

**DATE PRESENTING CLINICAL SIGNS**

8/16/21 History: 7/26/2021- decreased appetite- vomiting after eating.

PATIENT

Molly Mickiewicz

Current Medications: Prednisone 10mg started 7/29- 1 bid x 7 days then sid #30, Pepcid 20mg started 7/30/21.

Lab Results: CBC, Chemistry, T4 are unremarkable.

SPECIES

Canine

Radiographs: abnormal area behind stomach- unsure cause- possible mass effect.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Labrador

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

6/15/09

WEIGHT

51.8 lbs.

The left kidney is normal size (6.17 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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The right kidney is normal size (6.46 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.

Adrenal Glands

The left adrenal gland is enlarged (0.81 cm at cranial pole) (1.16 cm at caudal pole) (3.19 cm in length) with an irregular shape. A 2.06 x 1.28 cm hyperechoic, irregular, nodule is observed at the caudal aspect. Glandular echogenicity and detail at the cranial aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Animal Care Center

The right adrenal gland is normal size (1.24 cm at cranial pole) (0.74 cm at caudal pole) (3.50 cm in length) with a slightly irregular shape. A 1.65 x 1.54 cm irregular, hyperechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Muedeking

Spleen

The spleen is normal in size (1.12 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

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Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of

congestion. 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 stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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

There is no evidence of free fluid. A 2.02 cm lymph node is observed in the right cranial quadrant. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent abdominal lymph node is likely reactive with a lower possibility of emerging neoplasia.

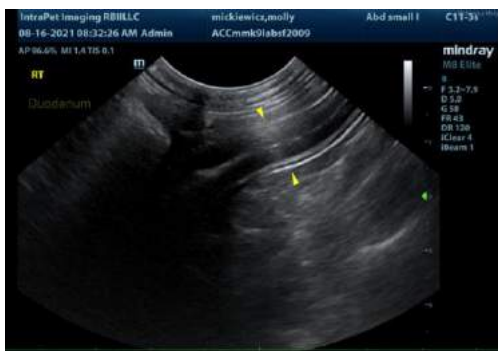
Secondary Findings:

- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Gall bladder debris – incidental: non-mucocele.
- The bilateral adrenal changes are most consistent with nodular hyperplasia with a lower possibility of an early neoplastic process.

**An obvious cause for the patient's clinical signs is not identified in this study. Microscopic gastrointestinal or pancreatic disease or an underlying metabolic issue are considerations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for esophageal disease and occult neoplasia.
2. If thoracic radiographs are normal, consider the following diagnostics/therapeutics:
 - a. A fecal evaluation for ova/Giardia
 - b. A 6-week limited antigen diet trial to assess for food allergies
 - c. Transition from Famotidine to a proton pump inhibitor.
 - d. Endoscopic or surgical gastrointestinal biopsies. If biopsies are pursued, the patient should be weaned off corticosteroids, as they can mask underlying pathology.





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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