

**DATE PRESENTING CLINICAL SIGNS**

3.9.23

10 y/o FS Lab X- Hx of ingestions- never needed surgery. Hx of seizures, on 625 keppra XR BID. PC vomiting. Rads- initial concerning--repeat, stomach empty, but concern seeing something moving through SI. Labwork, Dehydrated. bili 2.4, ALT137-- plan to repeat liver panel
hct/ts 55/8.4

PATIENT

Hayven Adams

Current Medications: Levetiracetam, Buprenorphine, Ondansetron, Protonix.
Lab Results: See attached.

SPECIES

Canine

Radiographs: repeat film- stomach is empty, SI has less gas pockets, non-obstructive, but concern about material moving vs feces vs other.

BREED

Labrador Retr Mix

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

1/1/2013

The left kidney is normal in size (6.16 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.

WEIGHT

65.5lbs

The right kidney is normal in size (5.88 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal at the cranial pole (0.45 cm) and enlarged at the caudal pole (1.19) (2.63 cm in length). A 1.18 x 1.11 cm hyperechoic nodule is observed at the caudal aspect. The lesion causes capsular expansion. Glandular echogenicity and detail of the cranial aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Animal EH

The right adrenal gland is in normal size (0.45 cm at cranial pole) (0.57 cm at caudal pole) (2.54 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.

REFERRING VET

Dr. Hicks

Spleen

The spleen is normal in size (1.40 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.

INVOICE

12377

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 lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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

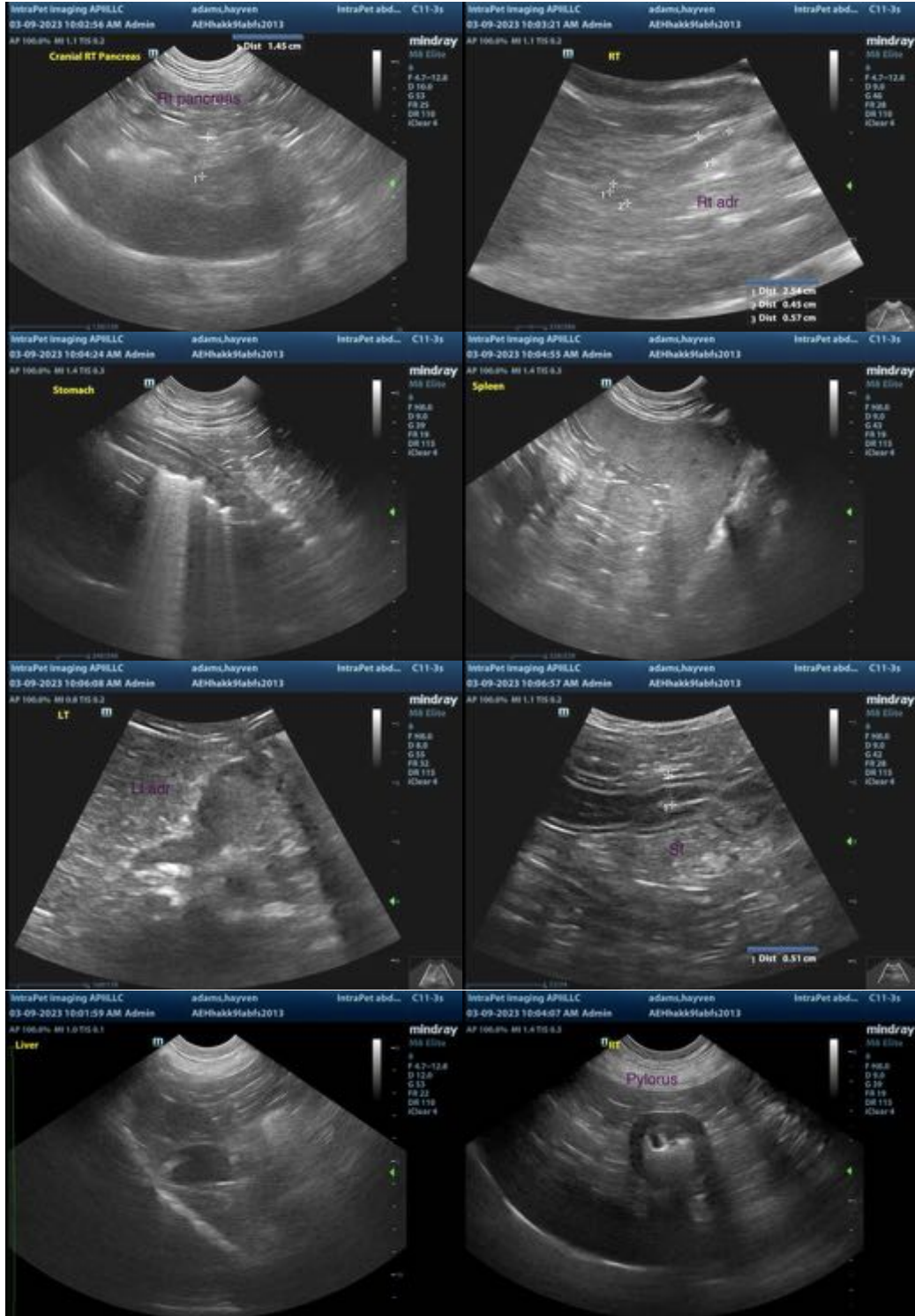
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

- Minor bilateral chronic renal changes with subtle dystrophic mineralization
- The left adrenal nodule may represent benign nodular hyperplasia or an emerging tumor (i.e., adenoma, adenocarcinoma, pheochromocytoma).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Symptomatic care for acute gastroenteritis is recommended, along with a fecal evaluation for ova and Giardia. A probiotic may also be beneficial.
- A chemistry panel should also be repeated to evaluate for a spuriously elevated total bilirubin.
- If the patient's clinical signs do not begin to improve within 48-72 hours of medical management, a more comprehensive GI work-up (i.e., malabsorption panel, hypoallergenic diet trial, +/- GI biopsies) may be warranted.
- Also consider thoracic radiographs to assess for occult esophageal disease.



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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com