

PATIENT PRESENTING CLINICAL SIGNS

Toby Gates
History: Toby presented for 24-48 hours of vomiting (3x), soft diarrhea (no blood) and anorexia. He seems like he wants to eat but then refuses food. Hx of suspected pancreatitis (elevated liver enzymes, abnormal cpli) in Jan with pDVM. He was hosp for 3 days during the day, came home at night and responded well to therapy. O reports never went back to eating 100%. O is also concerned that lately P would look at food/water and bark but no interest in actually eating. No hx of pancreatitis prior to this.

SPECIES

Canine

BREED

Yorkiepool

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 52.9 cpli: abnormal Chem 17: ALT 294 ALP 204 (wnl but higher then pDVM) Lipa 5688 EPOC: K 3.5 (low end normal) HCT 51%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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 small amount of aggregated 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 cm, are normal.

AGE

12 years

The prostate is normal in size (0.97 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

7 kg

The left kidney is normal size (4.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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Heidi

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.49 cm at cranial pole) (0.56 cm at caudal pole) (2.09 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.

HOSPITAL NAME

Wilvet Salem

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.50 cm at caudal pole); 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. Kristin Peterson
DVM

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.

INVOICE

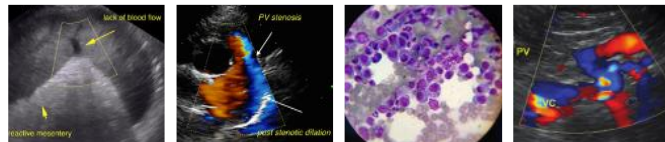
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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogenous in appearance. No distinct focal lesions are

DATE

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observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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.

SPECIES

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, some of which is gravity dependent and some of which is adhered to the luminal surface. The cystic and common bile ducts are normal.

BREED

Yorkiepoop

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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

SEX

Neutered Male

AGE

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Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

WEIGHT

7 kg

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Non-specific diffuse hepatic changes that could be consistent with inflammatory/immune-mediated disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia (unlikely), +/- age-related change (i.e, vacuolar hepatopathy and/or regenerative nodular hyperplasia).
- Minor degenerative, age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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

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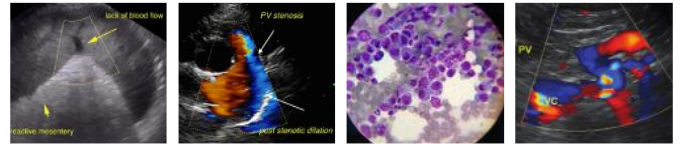
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The following diagnostics/treatment recommendations can be considered:



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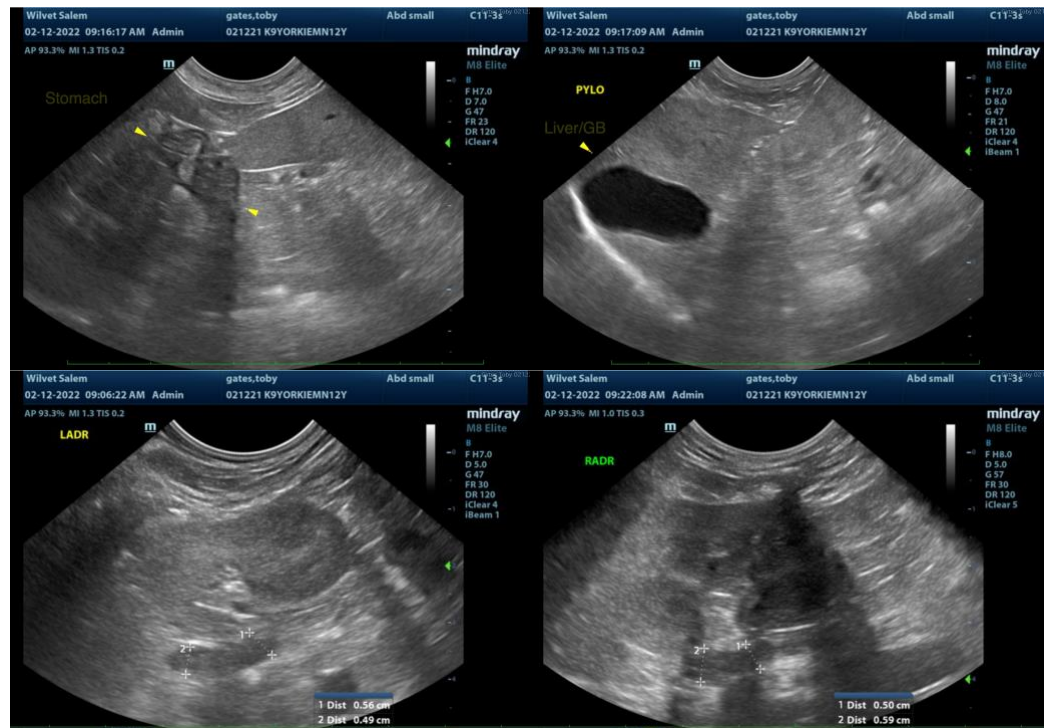
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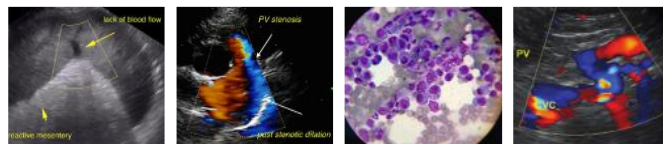
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1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
4. Pre-and postprandial serum bile acids to assess for hepatic dysfunction
5. A 6-week limited antigen diet trial to assess for food allergies (when eating again)
6. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
7. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
8. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
9. Three-view thoracic radiographs should be performed prior to any anesthetic event.





