



PATIENT PRESENTING CLINICAL SIGNS

Wallie Dubach

SPECIES

Canine

BREED

Terrier mix

SEX

Male, neutered

AGE

8 Yrs.

WEIGHT

45 lbs.

History: Staff pet. Recurring episodes of pancreatitis (inappetence, vomiting, diarrhea) since December 2022. Has been eating Hill's i/d low fat food for years now. Last two episodes were mid December 2022 and early February 2023. Responded to supportive care. Has been doing well up until last night. Vomited once this morning and had a bout of diarrhea overnight.

Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4/UA 12/16/2022 Chem-creatinine 1.7 Magnesium 1.4 PSL 243 CBC-decreased platelet but adequate due to clumping, eosinophils 1292 T4 1.2 Fecal NPF USG 1.022, 1+ blood; cystocentesis sample CBC/Chem and snap CPL 2/3/2023 Lymphopenia 0.34 rule out stress Hematocrit elevated 57.1%, dehydration Platelets low 125, manual count clumping present, estimate adequate Rest of CBC CHEM WNL Snap CPL abnormal Abdominal rads 2/3/2023

FINDINGS: The stomach contains a small volume of gas and is mildly dilated. The pyloric antrum is appropriately gas-filled in the left lateral projection. In the ventral dorsal projection. A rounded soft tissue opacity is present within the midportion of the fundus. A rounded soft tissue opacity is present caudal to the stomach in both lateral projections and is consistent with an end-on intestinal segment as with the transverse colon rather than an abdominal mass. The small intestines are of a normal, uniform population without evidence of pathologic dilation. The colon contains a moderate volume of gas and non-formed fecal material. The liver, spleen, kidneys, and urinary bladder are normal. There is no evidence of abdominal effusion. The included thorax is normal. The included osseous structures are normal. **CONCLUSIONS:** There is no evidence of a current gastrointestinal obstruction. The rounded soft tissue opacity within the fundus likely represents a normal gastric wall although focal gastric wall thickening, a gastric mass, or normal ingesta or foreign material along the gastric wall cannot be excluded. Additional causes of the vomiting could include gastroenteritis, pancreatitis, or systemic disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is slightly irregular. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

Only the cranial portion of the prostate is visualized due to its pelvic location. In the visualized portion, it appears normal in size with normal curvilinear peripheral contours and homogeneous parenchyma.

The left kidney is normal size (5.35 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.

The right kidney is normal size (5.86 cm in length) with a slightly irregular shape. 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 or hydroureter.

Adrenal Glands

One still image of the left adrenal gland is available for interpretation. The left adrenal gland is normal size (0.45 cm at cranial pole) (0.46 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.

One still image of the right adrenal gland is available for interpretation. The right adrenal gland is normal size (0.60 cm at cranial pole) (0.56 cm at caudal pole); normal shape; homogenous

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

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Dr Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

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parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (2.27 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.

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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 moderate amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended. The cystic and common bile ducts are normal/not seen.

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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 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 ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

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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.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent jejunal lymph nodes are visualized, the largest measuring 1.86 cm in length. The nodes are normal in shape and echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy, infectious/parasitic disease), mild recurring pancreatitis, underlying metabolic issue, other.

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Secondary Findings:

- Minor, age-related renal changes.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid

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hyperplasia.

