**DATE PRESENTING CLINICAL SIGNS**

12/31/21

History: 12/23/21: Presented for 5-day history of decreased appetite and lethargy. Vomited once 5 days ago. O recently went on vacation and P was left home alone with pet sitter. Has had waxing and waning vomiting and lethargy when O has traveled in the past. PE: MM tacky, >5% dehydrated, cranial abdomen tense on palpation. 12/23/21 8pm: Transferred to ER for continued care. ACTH stim consistent with Addison's. Test not received until after P was discharged. Was eating well at ER facility and started on prednisone. 12/28/21: Presented for Zycortal injection. Did well after being discharged on 12/25. On 12/27 no appetite, diarrhea. Increased thirst and urination. 12/30/21: SWO on phone not eating well. No further diarrhea or vomiting. Very lethargic.

PATIENT

Baxter Waffles Caldwell

SPECIES

Canine

BREED

Mini Golden Doodle

SEX

Neutered Male

AGE

10/4/2013

WEIGHT

24.4 Lbs.

Current Medications: 12/25/21: Discharged from ER. O to give Pred 5mg 1/2 tab PO SID, Cerenia 24mg 1 tab PO SID, Omeprazole SID.
12/28/21: Administered Zycortal (25mg/ml) 0.9ml SC right shoulder and LRS 200ml SC. Rx: Cerenia 24mg tablets: Give 1 tab PO SID, Gabapentin 50mg tablets: Give 1 tab PO BID, Prednisone 5mg tablets: Give 1 tab PO SID, Metronidazole 50mg tablets: give 1 tab PO BID x 7 days.
Lab Results: (12/23/21) CBC: Mild lymphocytosis 7.27K/uL Ddx: Addison's; Mild eosinophilia 1.37K/uL Ddx: hypersensitivity, parasite, fungal, other. Chemistry: Creat 1.8mg/dL, BUN 54mg/dL, Mild hyperphosphatemia 7.3mg/dL, Moderate hyponatremia 125mmol/L Ddx: Addison's, GI obstruction, other, Moderate hyperkalemia 7.1mmol/L Ddx: Addison's, GI obstruction, other, Mild hypochloridemia 99mmol/L Ddx: Addison's, renal loss, other. UA (cysto): USG 1.028, pH 7.0, inactive sediment. Resting cortisol: Below 1.00ug/dL.
(12/28/21) Creat 1.0mg/dL, BUN 28mg/dL, Sodium 132mmol/L, Potassium 5.9mmol/L, Chloride 93mmol/L.
Radiographs: 12/23/21: Abdominal Radiographs: Stomach contains moderate amount of ingesta/foreign material at pylorus. Cecum contains gas. Small intestines appear wnl. Colon contains fecal material and gas. Gave P 20ml of seltzer water and repeated radiographs. ~4cm circular radiopaque area in stomach on right lateral view. Ddx: foreign body, ingesta, other

INTERPRETED BY

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

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**IMAGING PERFORMED BY**

Andi Parkinson RDMS

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 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.

HOSPITAL NAME

Timonium AH

The prostate is normal in size (0.96 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

REFERRING VET

Dr. Falkowski

The left kidney presented normal size (4.50 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.

The right kidney presented normal size (4.57 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.

INVOICE

10104

Adrenal Glands

The left adrenal gland is small in size (0.32 cm at cranial pole) (0.35 cm at caudal pole) (1.32 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 small in size (0.30 cm at cranial pole) (0.25 cm at caudal pole) (1.13 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 (1.29 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. 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 lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic debris, some of which is gravity-dependent and some of which is adhered to the luminal surface, is observed.. 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

