

**DATE PRESENTING CLINICAL SIGNS**

7.6.2022 Epistaxis. Acute onset. No sneezing. Blood dripping from nose while eating. Stopped within 5 minutes. Chronic GI disease- doing better on Tylan and low dose Prednisone (5mg).

PATIENT

Wyatt Carter

Current Medications: Prednisone 5mg PO once daily, Tylan once daily
 Visbiome daily.

Lab Results: PT/PTT normal, CBC: normal, Chem: normal. ACTH Stim: Performed April 2022. (Pre: 3.9 Post: 12.9) normal/not consistent with Addison's.

SPECIES

Canine

Radiographs: NSF.

Date of Previous IntraPet Ultrasound: 4/15/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Goldendoodle

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

12/26/2020.

The **prostate** is normal in size (1.17 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

58.5lbs

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 hydroureter.

INTERPRETED BY

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

The **right kidney** is normal size (5.55 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.

HOSPITAL NAME

Timonium Animal
 Hospital

Adrenal Glands

The **left adrenal gland** is normal in length (0.25 cm at caudal pole) (1.66 cm in length); with a flattened contour. 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. McMichael

The **right adrenal gland** is normal size (0.39 cm at caudal pole) (1.99 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**INVOICE**

11200

The **spleen** is normal in size (2.01 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.

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.

Gastrointestinal

The **gastric lumen** is 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. There is no evidence of an obstructive pattern.

Pancreas

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

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 4.02 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

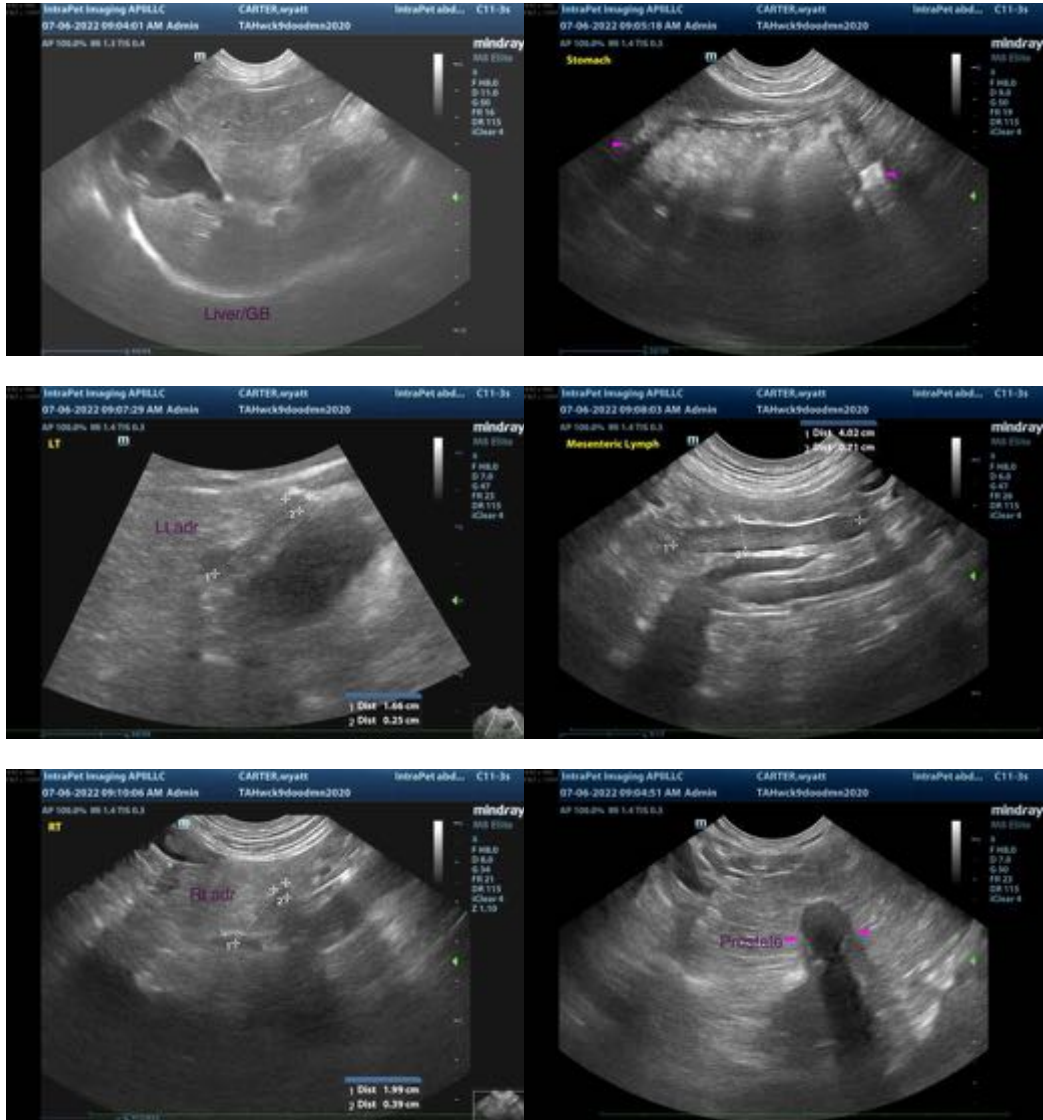
Primary Findings

- The bilaterally small adrenal glands are likely secondary to chronic corticosteroid administration.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include nasal foreign body, tumor, infection (i.e., fungal), platelet dysfunction, von Willebrand's disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs are recommended to assess for occult disease in the chest, if not already performed.
- Consider a buccal mucosal bleeding time to assess for platelet dysfunction. If abnormal, consider measuring von Willebrand's factor.
- Also consider an Aspergillus titer.
- If the above diagnostics, are inconclusive, a head CT scan with rhinoscopy +/- nasal biopsies/cultures may be warranted.



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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