

**DATE PRESENTING CLINICAL SIGNS**

8/10/21 Pet has not been eating anything except treats for over a week. Now vomiting.

**PATIENT** Current Medications: treating symptomatically for now- Cerenia 2.5ml SQ, Entyce 2.5ml SID, famotidine 2.5ml SQ, LRS 500ml SQ.

Summer Clotworthy

Radiographs: largely NSF. no evidence of obstruction, stomach and SI empty. some stool in colon. u/a nsf except sg= 1.006.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous

**BREED**

Labrador Mix

Sedation: not needed

Stat Report: not requested

**SEX**

Female Spayed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**AGE**

2012

The left kidney is normal size (6.01 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.

**WEIGHT**

56 lbs.

The right kidney is normal size (5.40 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**

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**Adrenal Glands**

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.53 cm at caudal pole) (2.39 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.

**HOSPITAL NAME**

Jacksonville Veterinary  
Hospital

The right adrenal gland is normal size (0.67 cm at cranial pole) (0.52 cm at caudal pole) (1.90 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.

**REFERRING VET**

Dr. Kablis

**Spleen**

The spleen is normal in size (1.74 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A few small myelolipomas are observed at the hilus. Splenic vasculature is normal.

**INVOICE**

11612kk

**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 is of normal contours and contains some dependent

echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is moderately distended with fluid and chyme. 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. No obstructive disease is noted.

### ***Pancreas***

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

### ***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:**

- Mild gastric stasis.

### **Secondary Findings:**

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

\*\*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, an underlying metabolic issue (i.e., hypoadrenocorticism), other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Three-view thoracic radiographs are recommended to assess for esophageal disease.
2. Baseline lab work including a CBC chemistry panel and T4 is recommended if not already performed.
3. A fecal evaluation for ova/Giardia
4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
5. A 6-week limited antigen diet trial to assess for food allergies
6. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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