

**PATIENT**

Helen Liddington

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Intact Female

**AGE**

2020

**WEIGHT**

86 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Mill Pond VC

**REFERRING VET**

Dr. Thayer

**INVOICE**

10980

**DATE**

5/26/22

**PRESENTING CLINICAL SIGNS**

History: Ongoing GI issues, weight loss, unresponsive to medical management  
Abnormal PE/Chem/CBC/UA Results: Bloodwork shows a lymphocytosis and a neutrophilia and monocytosis. T4 normal. Chemistry panel normal. 4DX negative. GI PCR Panel negative. B12 folate normal. Normal TLI and PLI. Negative for Cryptosporidium, Giardia, clostridium, campylobacter, and Salmonella.

Given the distention within the bowel, the midabdominal region is difficult to evaluate. Some pathology may be missed.

**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. The region of the trigone is normal.

The left kidney presented normal size (6.49 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.

The right kidney presented normal size (7.22 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.

**Adrenal Glands**

The left adrenal gland is normal size (1.15 cm at cranial pole) (0.61 cm at caudal pole) (4.00 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.

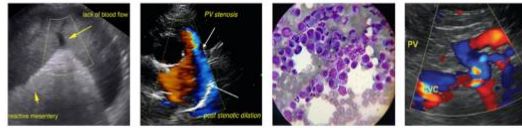
The right adrenal gland is normal size (1.07 cm at cranial pole) (0.50 cm at caudal pole) (3.69 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.87 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.



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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.

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**Gastrointestinal**

gastric lumen is distended with ingesta, gas and a small amount of shadowing material. The gastric wall thickness is difficult to assess due to excessive rugal folds. However, the thickness is subjectively normal in size with retention of the normal layering pattern. 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.

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**Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious pathology is seen.

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**Free Abdomen**

There is no evidence of free fluid. A 0.66 cm gastric lymph node is visualized. In addition, several prominent, to enlarged mesentery lymph nodes are seen, the largest measuring 2.46 cm in length.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- The prominent abdomen lymph nodes could be consistent with lymphoid hyperplasia, reactive lymphadenopathy or infiltrative neoplasia (i.e., lymphoma).

\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., inflammatory bowel disease, infectious/parasitic disease, partial obstruction, intestinal dysbiosis), mild pancreatitis, underlying metabolic issue, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following diagnostics/treatment recommendations can be considered:

- Serum cobalamin, folate, PLI and TLI
- A fecal evaluation for ova/Giardia
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- A 6-week limited antigen diet trial to assess for food allergies.
- 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.

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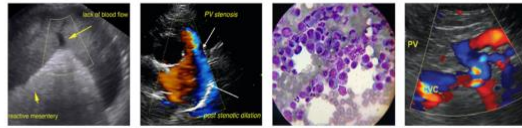
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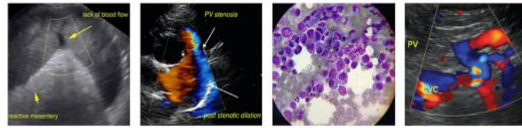
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6. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
7. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
8. Three-view thoracic radiographs should be performed prior to any anesthetic event.





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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.

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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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info@SonoPath.com

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