

**DATE PRESENTING CLINICAL SIGNS**

3/28/2022 Recurrent abdominal discomfort and nausea.

**PATIENT**

Rusty McQuay  
 Current Medications: Cerenia and Gabapentin PRN.  
 Date of Previous IntraPet Ultrasound: 11/20/20. See attached.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Imaging Performed By: Andi Parkinson, RDMS.

Canine

**BREED**

Yorkie

**SEX**

Neutered Male

**AGE**

11/17/2009

**WEIGHT**

7.5lbs

**INTERPRETED BY**

Andrea Nicastro, DMV,  
 Diplomate DACVIM  
 (Small Animal  
 Internal Medicine)

**HOSPITAL NAME**

Timonium Animal  
 Hospital

**REFERRING VET**

Dr. Stephens

**INVOICE**

10617

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visualized portion of the proximal urethra are normal.

The prostate is normal in size (0.74 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.28 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (3.49cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.41 cm at caudal pole) (1.02 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 (0.40 cm at cranial pole) (0.39 cm at caudal pole) (1.03 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 (1.04 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.

**Liver**

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of aggregated, echogenic, suspended 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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. 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 or overt infiltrative disease is noted.

### ***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.

### ***Free Abdomen***

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The pancreatic changes are suggestive of chronic pancreatitis with age-related remodeling +/- fibrosis.

### **Secondary Findings**

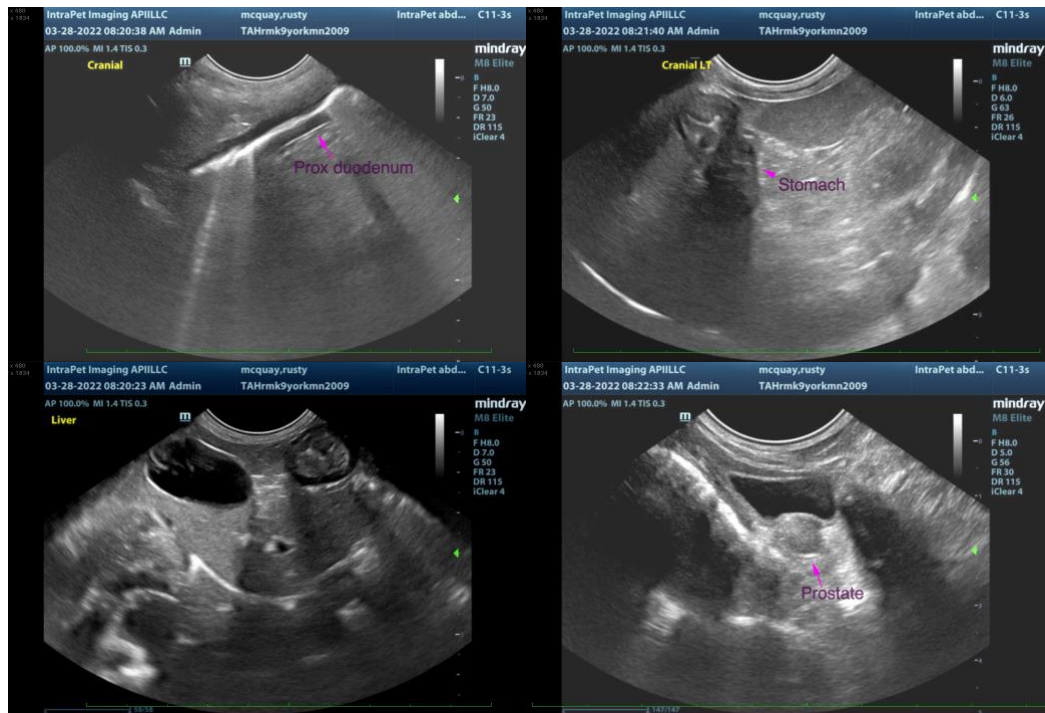
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Bilateral chronic nonspecific age-related renal changes

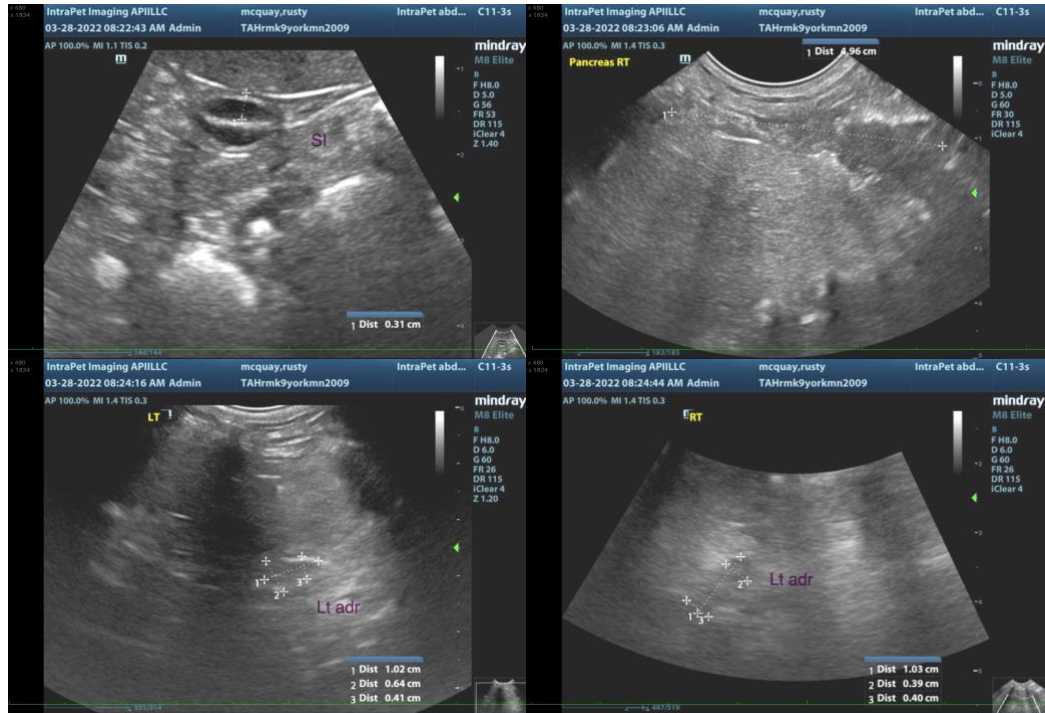
\*\*The patient's clinical signs may be secondary to chronic pancreatitis, microscopic gastrointestinal disease, occult pyelonephritis or other metabolic or non-metabolic issue.

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

- Baseline lab work, including a CBC Chemistry panel, urinalysis +/- urine culture and sensitivity is recommended, if not already performed.
- A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended to further assess for underlying gastrointestinal and pancreatic disease.
- Consider thorough orthopedic and neurologic evaluations to assess for nonmetabolic causes of pain.

- Also consider three-view thoracic radiographs to assess for occult esophageal disease.
- Consider a 6-week hypoallergenic diet trial to assess for food allergies.
- Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical), 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.

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