

**PATIENT PRESENTING CLINICAL SIGNS**

Tanner Baker History: Presenting for mild weight loss, loss of interest in kibble, and diarrhea progressing over the past 2 months (diarrhea ongoing for a few days; was sporadic prior to that). Patient presented to urgent care over the weekend dehydrated, lethargic, and pale with anemia. Physical exam: BCS 4.5/9. Otherwise, normal.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Lab-work via WilVet South on 3/25/23: HCT 35% (L), Hb12.3 (L), MCV 54.5 (L), MCH 19.2 (L), Retic 17.5 (L), PLT 528 (H). Normal chemistry and electrolytes. Current Medications Pro-Pectalin, Visbiome probiotic

**BREED**

Terrier X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Neutered Male

**Urinary System**

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 1-2 cm, are normal.

**AGE**

13 years

The left kidney is normal in size (4.13 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

9.2 lbs

The right kidney is normal in size (3.37 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.47 cm at caudal pole) (1.80 cm in length) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Dr Cone

The right adrenal gland is in normal size (0.80 cm at cranial pole) (0.46 cm at caudal pole) (1.70 cm in length) with a normal shape and 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**

Q Street AH

**Spleen**

The spleen is normal in size (0.82 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**

Sara Hansen

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

12561

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**DATE**

3.28.23

### ***Gastrointestinal***

The gastric lumen is not distended. The gastric wall is normal to mildly thickened (up to 0.72 cm) with retention of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness 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 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.

### ***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 gastric wall changes are most consistent with gastritis, with a lower possibility of emerging neoplasia.

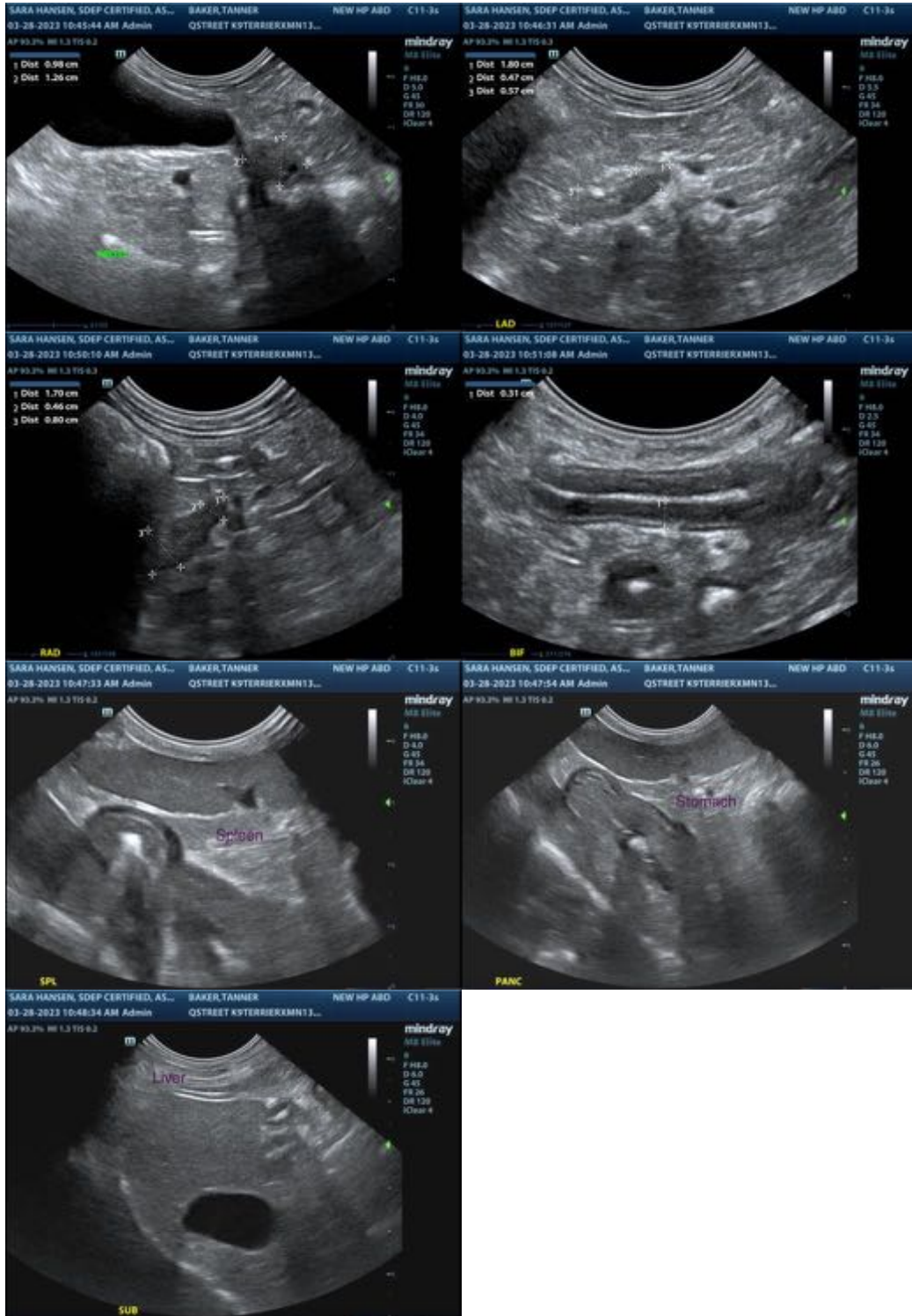
\*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, food allergy/intolerance, infectious/parasitic disease, other), underlying metabolic issue, other.

### **Secondary Findings**

- Suspected benign diffuse hepatic tissue sampling. Vacuolar hepatopathy (i.e., idiopathic/endocrine) is suspected with a lower possibility of a more insidious hepatic pathology.

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

- Given the patient's clinical signs, consider the following:
  1. Fecal evaluation for ova and Giardia
  2. Prophylactic deworming with Fenbendazole
  3. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level.
  4. A 2-4-week limited antigen or hydrolyzed protein diet trial
  5. Initiation of a probiotic +/- a fiber supplement (i.e., Metamucil or Konsyl).
  6. If the patient does not improve with symptomatic care and the above diagnostics are inconclusive, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
  7. Three-view thoracic radiographs should be performed prior to any anesthetic event.



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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