



**PATIENT PRESENTING CLINICAL SIGNS**

Ro Singla  
Clinical Exam Findings: Lethargic, bradycardic, possible Addison's, soft stools, not acting normal  
Current Medications: Prednisone

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shepherd Mix

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of gravity dependent, echogenic debris is observed within the lumen. 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.

**SEX**

Spayed Female

The left kidney is normal size (6.77 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.

**AGE**

1 year 2 mos

The right kidney is normal size (6.90 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.

**WEIGHT**

52.6 lbs

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in length (0.36 cm at cranial pole) (0.46 cm at caudal pole) (2.15 cm in length); with a 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.

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The right adrenal gland is normal in length (0.69 cm at cranial pole) (0.37 cm at caudal pole); with a 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**

Sun Dog Cat Moon

**Spleen**

The spleen is normal in size (2.48 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.

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Dr. Kelsey Pruitt

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**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.

**DATE**

6/8/22



**PATIENT**

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/not seen.

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**SPECIES**

**Gastrointestinal**

Canine

The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. 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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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**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.

**AGE**

1 year 2 mos

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**Other**

A brief echocardiogram reveals no obvious evidence of chamber enlargement or pericardial effusion. There is no evidence of pleural effusion in the visible window. No obvious right, atrial/auricular masses are seen. The heart valves are subjectively normal in appearance.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)

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Sun Dog Cat Moon

\*An obvious cause for the patient's clinical signs is not identified in this study. Atypical hypoadrenocorticism is a possibility. However, given the results of the ACTH stimulation test, a relative adrenal insufficiency is considered more likely at the current time. However, hypoadrenocorticism could develop in the future. An underlying microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease) or low-grade pancreatitis or a metabolic issue are possible differentials for the dog's clinical signs.

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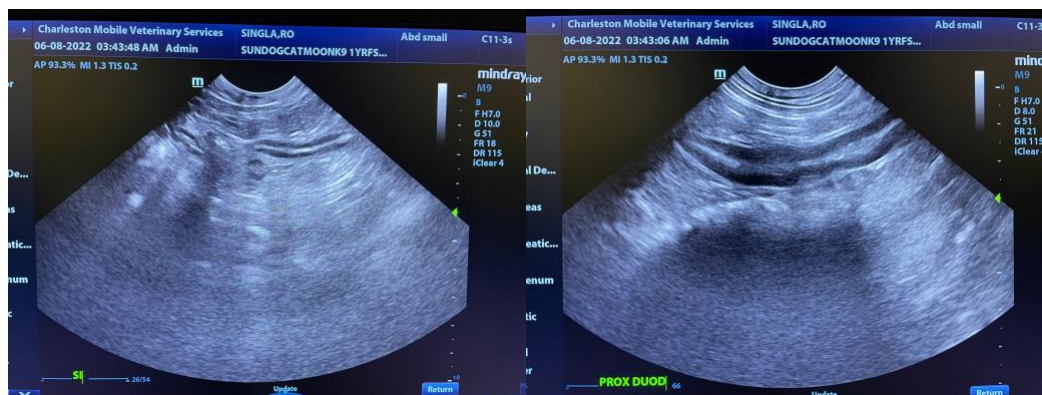
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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. Consider supplementation with a probiotic with a high colony count (i.e., Visbiome or Provable Forte).
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.
8. Thoracic radiographs can be considered to assess for occult neoplasia/mediastinal mass.
9. Consider testing for tick-borne disease to assess for some infectious causes of lethargy.





