

**DATE PRESENTING CLINICAL SIGNS**

3/8/22

Chronic diarrhea, weight loss.

PATIENT

Tripper Kirby

Current Medications: Flagyl 250mg BID, Amoxicillin 500mg BID, Provable Forte capsules SID.

Lab Results: CBC WNL, albumin 2.3, spec cPL 288, resting cortisol level 6.9. Fecal negative for ova and fecal PCR panel pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Border Collie Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall is normal in thickness with a smooth mucosal surface. In the region of the cystourethral junction, a 0.85 x 0.65 cm irregular hyperechoic nodule is observed. No cystic calculi are seen.

SEX

Female, spayed

The left kidney is normal in size (5.17 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

5/5/2008

WEIGHT

36.2 lbs.

The right kidney is normal in size (5.91 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, 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 mildly enlarged (0.70 cm at cranial pole) (0.82 cm at caudal pole) (2.50 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.

HOSPITAL NAME

Animal Medical Clinic
of Dulaney Valley

The right adrenal gland is normal size (0.54 cm at cranial pole) (0.61 cm at caudal pole) (2.15 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.

REFERRING VET

Dr. Chrest

Spleen

The spleen is normal in size (1.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

INVOICE

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Liver

The liver is subjectively enlarged with swollen, slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled with numerous small, ill-defined hypoechoic nodules throughout the organ, the largest measuring 1.06 cm in length. Vascular 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 moderate amount of echogenic debris is observed within the lumen, some of which is gravity-dependent, some of which is adhered and some of which is suspended. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly gas distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal to mildly thickened (up to 0.49 cm) with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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 small intestinal wall changes are suggestive of an inflammatory process (i.e., inflammatory bowel disease).
- The urinary bladder wall nodule in the region of the cystourethral junction may represent an emerging tumor (i.e., transitional cell carcinoma) or an inflammatory polyp.

Secondary Findings:

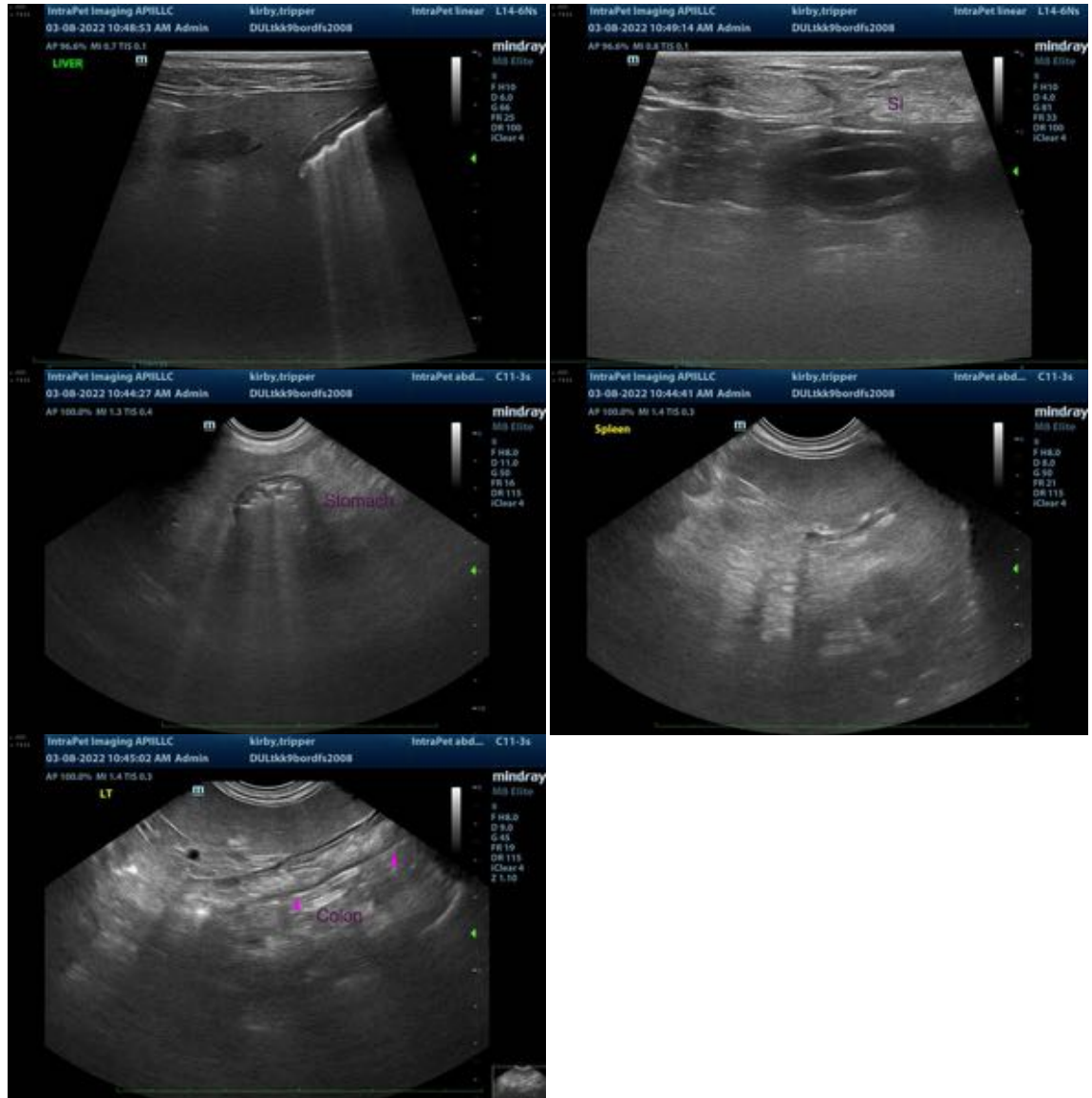
- A suspected benign hepatopathy (i.e., vacuolar hepatopathy and/or regenerative nodular hyperplasia). An inflammatory process is considered unlikely in light of the normal ALT. Infiltrative neoplasia (i.e., lymphoma) cannot be completely excluded but is considered less likely.
- Minor age-related renal changes with dystrophic mineralization.
- Mild left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the urinary bladder lesion, a urine BRAF test is recommended. Alternatively, traumatic urethral catheterization with submission of the cells from the lesion for cytologic evaluation could be considered.
- Regarding the patient's diarrhea, consider the following diagnostics/therapeutics:
 - Prophylactic deworming with Fenbendazole can be considered, despite the negative fecal evaluation.
 - Malabsorption panel (send to Texas A&M).
 - 6-week limited antigen diet trial.

- Ultimately, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis. If biopsies are pursued, chest X-rays should be obtained to assess cardiopulmonary status prior to anesthesia.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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