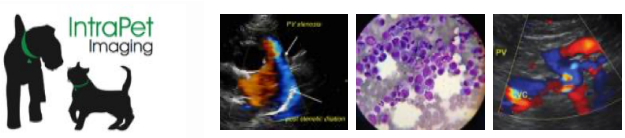
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
12/7/21

PATIENT

Bubby Watkins

SPECIES

Canine

BREED

Rottweiler

SEX

Male, neutered

AGE

6/21/21

WEIGHT

124 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Thompson

INVOICE
12677

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting; Diarrhea Date: 12-07-2021 Notes: Bubby is a 9 y/o MN Rottweiler who presents for chronic diarrhea, inappetence, and vomiting - intermittent diarrhea since August, previously treated with metronidazole, resolved and returned - PU/PD, tested for Cushing's at RDVM, diagnosed with Hypothyroidism - Continued to be PU/PD - Has not eaten since Friday night, since then as only had a dog ice cream and some left over salmon, not interested in any other types of food - Diarrhea is frequent, with straining, liquid, most recent episode over the last two night, asking to go out frequently - Previous AXR done by RDVM reported unremarkable - No C/S - no known FB ingestion or history of toxin exposure Medication: - Levothyroxine - topical F/T prevention in summer months. Assessment: Diarrhea, vomiting, anorexia; FB obstruction vs metabolic disease (liver, kidney, endocrine) vs neoplasia vs pancreatitis vs IBD vs colitis vs gastrointestinal parasites vs other. Plan: Diagnostics: PCV/TP CBC/Chem/Lytes AUS, Fecal, Treatment: Plasmalyte, Discussed differentials and concerns for underlying cancerous process or metabolic disease. Due to chronic history recommended abdominal AUS, full BW, Fecal, and hospitalization.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV sedative.
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 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.

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

The left kidney is normal size (8.95 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (8.26 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.79 cm at cranial pole) (0.78 cm at caudal pole) (3.49 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 (0.95 cm at cranial pole) (0.76 cm at caudal pole) (3.50 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 (2.28 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric wall is normal to mildly thickened (up to 0.57 cm) with a normal layering pattern. The gastric lumen is mildly fluid distended. The pyloric outflow tract is patent. 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 disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The mild gastric wall thickening is most consistent with gastritis with a lower possibility of emerging neoplasia.
- Age-related pancreatic remodeling +/- fibrosis. Concurrent inflammation is possible, particularly if the patient is painful on cranial abdominal palpation.

Secondary Findings:

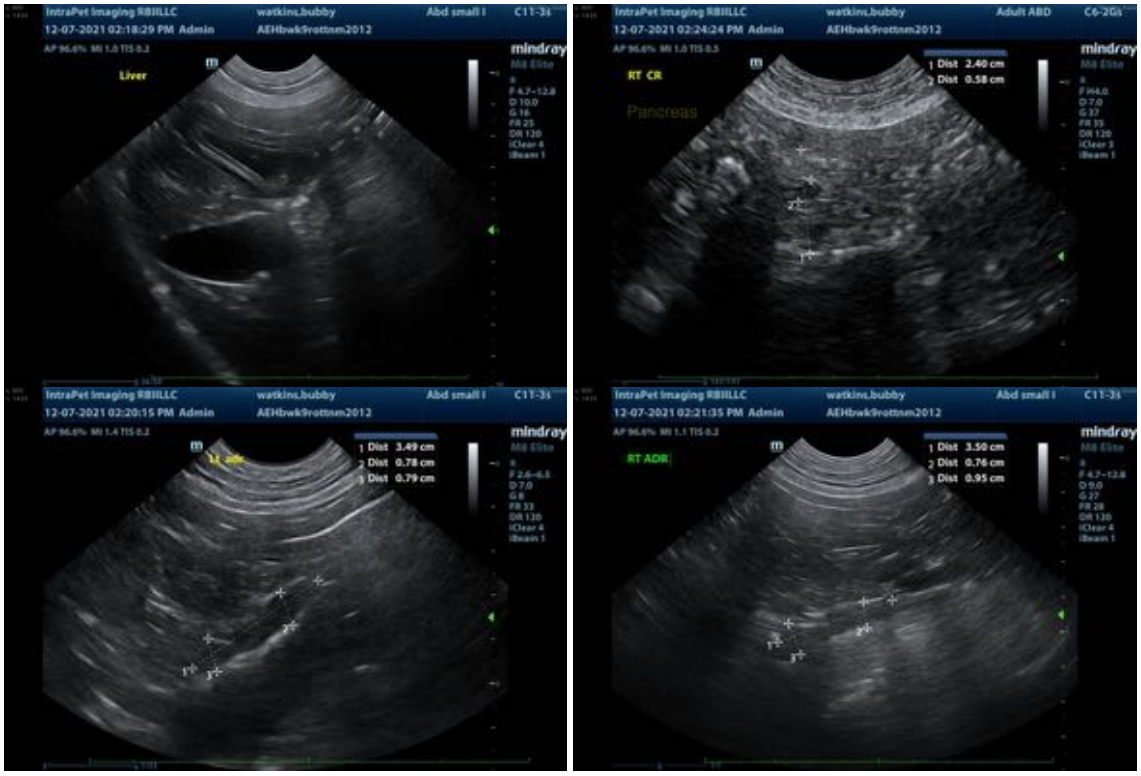
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