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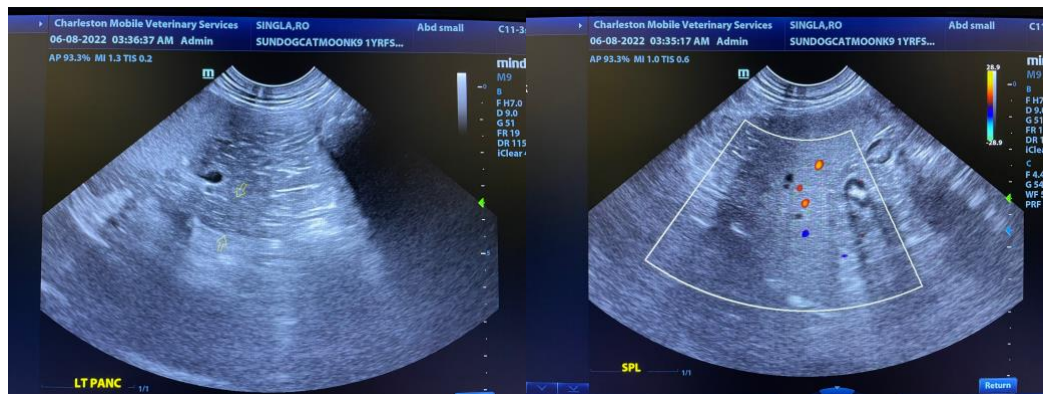
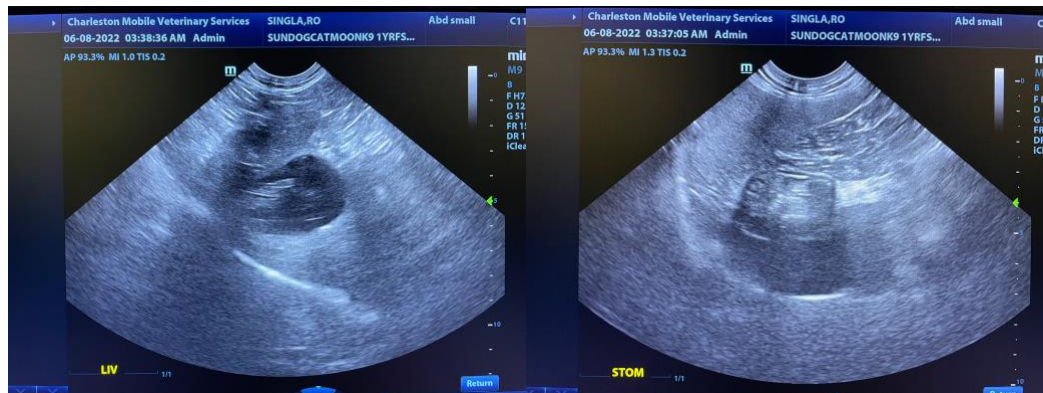
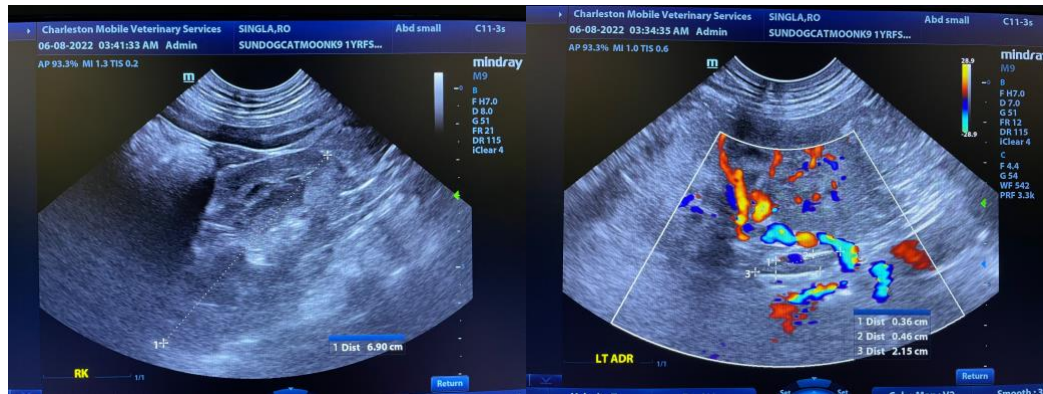
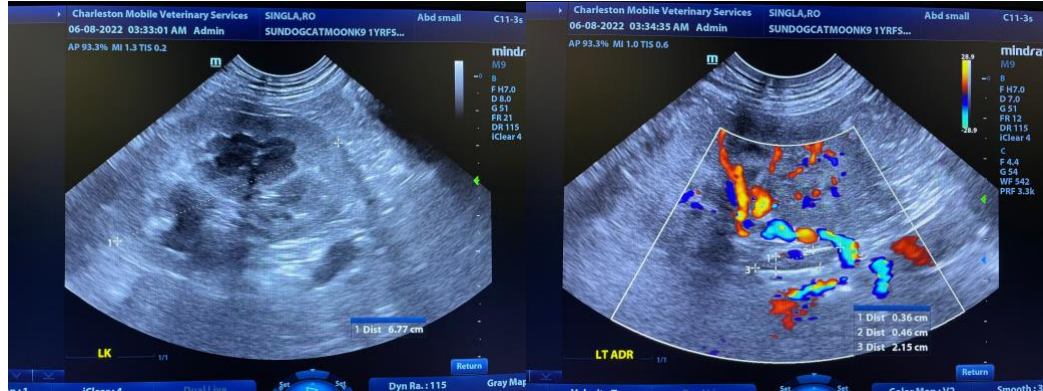
Dr. Kelsey Pruitt

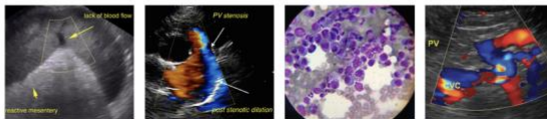
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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](mailto:info@SonoPath.com)

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