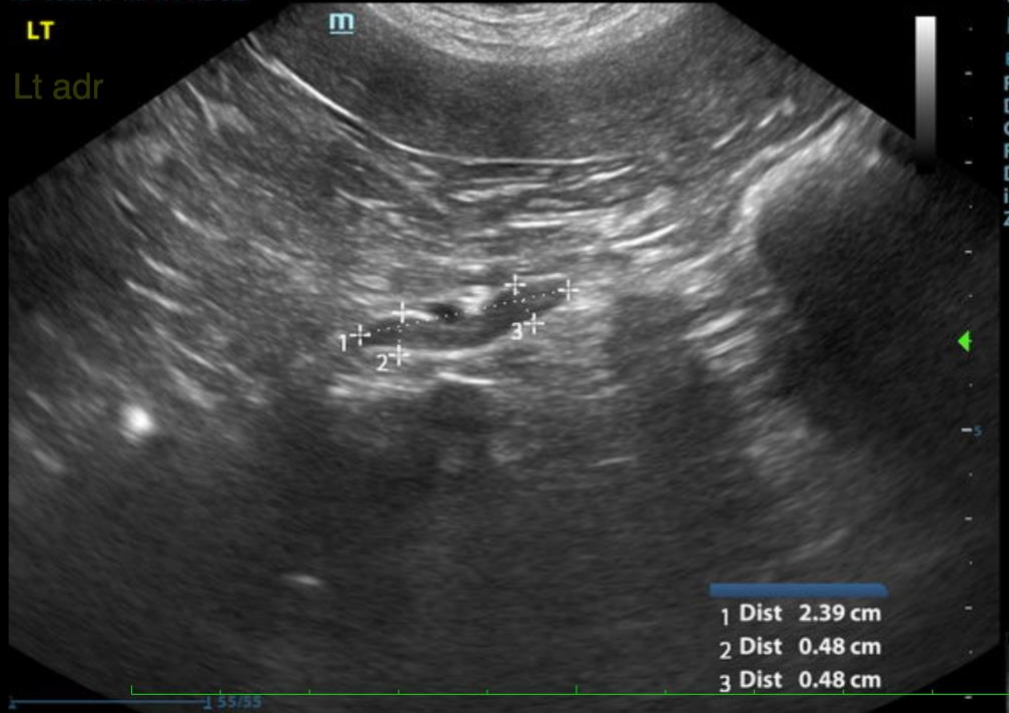
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- 1 Dist 2.39 cm
- 2 Dist 0.48 cm
- 3 Dist 0.48 cm

