

**DATE PRESENTING CLINICAL SIGNS**

8/16/21

History: Vomiting and diarrhea off and on for last 2 months, has tried bland diet (but hasn't been on consistently) and Cerenia when having vomiting concerns, will resolve

PATIENT

Romeo Holland

Current Medications: Metronidazole 50mg q 12 hours (started 8/8/21)

Lab Results: WNL

Radiographs: WNL

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

SPECIES

Canine

BREED

Yorkshire terrier mix

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 mildly 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

Male, neutered

AGE

12/16/2009

The prostate is normal in size (0.72 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

12.6 lbs.

The left kidney is normal in size (4.47 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.27 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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The right kidney is normal size (4.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.27 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Animal Care Center

Adrenal Glands

The left adrenal gland is mildly enlarged (0.68 cm at cranial pole) (0.69 cm at caudal pole) (1.93 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is hypoechoic with mild loss of glandular detail. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Beaver

The right adrenal gland is mildly enlarged (0.63 cm at cranial pole) (0.62 cm at caudal pole) (1.77 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is hypoechoic with mild loss of glandular detail. No focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

11886

Spleen

The spleen is normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.37 cm irregular cystic lesion is observed approximately mid-spleen. A few hyperechoic small hyperechoic nodules are also observed along the medial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic 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. The gallbladder 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.

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 is borderline thickened (0.36-0.39 cm) 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 right limb of the pancreas is prominent in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and somewhat mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is mildly hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are consistent with chronic active pancreatitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease, normal variation, or less likely, emerging neoplasia.

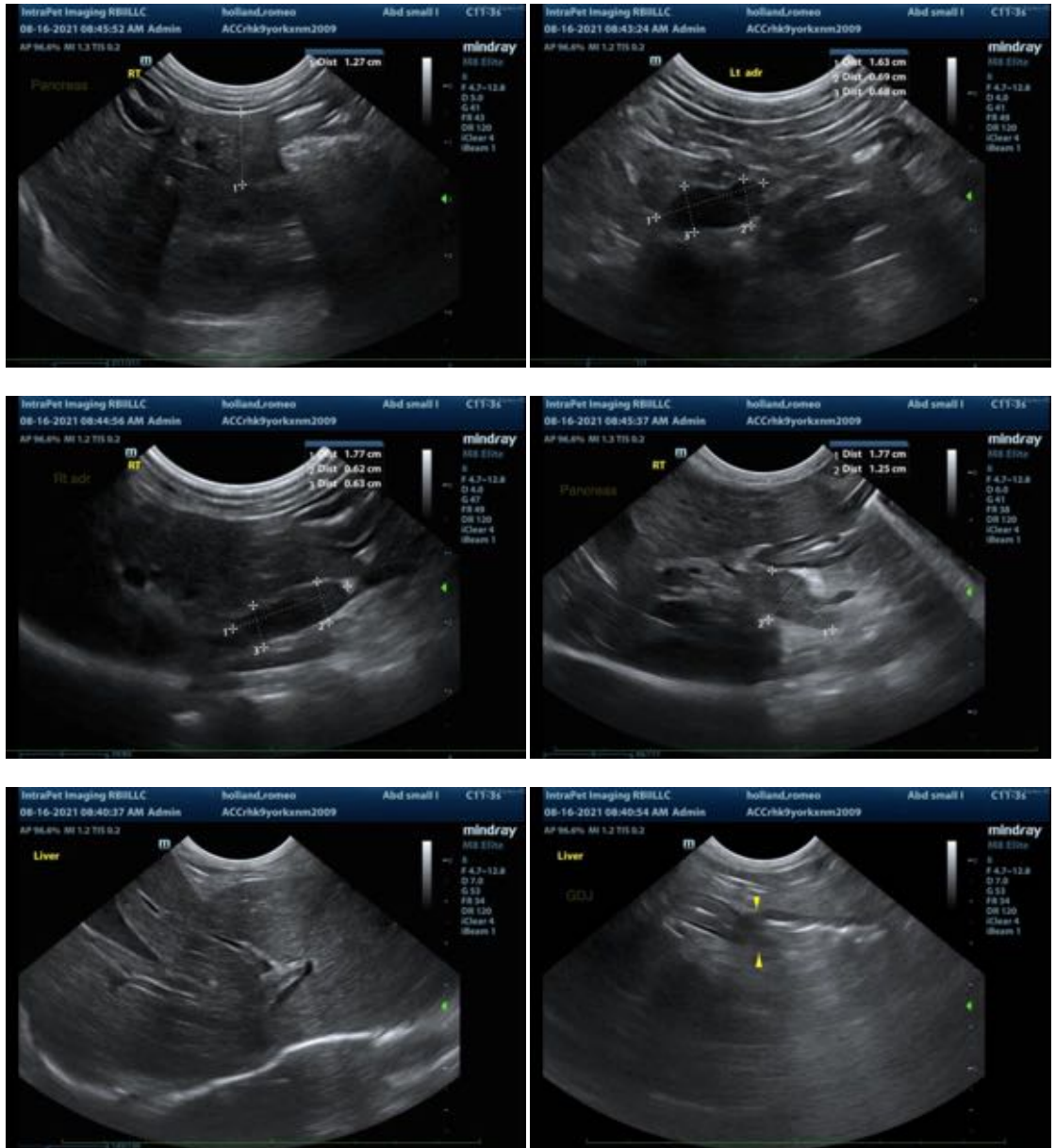
Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The cystic splenic nodule trends toward the benign with a possibility of an early neoplastic process.
- Bilateral adrenomegaly.
- Bilateral age-related renal changes with dystrophic mineralization and mild pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic findings, consider a fecal evaluation for ova and Giardia, malabsorption panel, 6-week hypoallergenic diet trial +/- endoscopic or surgical gastrointestinal biopsies. Also consider initiation of a probiotic with a high colony count (i.e., Visbiome or Provable Forte).
- If patient develops clinical signs of Cushing's disease, testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test may be warranted.

- Consider repeat ultrasound of the splenic nodule in 4-6 weeks to assess for progression.





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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