

**DATE PRESENTING CLINICAL SIGNS**

6.15.2022 Seen 5/2/22 for vomiting (one episode) and anorexia for ~24 hours. Full BW and spec. CPL performed. BW generally normal w/spec. CPL 569 (0-200 normal). Started on oral Cerenia. Pt. seemed slow to improve, lethargic and spotty appetite. One month later did Texas GI panel: PLI, cobalamin, folate.

PATIENT

Bishop Lash Current Medications: Cerenia PRN.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Patient sedated with Trazadone.
 Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Rhodesian Ridgeback

Urinary System**SEX**

Neutered Male

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 and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

AGE

4/1/14

The left kidney is normal size (6.66 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 hydroureter.

WEIGHT

77 lbs

The right kidney is normal size (7.59 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in length (0.61 cm at cranial pole) (0.59 cm at caudal pole) (3.06 cm in length); with a slightly flattened contour; 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

Paradise AH

The right adrenal gland is normal in length (0.51 cm at cranial pole) (0.52 cm at caudal pole) (1.91 cm in length); with a slightly flattened contour; 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. King

Spleen**INVOICE**

11077

The spleen is subjectively prominent in size (2.78 cm in width at the level of the hilus) with with slightly swollen peripheral contours. 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 lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta and gas. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears 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 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 splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The flattened adrenal gland may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)

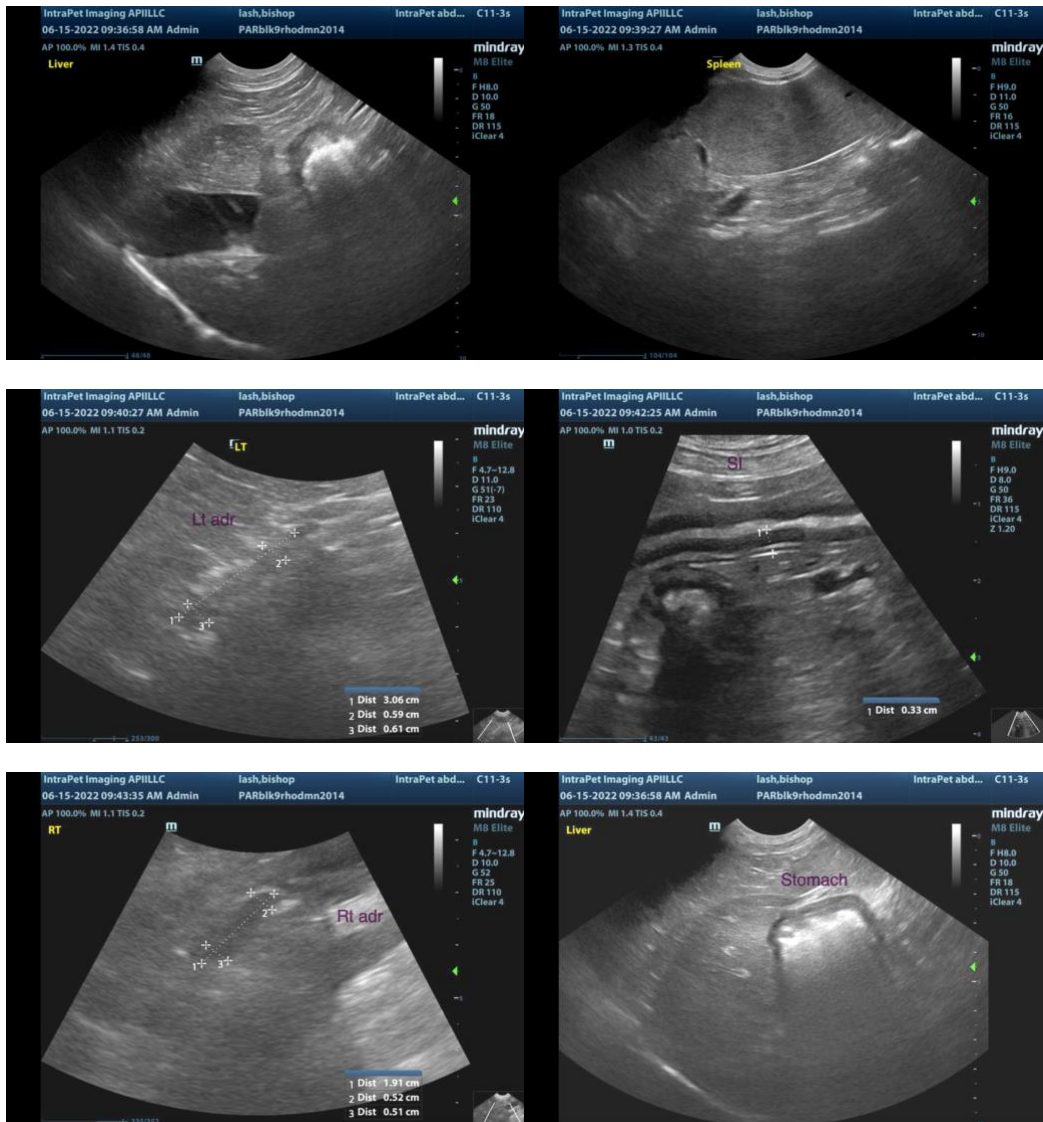
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine-needle aspirate of the spleen (if clotting status is appropriate) to better assess for infiltrative neoplasia.

A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.

Further diagnostics could include the following:

1. Fecal evaluation for ova and Giardia
2. Thoracic radiographs to assess for occult disease in the chest, +/- GI biopsies (endoscopic or surgical).



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