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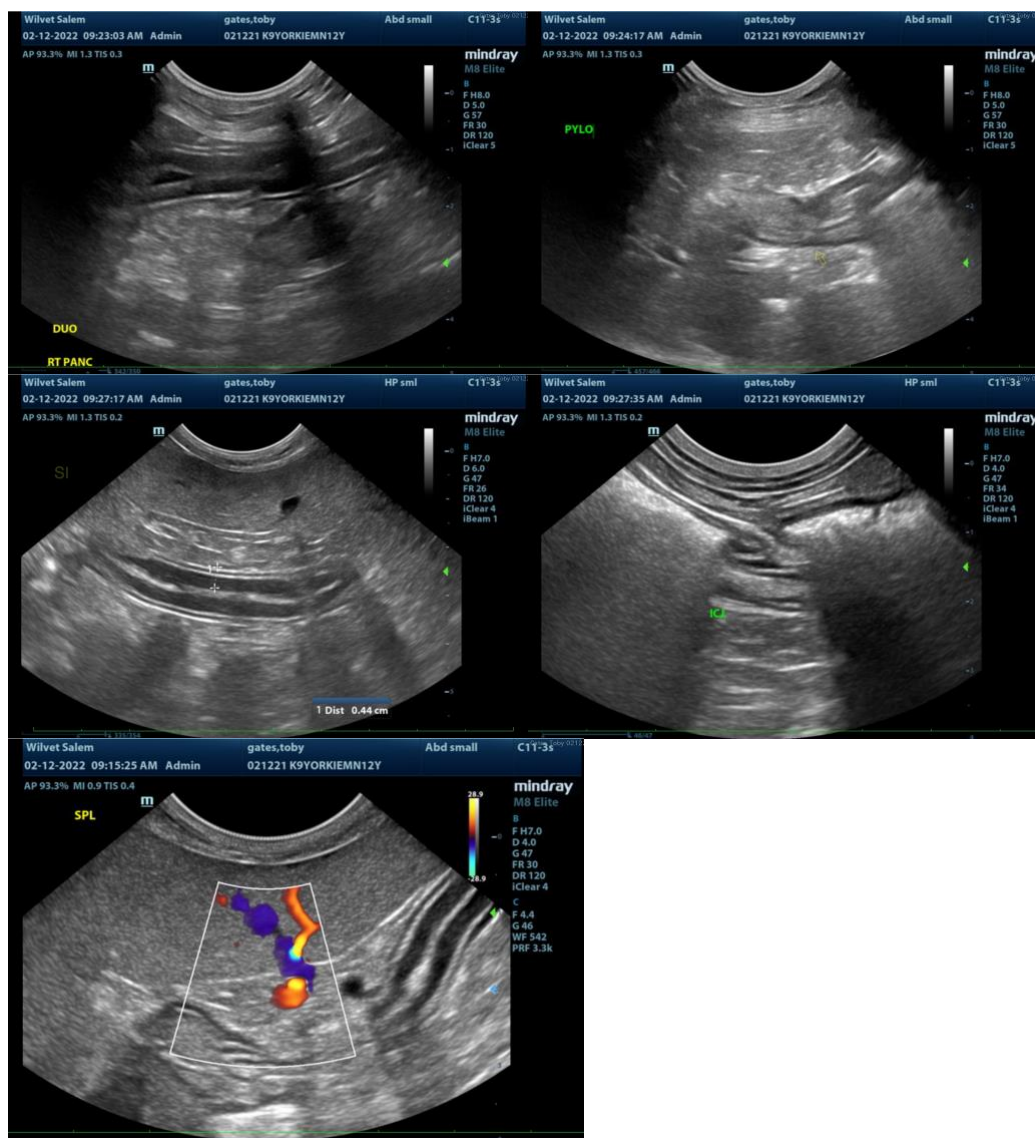
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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