



DATE
12/17/21

PRESENTING CLINICAL SIGNS

History: Recurrent vomiting and diarrhea without known cause. Ate a Babybel cheese with the wax 12/1/21.

PATIENT

Charly Kashner

Current Medications: Visbiome 1 SID and Metronidazole 1/4 of 250mg BID started 12/12/21.

Lab Results: No significant abnormalities on CBC/CHEM.

Radiographs: No obstructive pattern on radiographs, material (fluid) still present at pylorus on L lateral.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Coton de Tulear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

6/11/09

The left kidney is normal in size (4.02 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

11.9 Lbs.

The right kidney is normal in size (3.76 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A small cortical cyst is observed at the caudal aspect. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

Andrea Nicastro, DMV,
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Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.44 cm at caudal pole) (1.43 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

Andi Parkinson RDMS

The right adrenal gland is normal size (0.41 cm at cranial pole) (0.52 cm at caudal pole) (1.28 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

Timonium AH

Spleen

The spleen is normal in size (1.22 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

REFERRING VET

Dr. Stephens

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10055

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal.

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 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.

ULTRASONOGRAPHIC FINDINGS

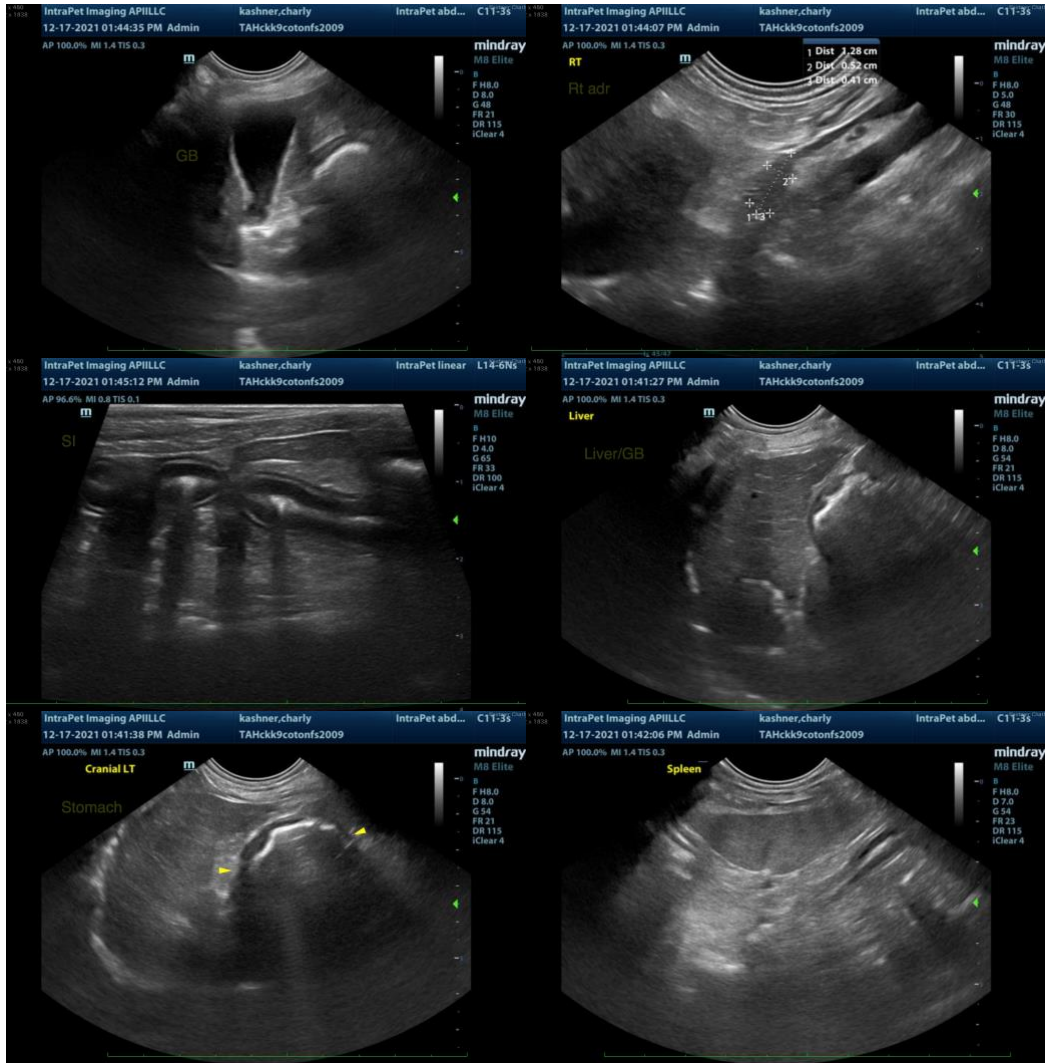
Primary Findings

Age-related renal and hepatic changes. The abdomen is otherwise unremarkable. An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., acute gastroenteritis, infectious/parasitic, food intolerance/allergy, inflammatory bowel disease), low-grade pancreatitis, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for ova and Giardia.
- Given the recent history of vomiting, consider three-view thoracic radiographs to assess for occult aspiration pneumonia.
- Supportive care for acute gastroenteritis is recommended. If clinical signs do not improve within 48-72 hours of medical management, consider a more advanced GI workup (i.e., GI panel, resting cortisol level +/- 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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