



PATIENT PRESENTING CLINICAL SIGNS

Belle Smith **History:** fb, severe gastroenteritis, eosinophilia

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 mos

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

11454

DATE

8.19.22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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. The region of the trigone is normal.

The **left kidney** is normal size (5.15 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 hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (4.66 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.43 cm at cranial pole) (0.36 cm at caudal pole) (2.16 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.

The **right adrenal gland** is normal size (0.88 cm at cranial pole) (0.33 cm at caudal pole) (2.40 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.

Spleen

The **spleen** is normal in size (1.79 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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

Primary Findings

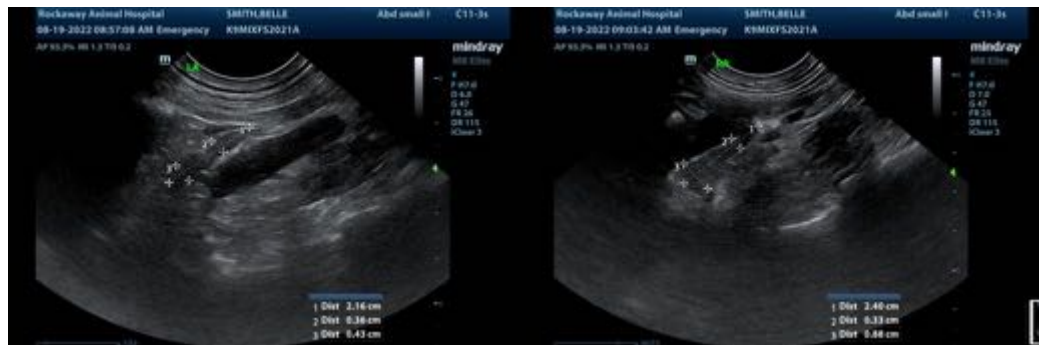
- Bowel pattern suggestive of inflammatory bowel disease. However, Correlation with the patient's clinical history is recommended. There is no obvious evidence of a foreign body/obstruction.

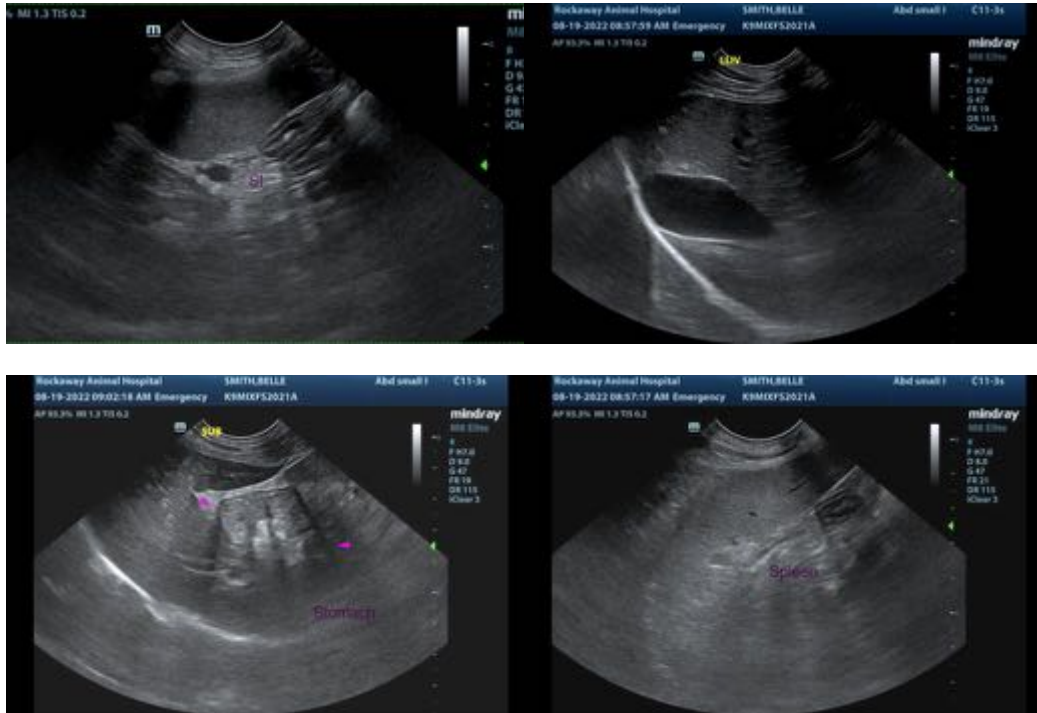
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history and sonographic changes, consider the following:

1. A fecal evaluation for ova and Giardia is recommended, if not already performed.
2. Prophylactic deworming with Fenbendazole is also recommended.
3. A resting cortisol level is recommended to screen for hypoadrenocorticism.
4. If the patient's GI signs are chronic, consider a GI panel (send to Texas A&M).
5. Supportive care for gastroenteritis is recommended, including fluid therapy, gastric protectants, antiemetics, +/- pain medication (if needed).
6. Depending on the results of the above diagnostic/therapeutics, GI biopsies, +/- a novel protein diet trial, may be warranted.

Given the eosinophilia, a thorough search for fleas should also be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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