1 55/53

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IntraPet Imaging API LLC

marcello,rose

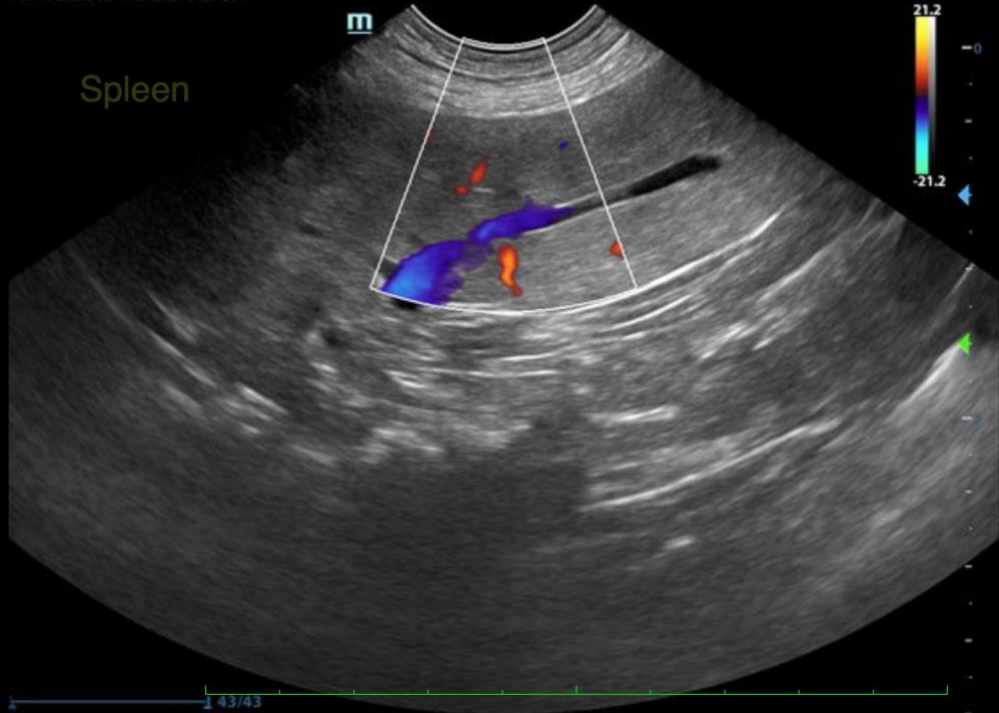
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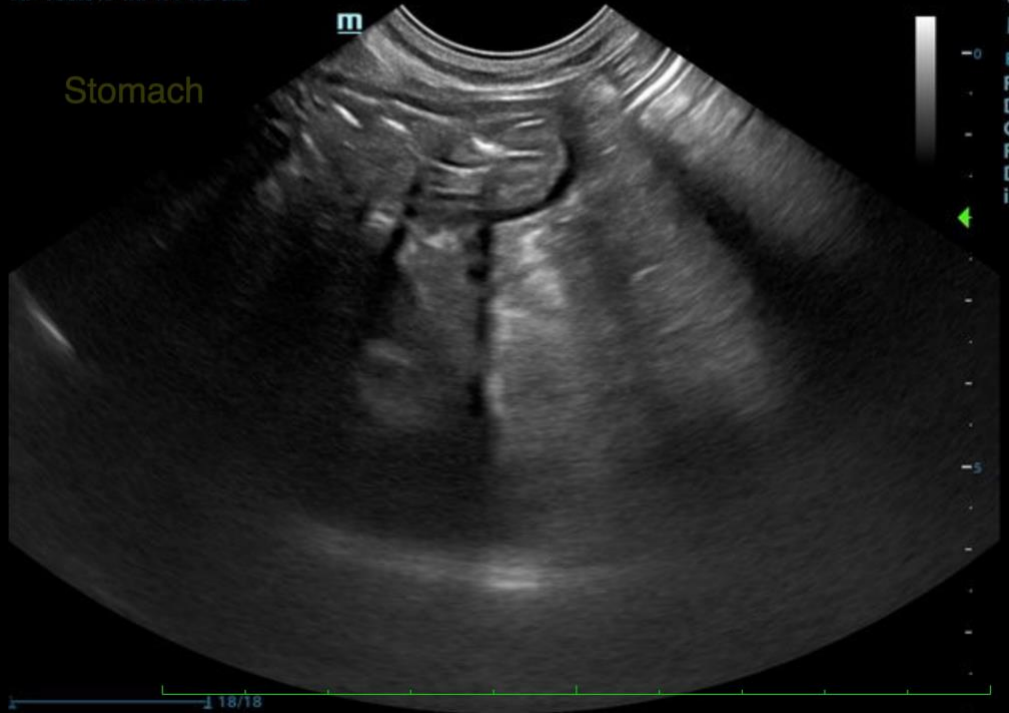
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IntraPet Imaging API LLC

marcello,rose

IntraPet abd...

