



PATIENT PRESENTING CLINICAL SIGNS

Misty Barcia History: hx of a sensitive stomach but recently has been worse- only tolerates boiled chicken, when on dog food has a lot of reflux, worse vomiting with famotidine, has tried omeprazole, has tried hydrolyzed diet Pet is Addisonian and is managed on zycortal monthly and pred twice weekly

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BUN 45, Tbili 0.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Chihuahua

Urinary System

The **urinary bladder** wall is 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.

SEX

Spayed Female

The **left kidney** is normal size (3.82 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of loss of corticomedullary distinction. Several nephroliths are visualized, the largest measuring 0.52 cm in diameter. There is no evidence of pyelectasia, infarcts or hydroureter.

AGE

12 years

The **right kidney** is normal size (3.97 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

11.2 lbs

Adrenal Glands

The region of the **adrenal glands** is evaluated. No obvious pathology is observed.

INTERPRETED BY

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

Spleen

The **spleen** is normal in size (0.93 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 prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

IMAGING PERFORMED BY

Dr. Scott

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.

HOSPITAL NAME

Ho Ho Kus VH

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.

REFERRING VET

Dr. Scott

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.

INVOICE

11270

DATE

7.27.22

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

- An obvious cause for the patient's gastrointestinal signs is not identified in this study. Considerations include primary GI disease (infectious/parasitic, inflammatory bowel disease, food allergy/intolerance), mild pancreatitis, underlying metabolic issue, other.

Secondary Findings

- Bilateral, age-related renal changes with nonobstructive nephrolithiasis
- Suspected benign diffuse hepatopathy. Top differentials include vacuolar hepatopathy, regenerative nodular hyperplasia, or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

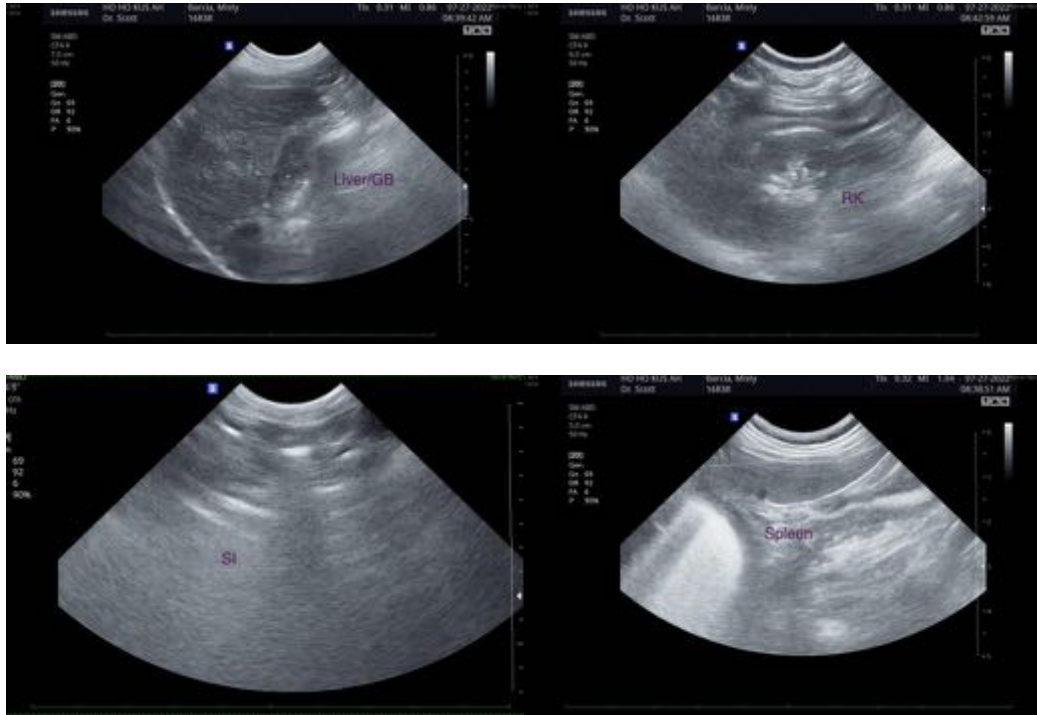
Malabsorption panel, including serum cobalamin and folate, TLI and PLI

Fecal evaluation for ova and Giardia

Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

Consider temporarily increasing the corticosteroid dose while the patient is ill, to help manage stress. Ultimately, GI biopsies (i.e., endoscopic or surgical) are recommended to get a definitive diagnosis, if the above diagnostics are inconclusive. In the meantime, symptomatic care (i.e., antiemetics and gastric protectants) is recommended.





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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