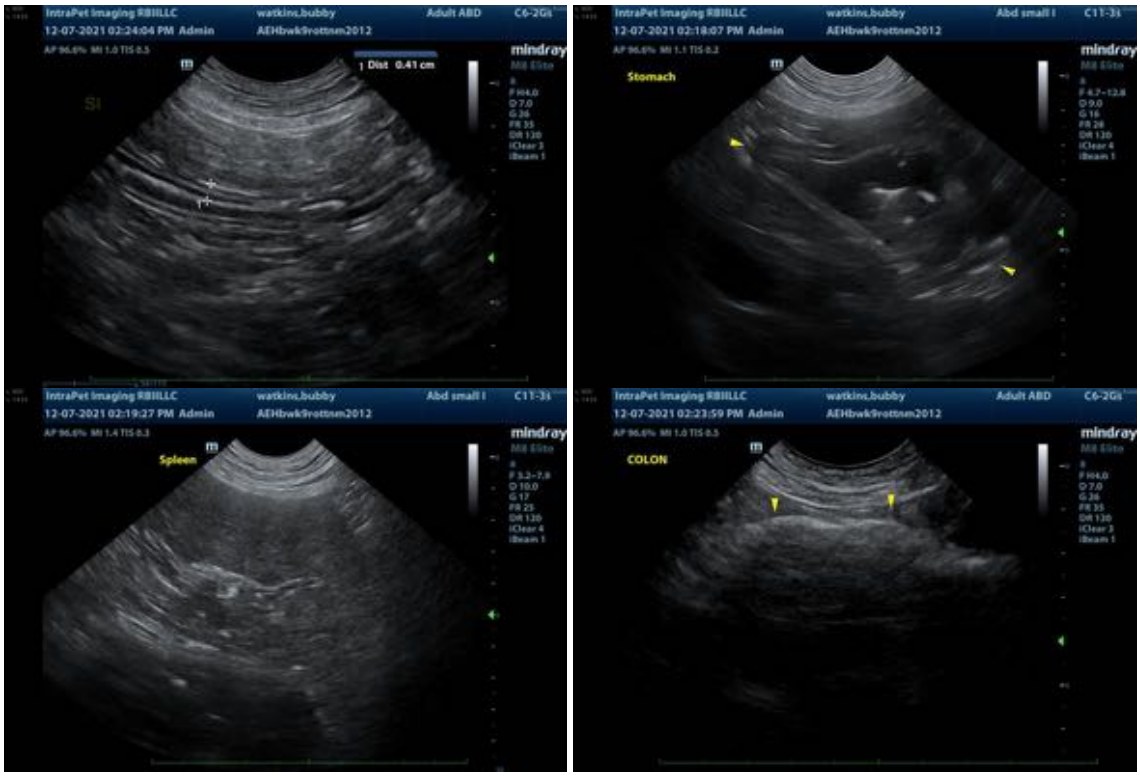
*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., infectious/parasitic, intestinal dysbiosis, food allergy, inflammatory bowel disease), low-grade pancreatitis, occult neoplasia, underlying metabolic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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- If the patient's baseline labwork and fecal evaluation are inconclusive, consider the following:

1. GI panel (send to Texas A&M).
2. 6-week limited antigen diet trial.
3. +/- endoscopic or surgical gastrointestinal biopsies.
4. Given the patient's age, three-view thoracic radiographs are recommended prior to any anesthetic event.





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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com