

**DATE PRESENTING CLINICAL SIGNS**

3.1.23 Patient presented on 2/1 for annual exam. The owner reported decreased appetite over the past year or so, as well as episodes of vomiting weekly to monthly. On exam, patient had lost weight, with a 2/5 BCS. Mild to moderate dental tartar was present.

**PATIENT**

Lilly O'Reilly Current Medications: Revolution Plus (long-term), 100 mg gabapentin for ultrasound  
 Lab Results: CBC: Decreased Neuts 2041 /uL. Chem: Elevated Ca++ 11.6 mg/dL, T4: 2.3 ug/dL, Spec fPL: WNL

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Female Spayed

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to 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 1-2 cm, are normal.

**AGE**

9/2/2017

The left kidney is normal in size (3.35 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

7.3 lbs

The right kidney is normal in size (3.39 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 hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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 Diplomate DACVIM  
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**Adrenal Glands**

The left adrenal gland is normal in size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Paradise AH

**Spleen**

The spleen is normal in size (0.59 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.

**REFERRING VET**

Dr. Twardzik

**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.

**INVOICE**

12303

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of suspended echogenic debris is observed within the lumen. 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 mildly distended with fluid. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

### ***Free Abdomen***

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visualized (the largest measuring 0.65 cm in length). The nodes are normal in shape and echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

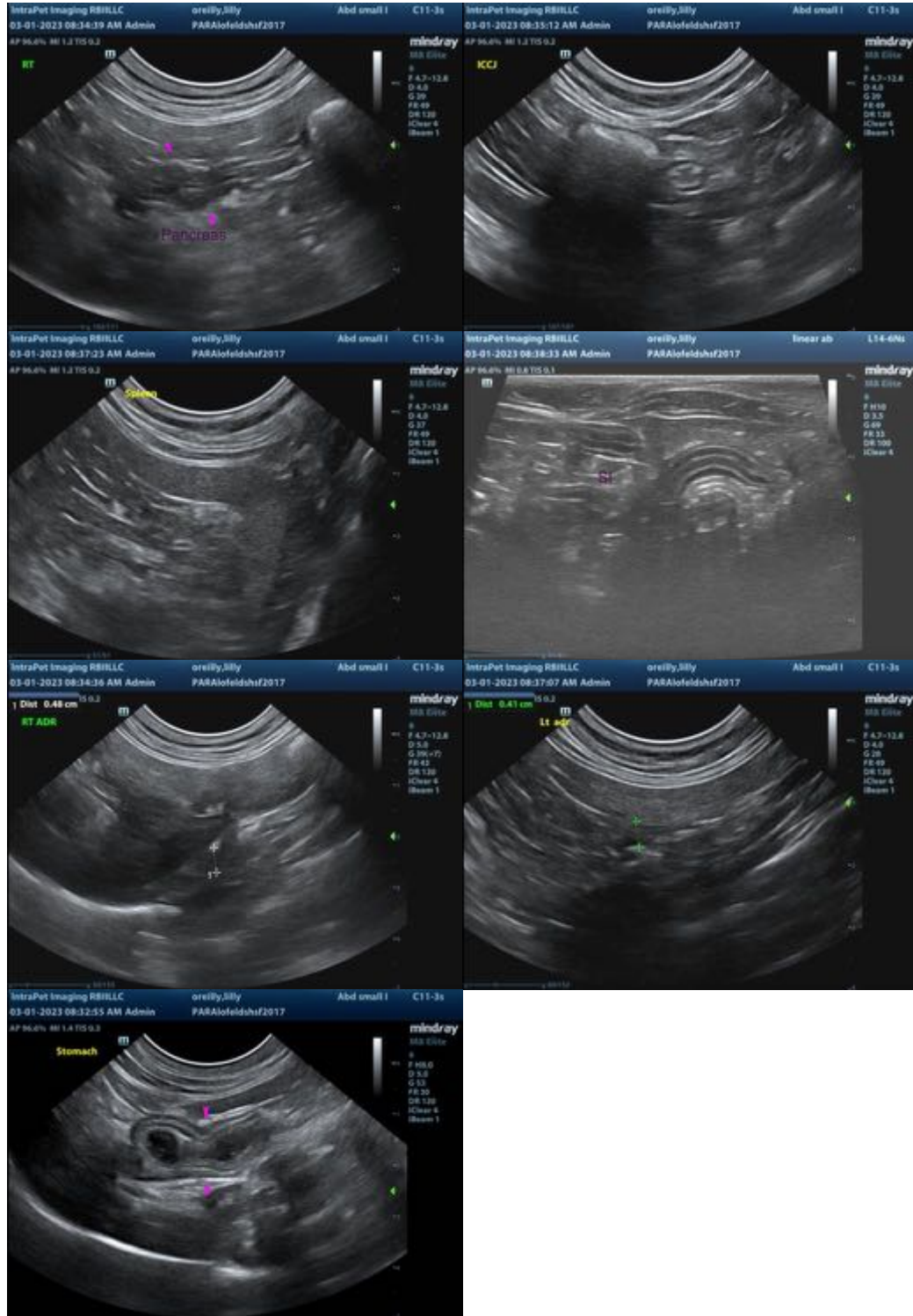
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, occult neoplasia, other.

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

- Three-view thoracic radiographs are recommended to evaluate for esophageal disease and occult neoplasia in the chest.
- Other diagnostic/therapeutic considerations include the following:
  1. Fecal evaluation for ova and Giardia
  2. GI panel including serum cobalamin and folate, TLI and PLI
  3. Limited antigen or hydrolyzed protein diet trial
  4. Initiation of a probiotic
  5. +/- endoscopic or surgical GI biopsies.





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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