

**DATE PRESENTING CLINICAL SIGNS**

3.9.23

Drop off-- exam not yet performed at our facility. History: Date: 03-09-2023 Notes: Referral for Abdominal US Chronic diarrhea > 2 weeks As per RDVM records on Tylosin powder and prednisone Unsure exact duration of each Also on Gasx Eating Hills biome diet labs from 3/8-- CBC wnl ALT 127, Lipase 1560 Na/K 32 TT4 <0.6 ug/dL previous CBC/chems sent from previous years-- wnl except SDMA 15 once, is normal now on the 3/8 Lyme pos 2/2020, neg 12/21. Saw fecal was likely performed, but do not have a results Rads -- sent for Rad review Non obstructive foreign material in stomach—cannot rule out partial Granular material through GIT, possible foreign material in colon Chronic IBD, pancreatitis or colitis considered.

PATIENT

Gus Gus Carter

SPECIES

Canine

Current Medications: Tylosin powder & Prednisone.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Torbugesic.

BREED

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

Labrador Retriever

** Due to gas throughout the bowel, some pathology may be obscured.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

10/17/2017

Urinary System

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.

WEIGHT

NP

The region of the prostate is not visualized due to its pelvic location.

INTERPRETED BY

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

The left kidney is normal in size (7.28 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.

The right kidney is normal in size (7.57 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.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is small in size (0.39 cm at cranial pole) (0.43 cm at caudal pole) (2.64 cm in length) with a normal peripheral contour. 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. Nacke-Horney

The right adrenal gland is in normal size (0.63 cm at cranial pole) (0.66 cm at caudal pole) (3.03 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.

INVOICE

12376

Spleen

The spleen is normal in size (1.97 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 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 not definitively visualized in the available images.

Gastrointestinal

The gastric lumen is distended with gas and a small amount of fluid. An approximately 4 cm tubular structure is observed within the lumen. The gastric wall in the region of the fundus is normal in thickness with a normal layering pattern. In the region of the pyloric antrum, the wall is mildly thickened (up to 0.57 cm) with a prominent muscularis layer. The small intestinal lumen is diffusely gas-distended. 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. The colonic lumen contains shadowing fecal material. There is no obvious 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