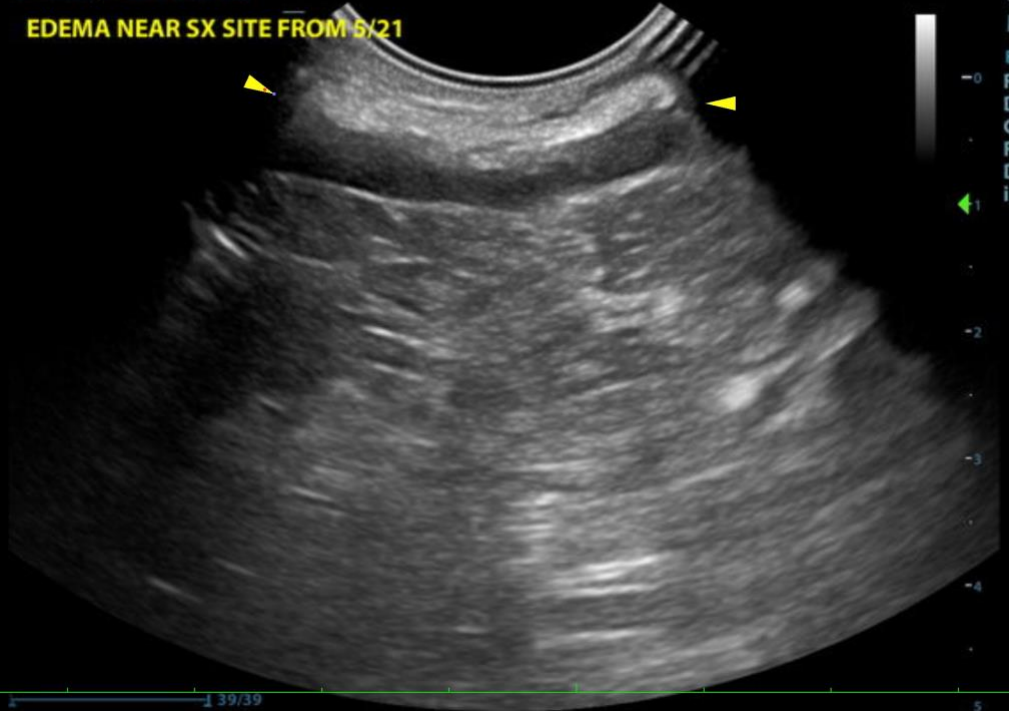
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BELVmrk9bassmn2010

AP 100.0% MI 1.4 TIS 0.2

**EDEMA NEAR SX SITE FROM 5/21**



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IntraPet Imaging API LLC

marcello,rose

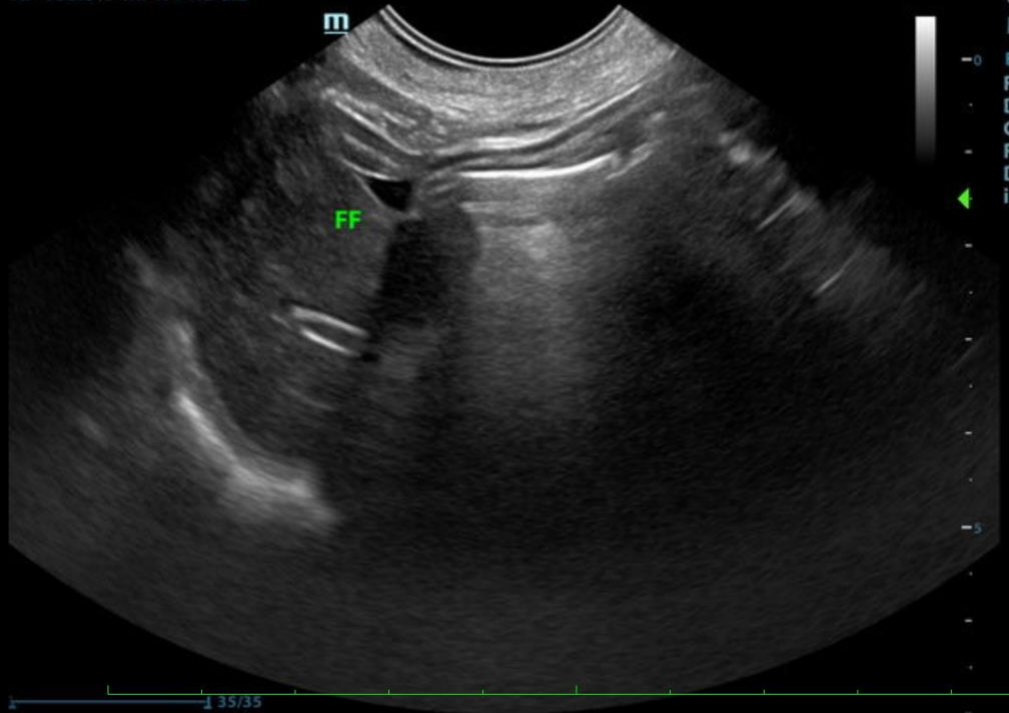
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C11-3s

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IntraPet abd...

