

**DATE PRESENTING CLINICAL SIGNS**

8/16/22

Diarrhea 6 days-not responding to metro, probiotic. Episodes of trembling, hypersalivating and urinary incontinence past 24 hours

**PATIENT**

Louie Phillips

Current Medications: 8/11-8/12- metronidazole 500mg- 1.5 PO BID (stopped after 48 hours), Cerenia 160mg- 3/4 tab sid (8/11, 8/12, 8/13 by injection), Started Tylan 1/4tsp BID on 8/13

Lab Results: Nothing significant on cbc/chem, normal UA by cysto, normal CPL

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Great Dane

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

The urinary bladder is pelvicly located. The lumen is moderately distended with anechoic urine. The wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. No cystic calculi are observed. The region of the trigone is normal.

**SEX**

Male, neutered

The prostate is normal in size (1.87 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

12/6/2016

The left kidney is normal size (9.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

116 lbs.

The right kidney is normal size (8.72 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
 Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

**Adrenal Glands**

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.68 cm at caudal pole) (2.30 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.

**HOSPITAL NAME**

Timonium AH

The right adrenal gland is normal size (0.70 cm at cranial pole) (0.75 cm at caudal pole) (3.12 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. Kauder

**Spleen**

The spleen is normal in size (2.19 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**

13836

**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 mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with fluid and gas (mild). 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***

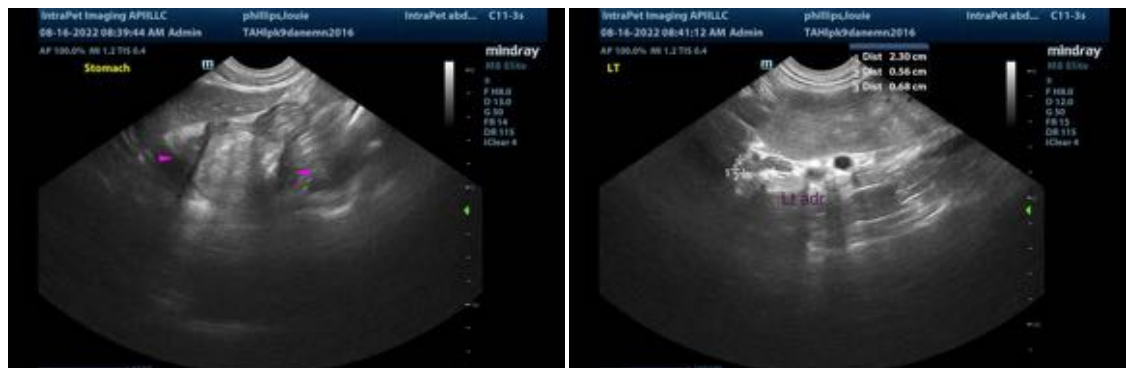
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

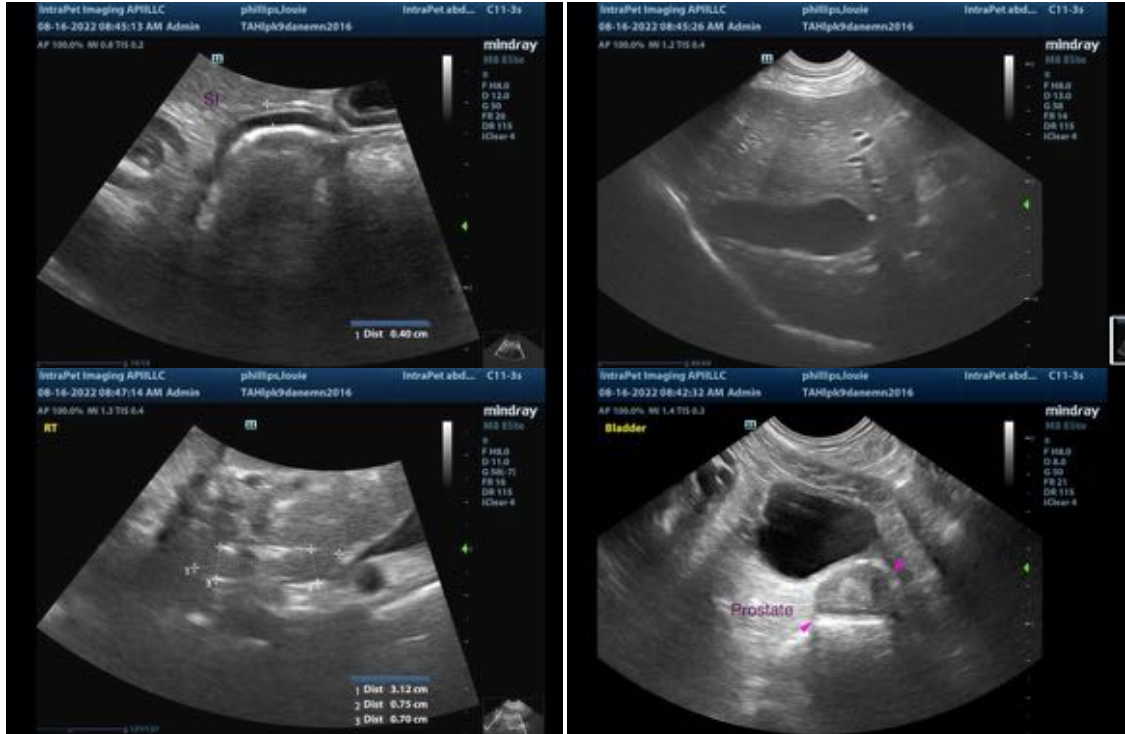
## **ULTRASONOGRAPHIC FINDINGS**

The small intestinal changes are suggestive of enteritis, the etiology of which is unclear.

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

- A fecal evaluation for ova and Giardia is recommended if not already performed.
- Consider a fecal PCR panel for infectious diseases.
- Prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- A malabsorption panel including serum cobalamin, folate, TLI and PLI should also be considered.
- If the patient's clinical signs persist and the above diagnostics are inconclusive, a novel protein diet trial and GI biopsies (i.e., endoscopic or surgical) may be warranted.
- Regarding the urinary incontinence, consider a urine culture and sensitivity to assess for occult pyelonephritis.





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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