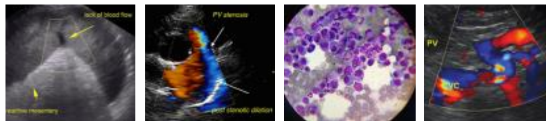

PATIENT

Hiro Jontry-Garcia

SPECIES

Canine

BREED

Queensland Heeler

SEX

Neutered Male

AGE

12 years

WEIGHT

43.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Bugarovich

DATE

3/9/22

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PRESENTING CLINICAL SIGNS

History: Persistent GI signs: diarrhea, nausea, vomiting, abdominal pain, inappetence, dehydration, since mid-February. Signs are not resolving. O does give P homemade treats with bacon fat in them. P has had a similar event happen in the past. Current Medications Proviable, Metronidazole

Abnormal PE/Chem/CBC/UA Results: Cobalamin 276 (251-908), Folate 4.6 (7.7-24.4), TLI >50 (5.7-45.2) Fecal was negative. Normal thoracic radiographs. Questionable foreign material in the stomach on abdominal radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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.

The prostate is normal in size (1.26 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (6.93 cm in length); normal shape and architecture with 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.

The right kidney presented normal size (6.78 cm in length); normal shape and architecture with 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.

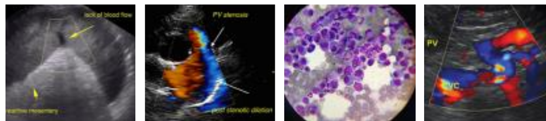
Adrenal Glands

The left adrenal gland is mildly enlarged (0.52 cm at cranial pole) (0.85 cm at caudal pole) (2.33 cm in length); with a slightly irregular 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 (0.42 cm at cranial pole) (0.68 cm at caudal pole) (3.02 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.

Spleen

The spleen is normal in size (1.99 cm in width at the level of the hilus) with a normal capsular contour. A light micronodular pattern is present throughout the parenchyma. No focal lesions are observed. Splenic vasculature is normal.



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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.

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.

Gastrointestinal

The gastric lumen is minimally to mildly distended with fluid and chyme. The gastric wall in the region of the fundus is mildly thickened (up to 0.58 cm), with retention of the normal layering pattern. The pyloric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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 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

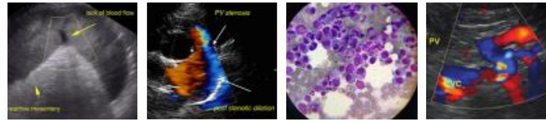
- The mild gastric wall thickening is most consistent with gastritis, with a lower possibility of emerging neoplasia.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**An obvious cause for the patient's chronic clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., food allergy, intestinal dysbiosis, infectious/parasitic disease, inflammatory bowel disease, emerging neoplasia), low-grade pancreatitis, underlying metabolic issue, other. Given the borderline low cobalamin and low folate levels, maldigestion/malabsorption is suspected, supporting a primary gastrointestinal cause.

Secondary Findings

- Mild left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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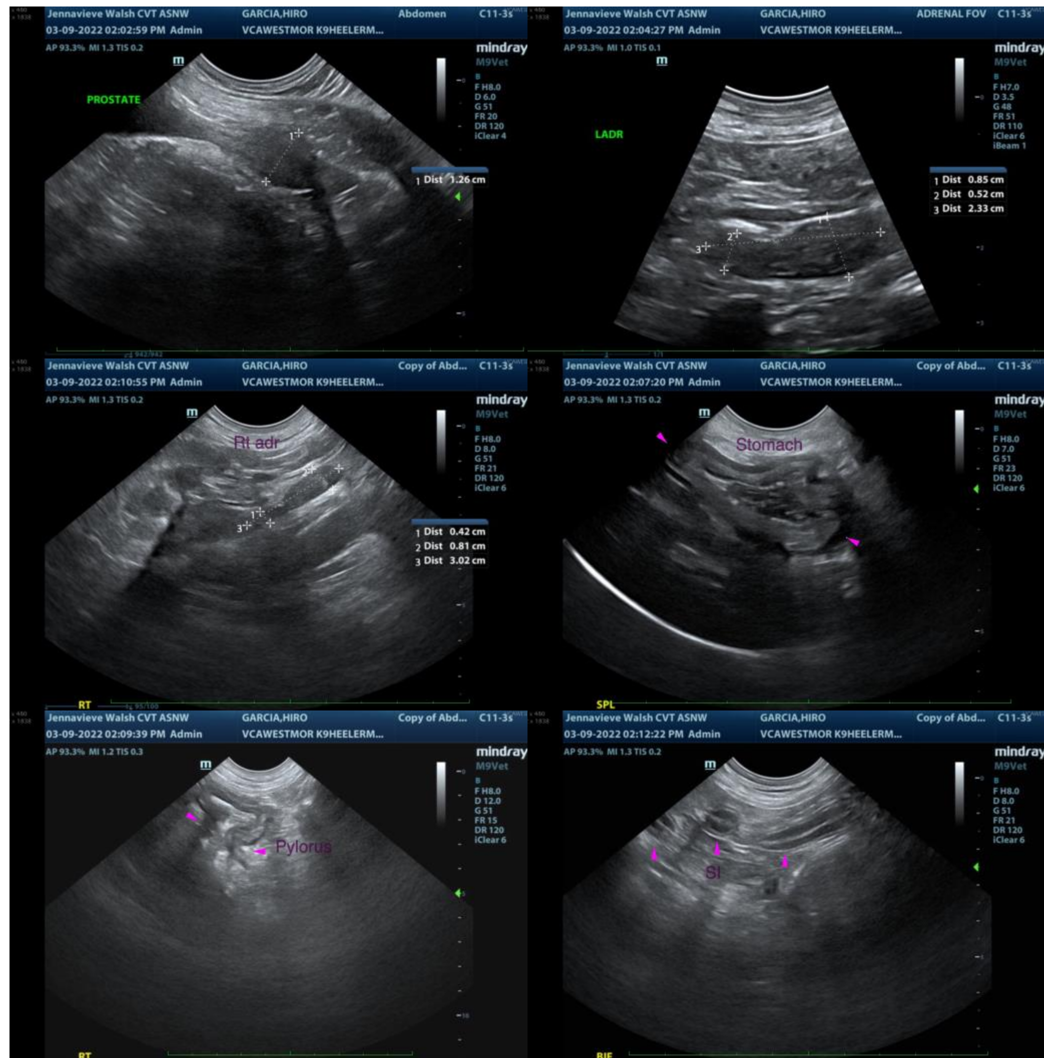
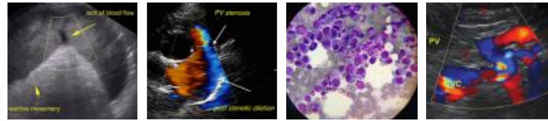
- Gastrointestinal biopsies, (i.e., endoscopic or surgical) will likely be necessary to get a definitive diagnosis. However, prior to obtaining biopsies, a resting cortisol level is recommended to rule out hypoadrenocorticism. Also consider, performing a 6-week hypoallergenic diet trial to assess for food allergies. While awaiting test results, cobalamin supplementation is recommended.



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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