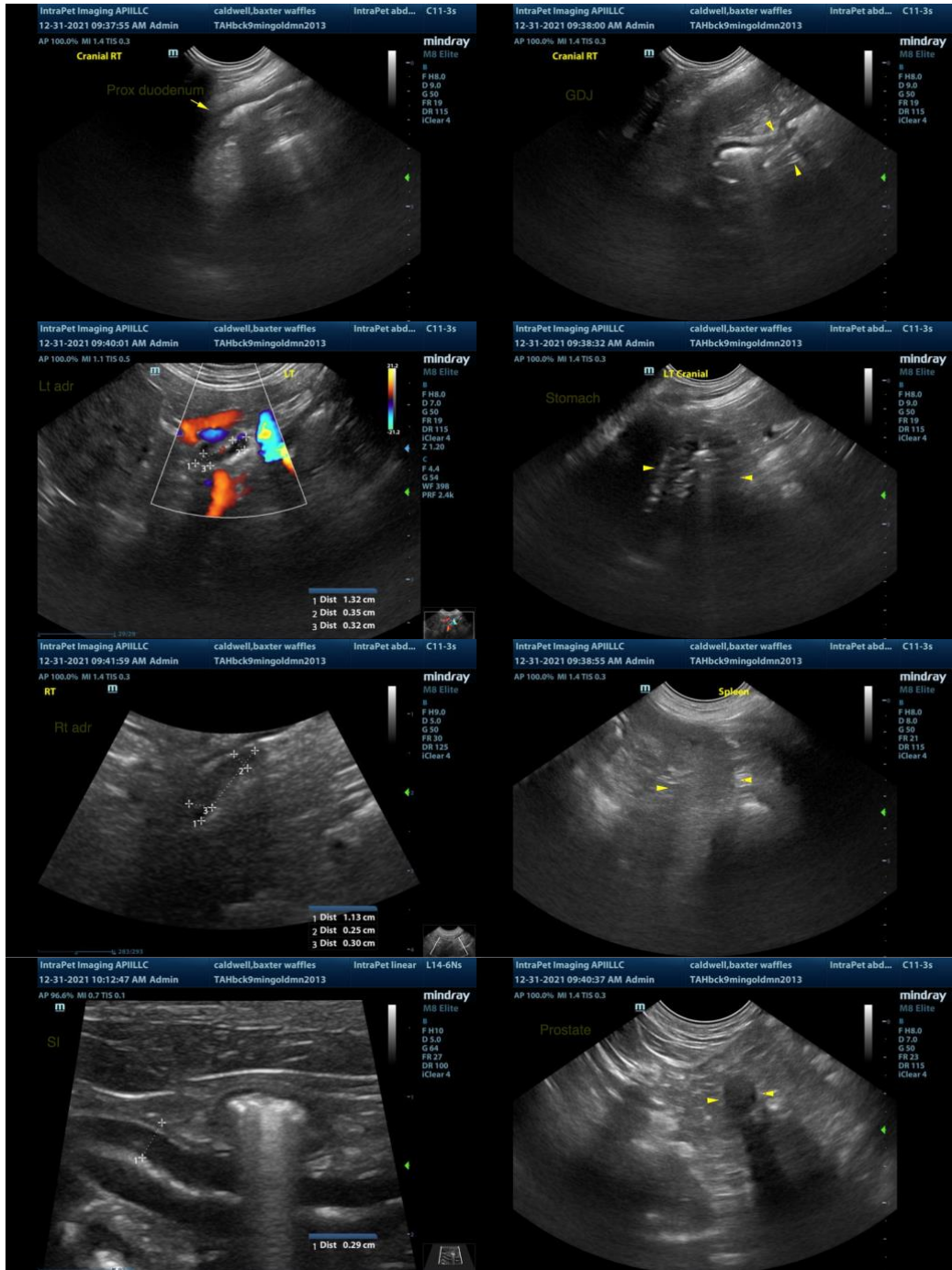
Primary Findings

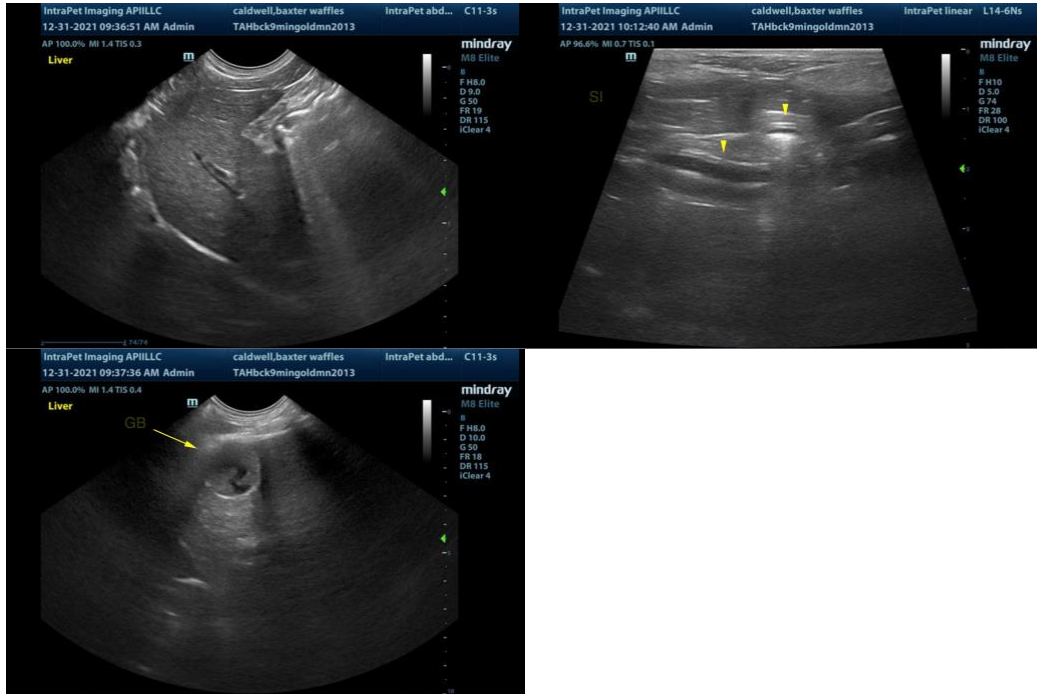
- The small adrenal glands bilaterally, is consistent with the previous diagnosis of hypoadrenocorticism. The remainder of the abdomen is unremarkable. There is no obvious evidence of a gastrointestinal foreign body/obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued supportive care for acute Addisonian crisis is recommended.

- Given the history of vomiting, consider thoracic radiographs to assess for occult aspiration pneumonia as a possible cause for the patient's inappetence and lethargy.





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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