

**DATE PRESENTING CLINICAL SIGNS**

8/23/22

2 week history of vomiting with water intake and with eating at times, also increased water intake. Hx of seizures with Nexgard.

**PATIENT**

Kota Van De Zande

Current Medications: None listed.  
 Lab Results: All pretty normal.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Torbugesic IV.  
 Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

Siberian Husky

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

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. 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.

**SEX**

Female, spayed

The left kidney is normal size (6.07 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.

**AGE**

3/26/2011

The right kidney is normal size (5.75 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.

**WEIGHT**

55 lbs.

**Adrenal Glands**

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.50 cm at caudal pole) (2.35 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.

**INTERPRETED BY**

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

The right adrenal gland is normal in length (0.49 cm at cranial pole) (0.44 cm at caudal pole) (2.70 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.

**HOSPITAL NAME**

Stay Pet Veterinary

**Spleen**

The spleen is normal in size (2.03 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.

**REFERRING VET**

Dr. Klimovitz

**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.

**INVOICE**

13872

The gall bladder lumen is mildly to moderately distended. The wall is thickened (up to 0.42 cm), irregular and hyperechoic to mineralized. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid 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. The abdominal lymph nodes are normal/not visible.

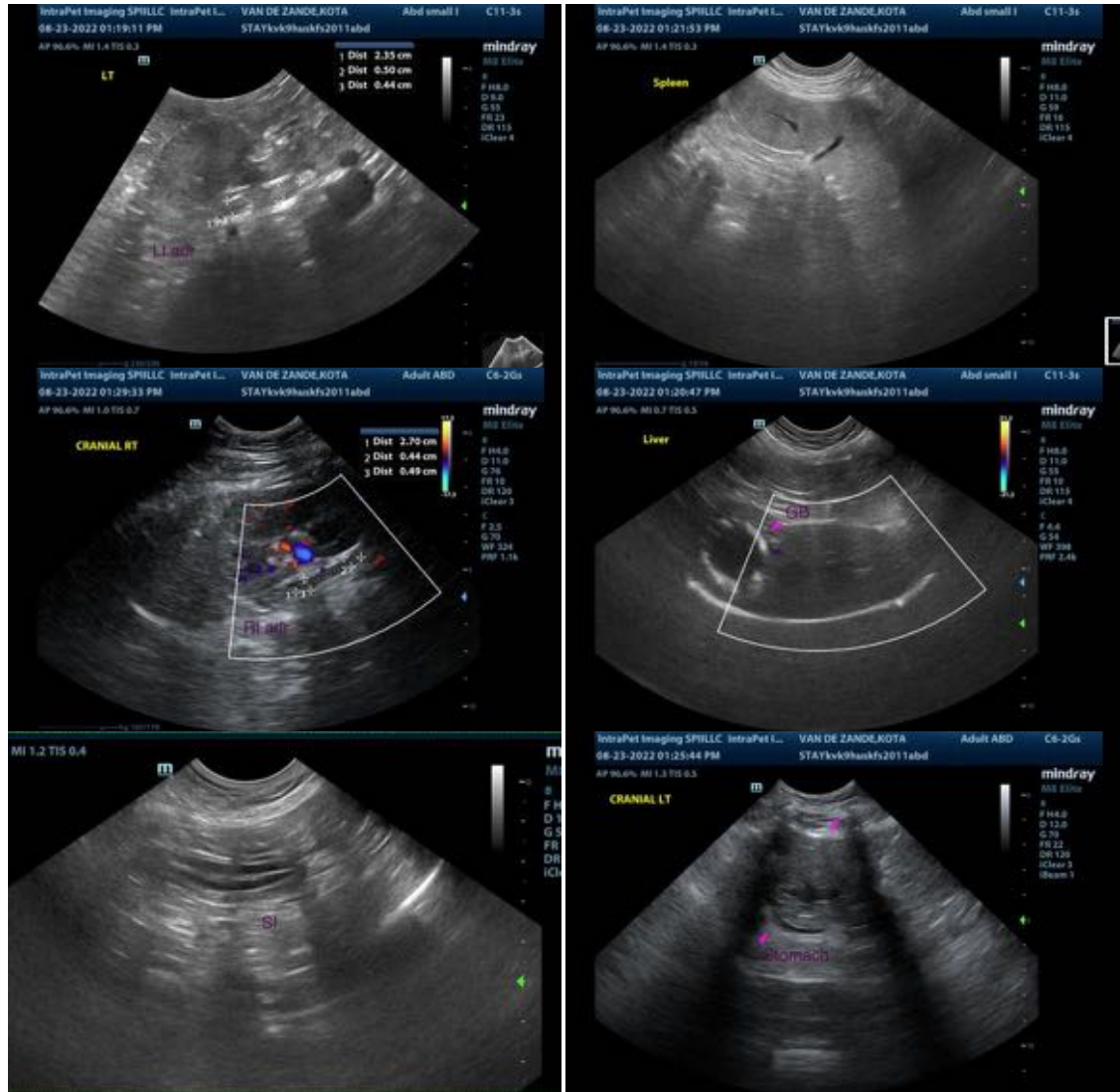
## **ULTRASONOGRAPHIC FINDINGS**

- The gallbladder wall changes (aka. “porcelain” gallbladder) are most consistent with cholecystitis. However, this finding has been associated with biliary carcinoma in rare instances.
- The flattened right adrenal gland may be a normal variant for this patient or may represent early atrophy (i.e., secondary to hypoadrenocorticism).

\*An obvious cause for the patient’s clinical signs is not identified in this study. Considerations include underlying GI disease (i.e., food intolerance/allergy, infectious/parasitic disease, inflammatory bowel disease, primary motility disorder), underlying metabolic issue (i.e., hypoadrenocorticism), mild pancreatitis, other.

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

- Consider three-view thoracic radiographs to assess for occult esophageal disease.
- A fecal evaluation for ova/Giardia.
- Malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M)
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Consider a 6-week novel protein diet trial to assist for food allergies.
- Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.
- While awaiting test results, symptomatic care (i.e., antiemetics, gastric protectants) is recommended.



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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