**DATE PRESENTING CLINICAL SIGNS**

5/19/2022

Chronic, sporadic vomiting and soft stool. Bland diet/limited ingredient, supportive meds (metronidazole, cerenia) are helpful, but signs return when meds are stopped.

PATIENT

Charlotte Neville

Current Medications: Cerenia 24mg SID PRN, Metronidazole 250mg PRN, Purina EN diet.
 Lab Results: Fecal negative. The canine CE-IBD. Assay (biomarker test) is consistent with chronic enteropathy/IBD. Barium study results normal. Gastric emptying with normal small intestinal transit. Unremarkable thorax.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

French Bulldog

Imaging Performed By: Stephanie Pearce RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

12/12/2014

The left kidney is normal size (4.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

25 lbs

The right kidney is normal size (5.14 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.63 cm at caudal pole) (2.03 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

Stay Pet Veterinary

REFERRING VET

Dr. Klimovitz

The right adrenal gland is normal size (0.69 cm at cranial pole) (0.63 cm at caudal pole) (1.86 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.

INVOICE

10945

Spleen

The spleen is normal in size (1.41 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 small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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. 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

There is no evidence of free fluid. A few prominent mesentery lymph nodes are visualized, the largest measuring 1.47 cm in length. The nodes are normal in shape and echogenicity. Surrounding mesentery is slightly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Subjectively small liver. This may be a normal variant for this patient or may be secondary to portal vein hypoplasia, microvascular dysplasia, congenital portosystemic shunt, or a chronic other chronic hepatopathy (i.e., inflammatory disease, fibrosis, other). The portal vein is subjectively of normal size. However, sedation would be needed to do a more thorough shunt hunt.

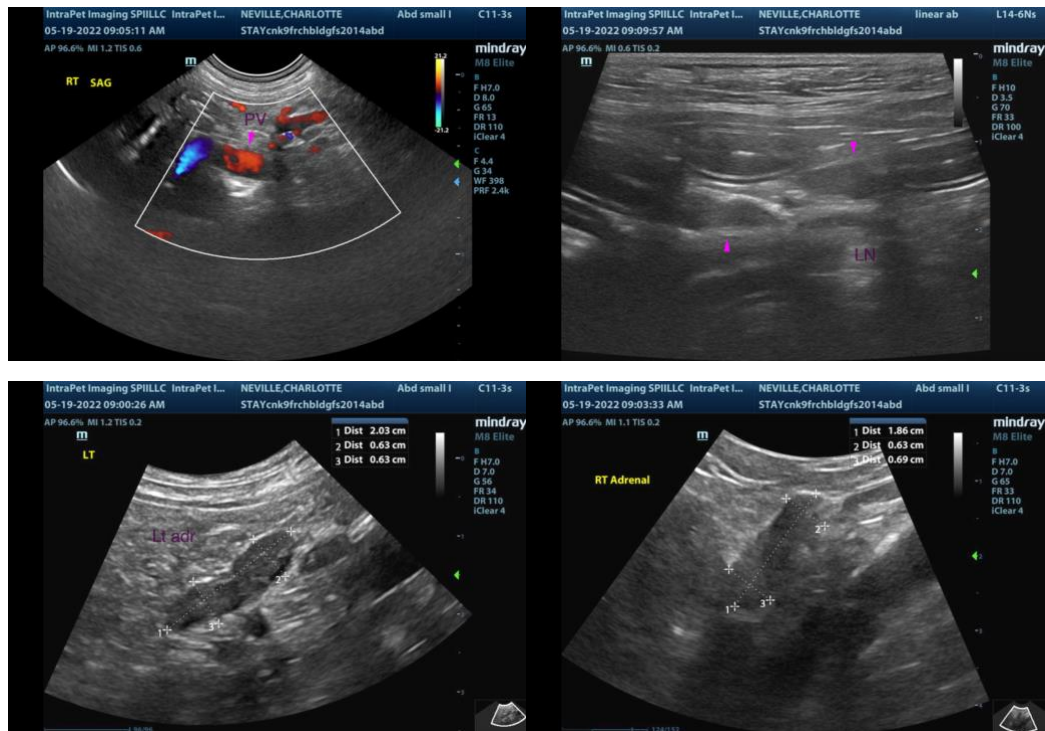
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

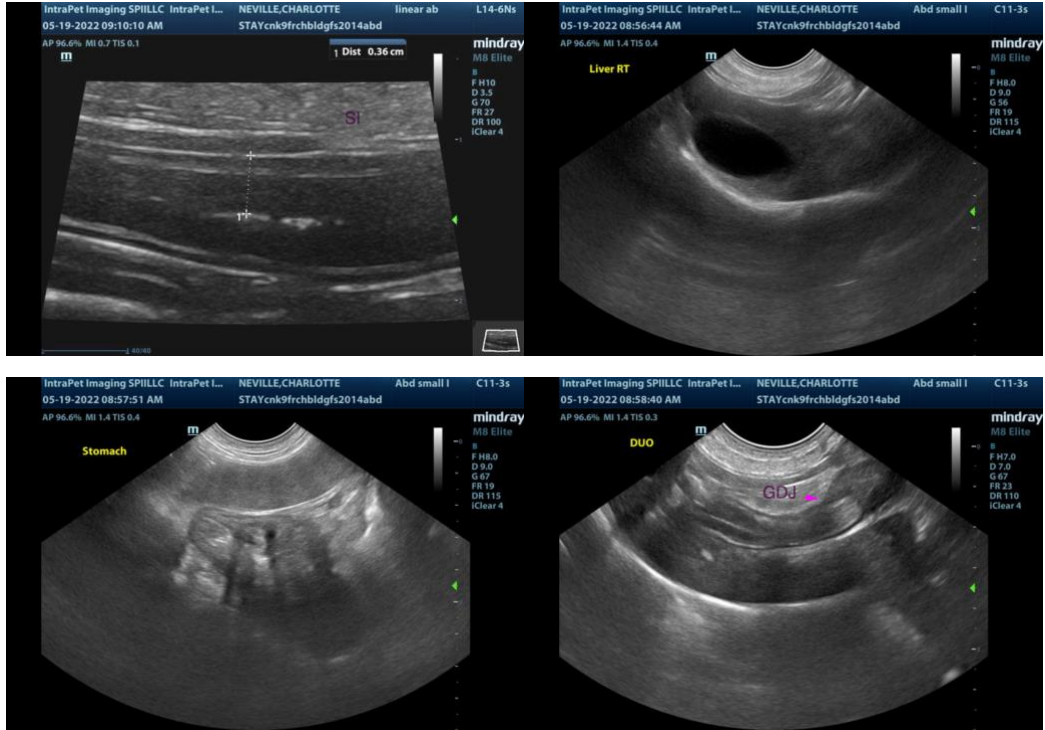
The following diagnostics/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. A fecal evaluation for ova/Giardia
3. Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.

4. A 6-week limited antigen diet trial to assess for food allergies.
5. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
6. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
8. Three-view thoracic radiographs should be performed prior to any anesthetic event.

Given the suspected microhepatica, pre-and postprandial serum bile acids +/- a repeat ultrasound with sedation are recommended to further evaluate for a congenital portosystemic shunt.





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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