C11-3s

12-16-2021 02:05:53 PM Admin

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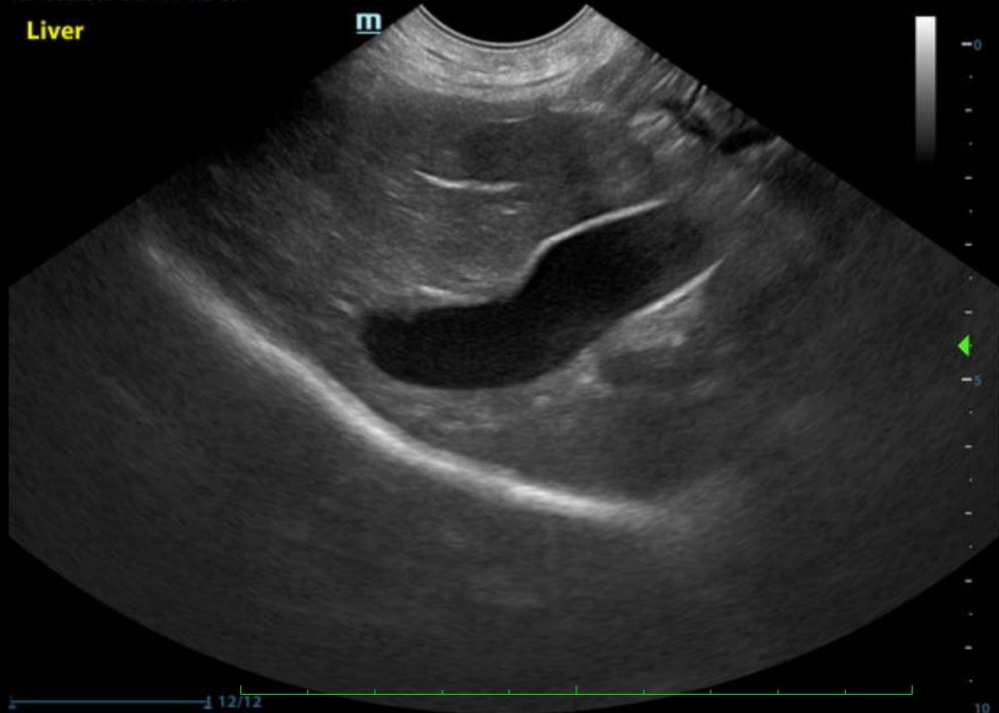
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Liver

