


**PATIENT PRESENTING CLINICAL SIGNS**

Lucy Smith History: Patient presents for a history of intermittent vomiting and diarrhea. Meds: finished metro & Cerenia.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: cPL (+), low resting cortisol, ACTH pending.

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED** Austr Labradoodle One still image is available for interpretation. 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** Female Spayed The left kidney is normal in size (4.58 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. Renal vasculature is normal.

**AGE** 1 year The right kidney is normal in size (5.14 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. Renal vasculature is normal.

**Adrenal Glands**

**WEIGHT** 24.4 lbs The left adrenal gland is borderline small in size (0.41 cm at cranial pole) (0.39 cm at caudal pole) (1.61 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.

**INTERPRETED BY** Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*) The right adrenal gland is in normal size (0.71 cm at cranial pole) (0.35 cm at caudal pole) (1.50 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**

Kelly Vazquez **Spleen** The spleen is normal in size (1.52 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.

**HOSPITAL NAME**

General on Hudson **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**

Vivian Ng 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**

12357 **Gastrointestinal** The lumen is not distended. The gastric wall is 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. There is no evidence of an obstructive pattern.

**DATE**

3.8.23

### ***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.

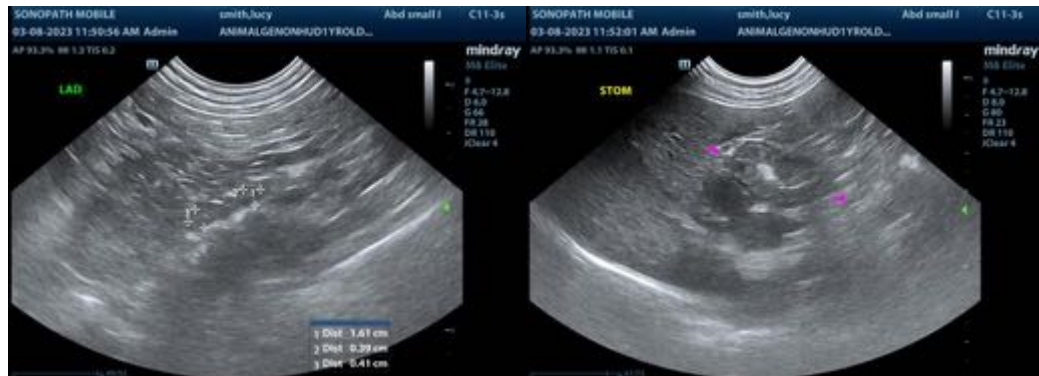
## **ULTRASONOGRAPHIC FINDINGS**

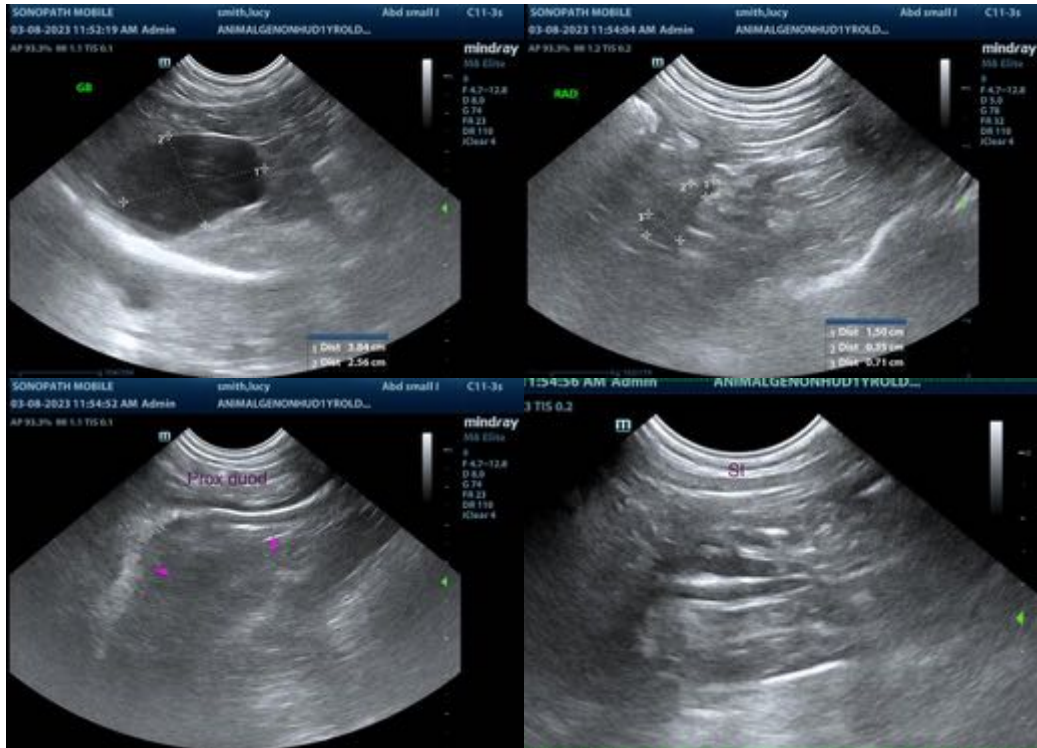
### **Findings**

- Questionably small left adrenal gland. This may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism). The remainder of the abdomen is unremarkable.

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

- If the ACTH stimulation is normal, consider further GI work-up, which could include the following:
  1. Fecal evaluation for ova and Giardia
  2. Prophylactic deworming with Fenbendazole
  3. GI panel including serum cobalamin and folate, TLI and PLI
  4. 6-week limited antigen or hydrolyzed protein diet trial
  5. +/- endoscopic or surgical GI biopsies
  6. In the meantime, consider initiation of probiotic +/- a fiber supplement (i.e., Metamucil).





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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