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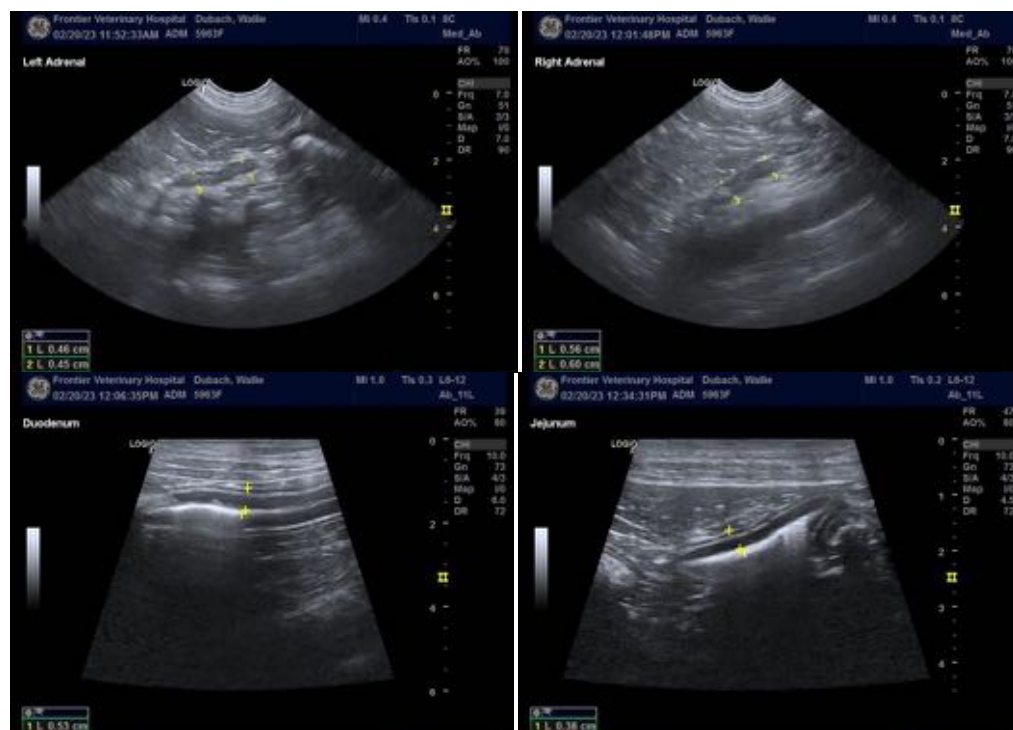
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. A GI panel including serum cobalamin, folate, PLI and a resting cortisol is recommended (send to Texas A&M).
2. Fecal evaluation for ova/Giardia as well as prophylactic deworming with Fenbendazole is recommended.
3. A 6-week limited antigen diet trial to assess for food allergies.
4. Also consider initiation of a probiotic as well as a fiber supplement.
5. Consider a 4-week course of Tylosin as empirical treatment for small intestinal bacterial overgrowth.
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted. Three-view thoracic radiographs should be performed prior to any anesthetic event.





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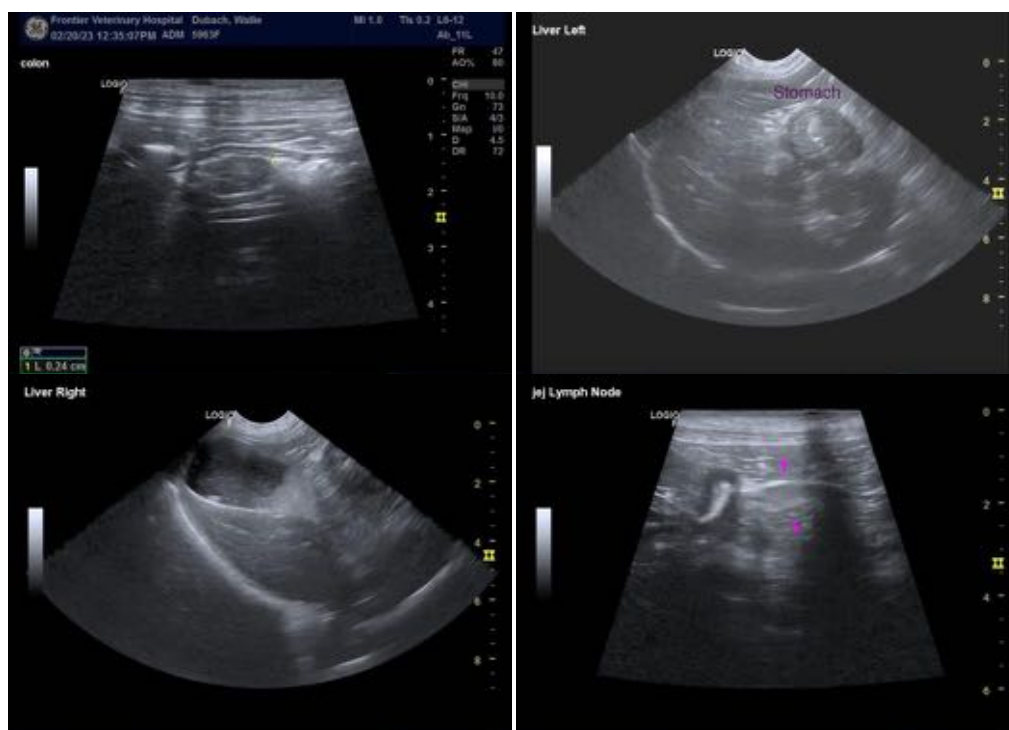
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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