

PATIENT

Delila Chisholm

SPECIES

Canine

BREED

German shepherd

SEX

Female, spayed

AGE

16 Months

WEIGHT

51 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC, Corvallis OR

REFERRING VET

Dr. Justin Vaughn

INVOICE

11921

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: Hx of thin BCS; chronic diarrhea
Abnormal PE/Chem/CBC/UA Results: Thin BCS, otherwise NSF on PE CHEM 10/CBC: WNL
Maldigestion profile: Cobalamin (263), Folate (3.9)- consistent with diffuse dz of the proximal small intestine. TLI: (8.7) Fecal w/ giardia: negative/negative metronidazole, forti - flora and panacur prescribed; started on hydrolyzed diet patient has continued to eat hydrolyzed diet but is supplemented w/ brown rice, chicken and spinach as she won't eat hydrolyzed diet by itself. Diarrhea has resolved but thin BCS has persisted. AUS recommended for further evaluation.

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 is normal.

The left kidney is normal size (6.40 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.

The right kidney is normal size (6.62 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 normal length (0.37 cm at cranial pole) (0.37 cm at caudal pole) (2.86 cm in length) with a flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

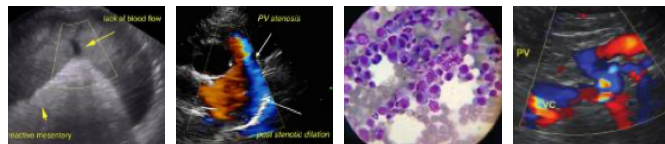
The right adrenal gland is normal length (0.43 cm at cranial pole) (0.53 cm at caudal pole) (2.39 cm in length) with a flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.02 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.

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. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



PATIENT

Delila Chisholm

SPECIES

Canine

BREED

German shepherd

SEX

Female, spayed

AGE

16 Months

WEIGHT

51 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC, Corvallis OR

REFERRING VET

Dr. Justin Vaughn

INVOICE

11921

DATE

8/19/21

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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 2.49 cm.

ULTRASONOGRAPHIC FINDINGS

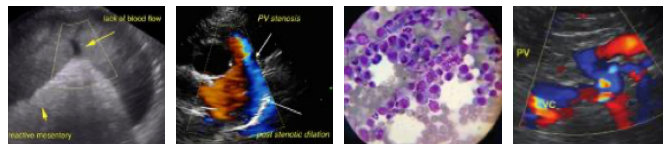
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)

*Possible differentials for this patient's chronic GI signs include primary gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, infectious/parasitic), underlying metabolic issue, low-grade pancreatitis (less likely), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the low-normal cobalamin level, supplementation with B12 is recommended.
- Consider transitioning to a probiotic with a high colony count (i.e., Visbiome or Provable Forte).
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.





PATIENT

Delila Chisholm

SPECIES

Canine

BREED

German shepherd

SEX

Female, spayed

AGE

16 Months

WEIGHT

51 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small VC, Corvallis OR

REFERRING VET

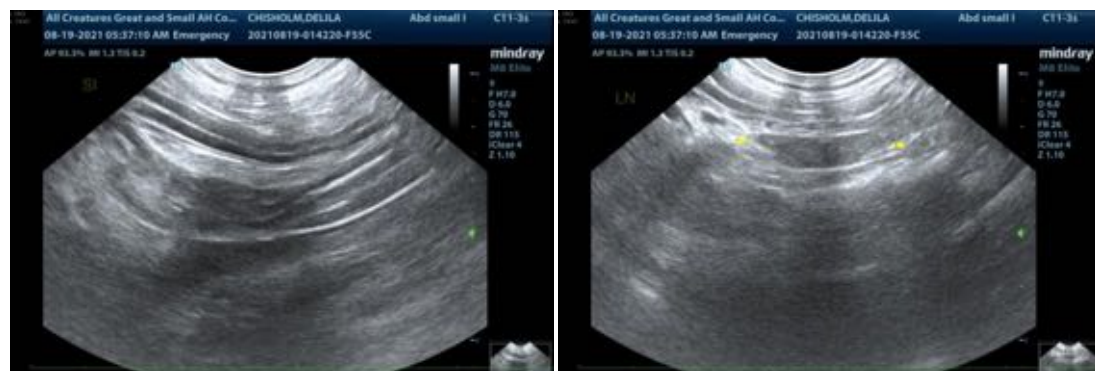
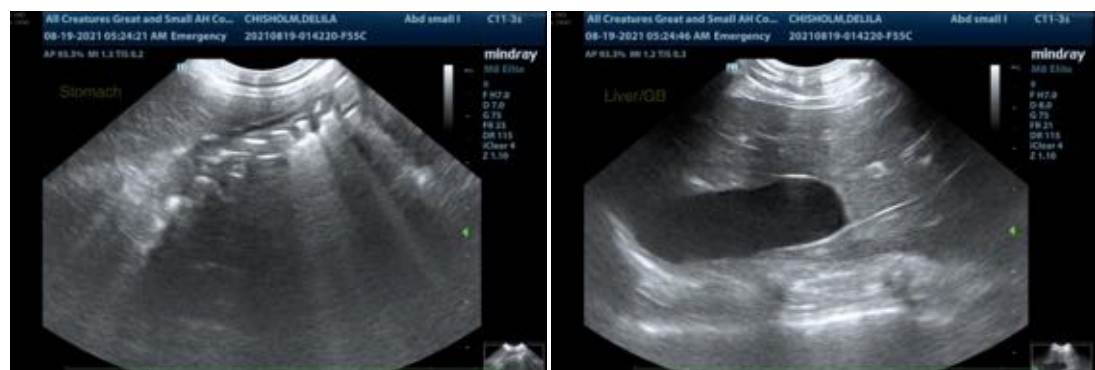
Dr. Justin Vaughn

INVOICE

11921

DATE

8/19/21



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.

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

Andrea.nicastro@sonopath.com