

**DATE PRESENTING CLINICAL SIGNS**

8.2.2022 History: Chronic enteropathy. Multi-year history of chronic intermittent diarrhea, vomiting, appetite issues. Previously responsive to higher dose steroids or budesonide. Now has progressive/persistent signs despite budesonide. Diarrhea w/intermittent hematochezia vomiting or regurgitation w/hematemesis, licking floors/surfaces obsessively (suspect nausea behavior). Low normal B12.

**PATIENT**

Charlie Kelly

Current Medications: budesonide 2 pills in AM (owner unsure size but I suspect 2mg), Fluoxetine 30mg in PM, Omeprazole 30mg BID. Gabapentin and Trazodone on board for scan.

**SPECIES**

Canine

Lab Results: Low normal B12 399, CBC/chem unremarkable.

Date of Previous IntraPet Ultrasound: 3/1/21 at Eastern AH. See attached.

Sedation: Patient was sedated with Trazadone.

Stat Report: Not requested.

**BREED**

German Shepherd

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SEX**

Neutered Male

**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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

9/9/2017

In the visualized portion of the **prostate**, it appears normal in size (0.43 cm in width) with a normal shape and homogenous parenchyma. The prostatic urethra is not overtly dilated.

**WEIGHT**

35kg

The **left kidney** is normal size (6.74 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.

**INTERPRETED BY**

Andrea Nicastro,  
DMV, Diplomate  
DACVIM (Small  
Animal  
Internal Medicine)

The **right kidney** is normal size (6.53 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.

**Adrenal Glands**

The **left adrenal gland** is normal in length, but otherwise small in size (0.29 cm at cranial pole) (0.38 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.

**HOSPITAL NAME**

Nexus Vet Specialists

The **right adrenal gland** is normal in length, but otherwise small in size (0.53 cm at caudal pole) (2.05 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. Steele

**Spleen**

The **spleen** is normal in size (2.23 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**

11304

### **Liver**

The **liver** is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance with a coarse echotexture. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth.

A small amount of aggregated, echogenic, mostly gravity dependent debris/sludge is observed within the lumen. 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 thickness is normal with a normal layering pattern and appropriate mural detail. 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.

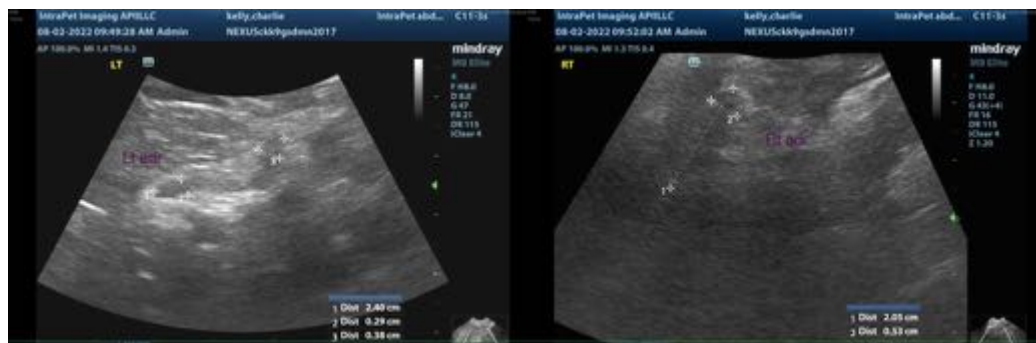
## **ULTRASONOGRAPHIC FINDINGS**

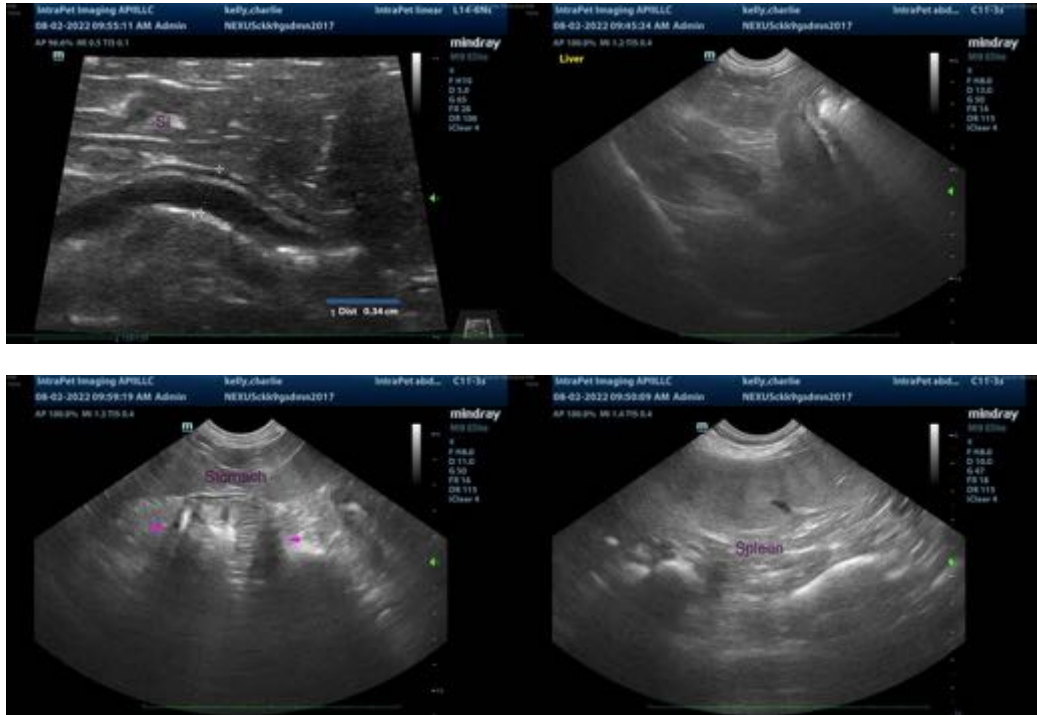
### **Primary Findings**

- The bilaterally small adrenal glands are likely secondary to chronic corticosteroid use.
- \*An obvious cause for the patient's chronic gastrointestinal signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., inflammatory bowel disease, infectious/parasitic disease, food allergy/intolerance, emerging neoplasia (less likely)), underlying metabolic issue, mild pancreatitis, other.

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

Recommendations regarding this exam to be implemented by Dr. Cara Steele





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.

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