

**DATE PRESENTING CLINICAL SIGNS**

8/16/2021

History: p presented to Towson Vet Hospital on 7/28/21 for lethargy and vomiting. p had blood work and x-rays done at that time and was treated with SQ fluids and Cerenia. Patient presented to Pet ER for hemorrhagic diarrhea on 8/1/21. Treated with Panacur and Provable.

PATIENT

Jilly Poyraz

Owner was emailing with us (normal vet) after these visits when p was continuing to have intermittent bilious vomiting. The stool has been formed.

SPECIES

Canine

Current Medications: No current medications.

Lab Results: CBC: WNL, Chem: WNL, spec cPL WNL.

Radiographs: showed decreased detail in the right cranial abdomen and increased SI fluid per medical noted. Radiographs were not forwarded.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Labrador Retriever mix

Sedation: not needed

Stat Report: not requested

SEX

Female, spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

6/4/2016

The left kidney is normal size (5.61 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

51.2 lbs.

The right kidney is normal size (5.67 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, DVM,
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(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.58 cm at caudal pole) (2.81 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

Charm City Veterinary
Hospital

The right adrenal gland is normal size (0.86 cm at cranial pole) (0.72 cm at caudal pole) (3.30 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. Eavers

Spleen

The spleen is normal in size (1.64 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.

INVOICE

11887

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 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. No obstructive disease is noted.

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

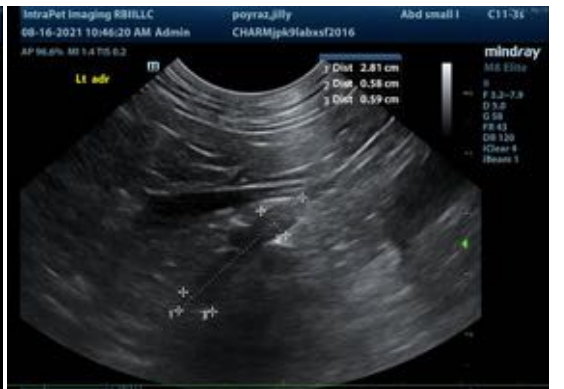
Unremarkable abdomen.

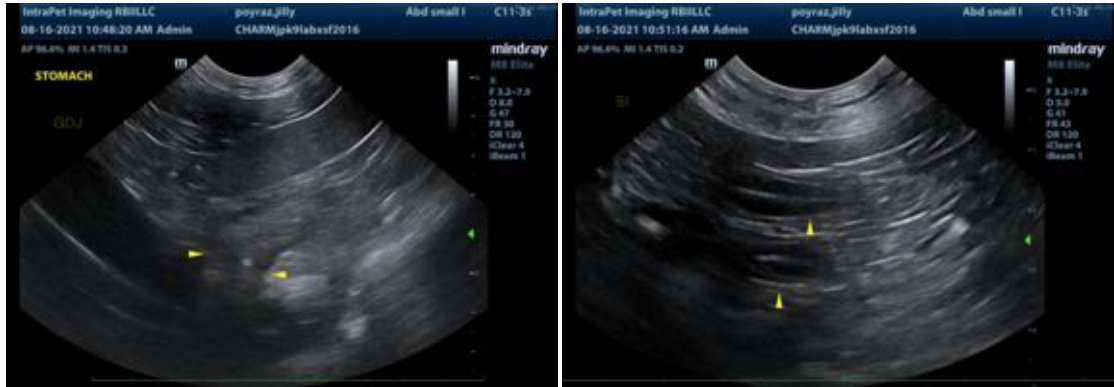
An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., hemorrhagic gastroenteritis, food allergy, dietary indiscretion, inflammatory bowel disease), low-grade pancreatitis, metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient's clinical signs do not resolve with supportive care, consider the following:

1. A fecal evaluation for ova/Giardia
2. Serum cobalamin, folate, PLI and TLI
3. Fecal GI PCR infectious disease panel
4. A 6-week limited antigen diet trial to assess for food allergies
5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
6. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Consider supplementation with a probiotic (i.e., Visbiome or Provable Forte).





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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