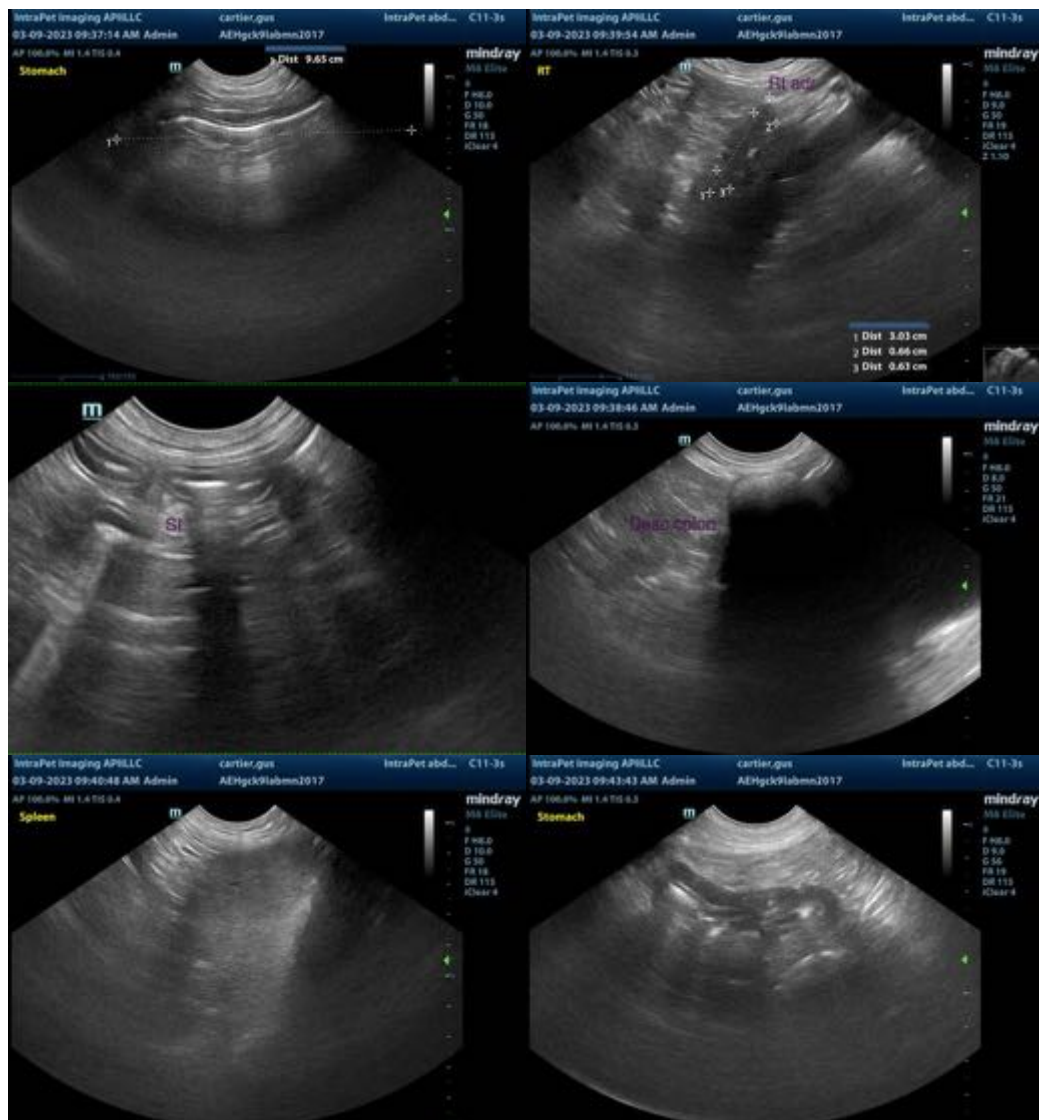
- The tubular structure within the gastric lumen may represent foreign material, an overlapping loop of bowel, intussusception (less likely), other.
- The pyloric antral wall changes may be a normal variant for this patient or may be secondary to inflammation, hypertrophy, or less likely, emerging neoplasia.
- The small left adrenal gland may represent early atrophy (i.e., secondary to hypoadrenocorticism) or may be normal for this patient.

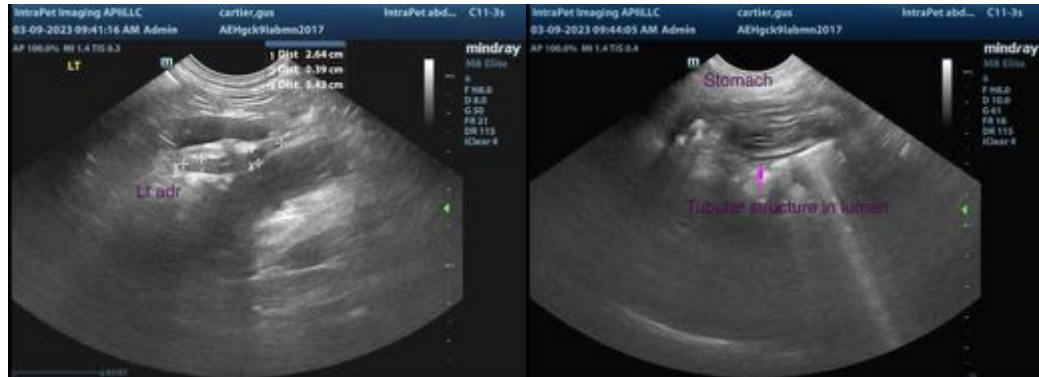
*Due to patient size and diffuse gas in the bowel, it is difficult to determine if a GB foreign body/obstruction is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for a GI foreign body/obstruction, consider a barium study, abdominal CT scan or abdominal exploratory. An endoscopy is also a consideration to assess for a gastric foreign body but will not likely be useful in ruling out an intestinal foreign body. If endoscopy or exploratory surgery are pursued, GI biopsies should be obtained.
- Other diagnostic considerations include the following:
 - Prophylactic deworming with Fenbendazole.

- GI panel including serum cobalamin and folate, TLI, PLI, and resting cortisol level is recommended (send to Texas A&M).
- Initiation of a hypoallergenic or hydrolyzed protein diet as well as a probiotic +/- fiber supplement





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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