



**PATIENT PRESENTING CLINICAL SIGNS**

**Chips Tims** History: Presented for vomiting, lethargy and some abdominal pain. Hx of food allergy and has been on Vanectly-P and a hydrolyzed diet. When Vanectyl -p discontinued the vomiting started. Baseline cortisol test was normal at 220 nmol/L. Spike fever in hospital of 40 degrees Celsius which resolved with IVF.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Unremarkable blood work. Initial presentation has some abdominal discomfort which has resolved on methadone.

**BREED**

Poodle X

**Urinary System**

The urinary bladder wall is 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.

**SEX**

Neutered Male

The prostate is normal in size (1.49 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

2 years

The left kidney is normal in size (7.67 cm in length) with a normal shape, architecture and 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.

**WEIGHT**

32.9 kg

The right kidney is normal in size (7.63 cm in length) with a normal shape, architecture and 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in length (0.45 cm at cranial pole) (0.48 cm at caudal pole) with a slightly flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**Spleen**

The spleen is normal in size (1.90 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**HOSPITAL NAME**

Alpine 24-hour PH

**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.

**REFERRING VET**

Dr. Campbell

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.

**INVOICE**

12192

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall in the region of the fundus is subjectively normal in thickness with retention of the normal layering pattern. The wall in the region of the pyloric antrum is mildly thickened (up to 0.97 cm) with a normal layering pattern. The small intestinal lumen is not dilated. The

**DATE**

2.9.23

small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

The region of the left limb is largely isoechoic relative to surrounding omental fat. In the region of the body/right limb, the mesentery is mildly hyperechoic.

### ***Free Abdomen***

The mesentery in the right cranial quadrant is mildly hyperechoic. There is no obvious evidence free fluid. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

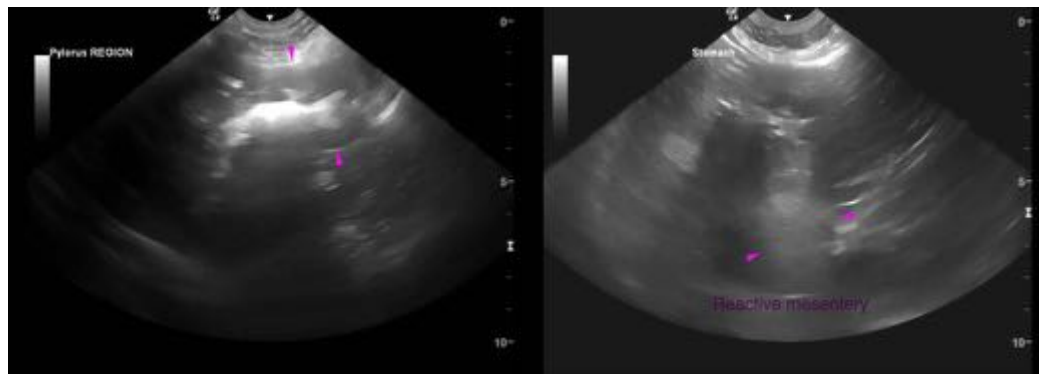
- The thickening of the pyloric antral wall is most consistent with an inflammatory process, with a lower possibility of hypertrophy or emerging neoplasia. Mild adjacent peritonitis is present.

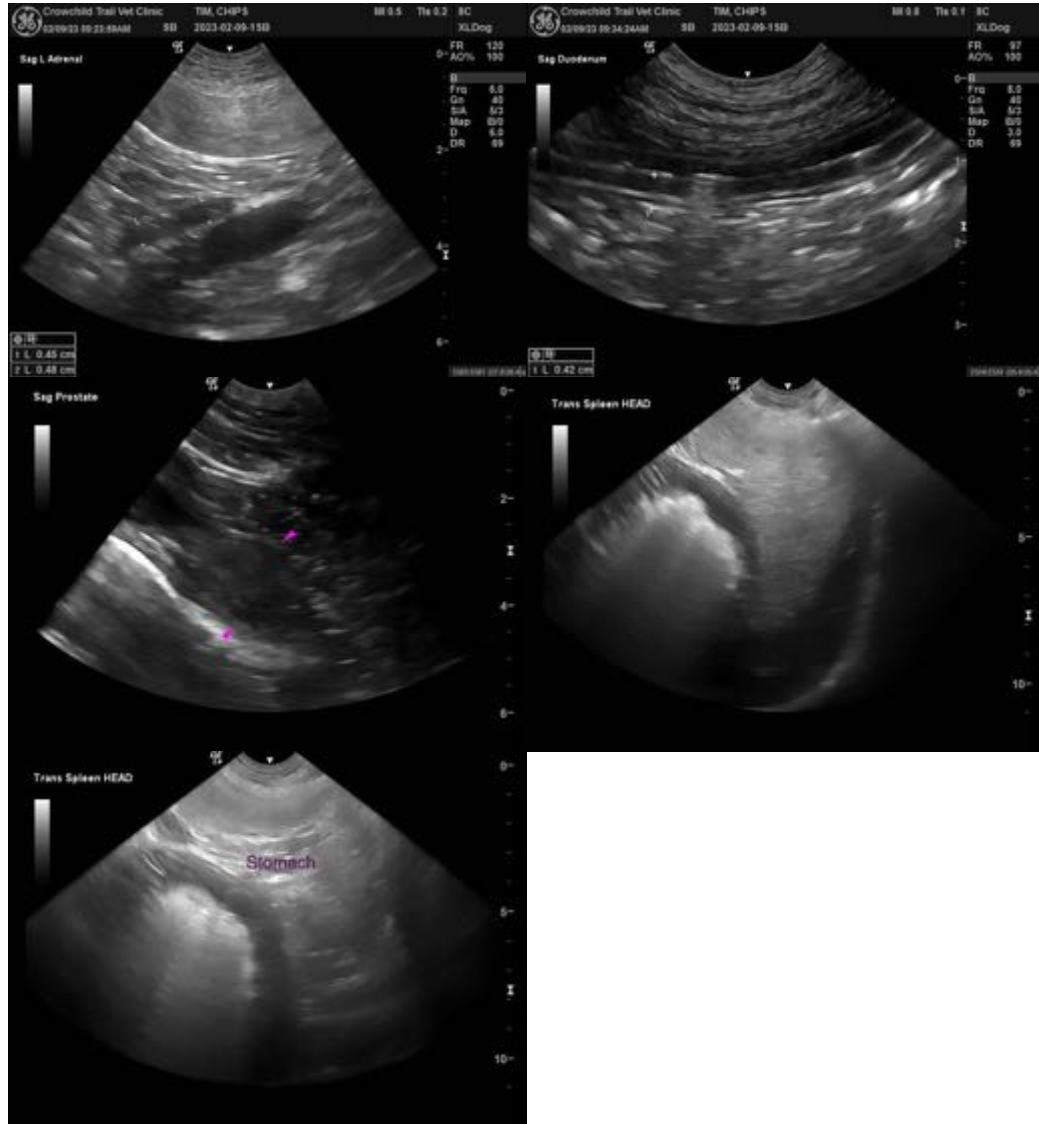
### **Secondary Findings**

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The flattened left adrenal gland is likely a normal variant for this patient, given the normal resting cortisol level.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's history and sonographic changes, consider the following:
  1. Fecal evaluation for ova and Giardia (if not already performed)
  2. cPLI to further assess for mild pancreatitis
  3. Symptomatic care for gastroenteritis
  4. If the patient's clinical signs do not begin to improve with medical management, a more advanced GI work-up (i.e., malabsorption panel, GI biopsies) may be warranted.





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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