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IntraPet Imaging API LLC  
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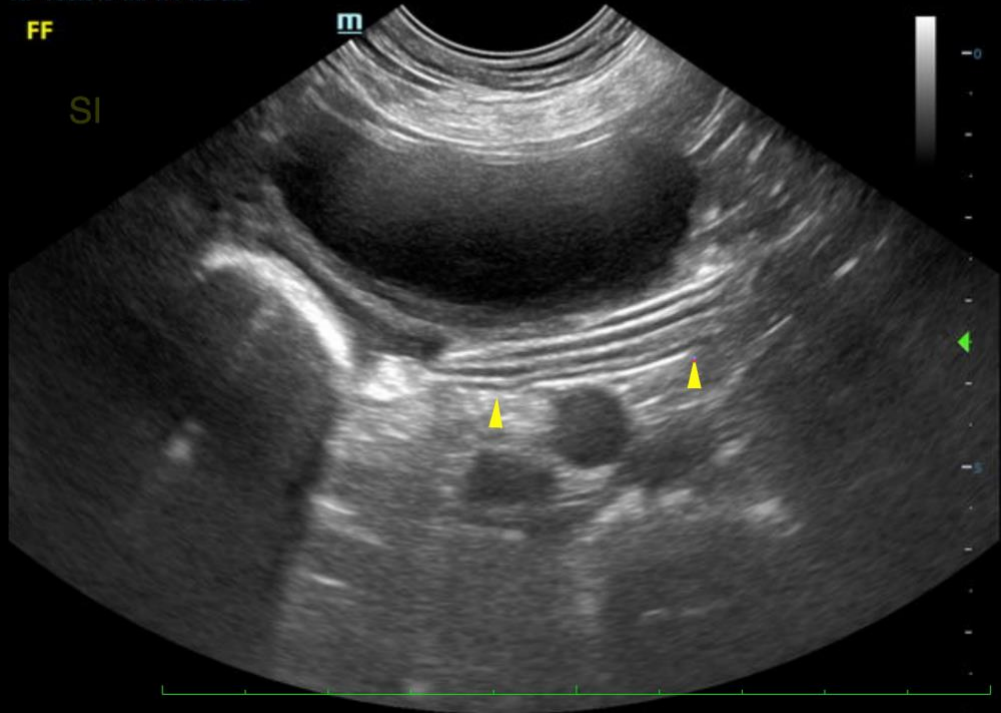
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IntraPet abd...

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AP 100.0% MI 1.4 TIS 0.3

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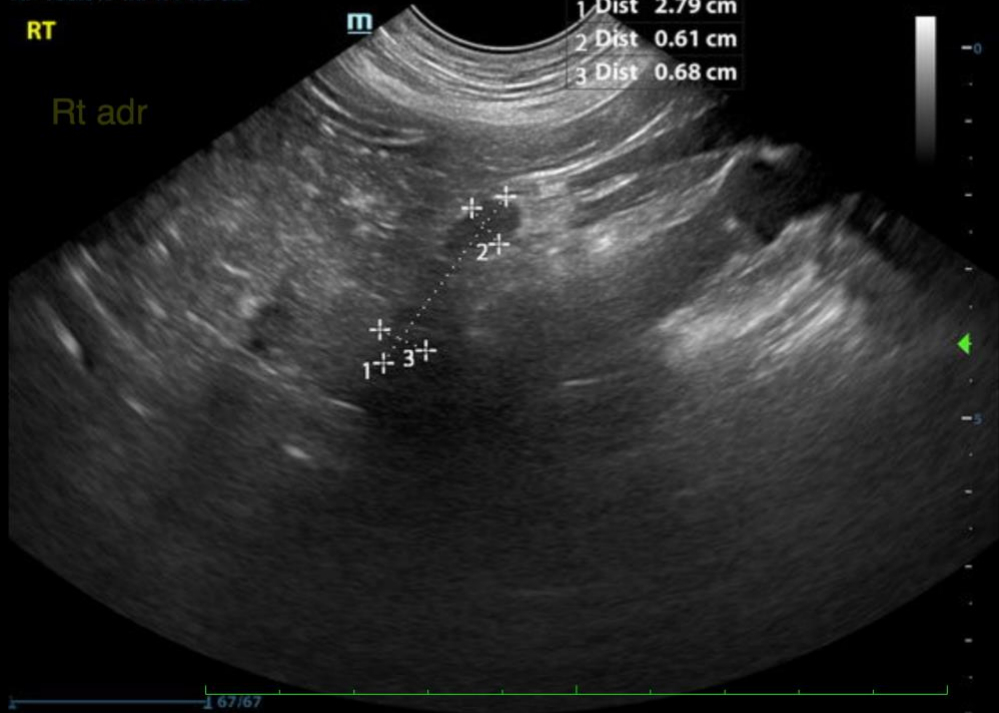
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1 Dist 2.79 cm  
2 Dist 0.61 cm  
3 Dist 0.68 cm

mindray

M8 Elite

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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 DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com