

**DATE PRESENTING CLINICAL SIGNS**

8/30/22

P has been having intermittent diarrhea for the past few months. P is otherwise well - good appetite, no vomiting, not lethargic.

PATIENT

Camden Langley

Current Medications: None listed.

Lab Results: fecal checked 3x since March 2022 and no parasites seen

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Dexdomitor.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Border collie

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 cystourethral junction and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (5.72 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 hydronephrosis. Renal vasculature is normal.

AGE

12/21/2014

The right kidney is normal size (5.51 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

44.4 lbs.

Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.68 cm at caudal pole) (2.31 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,
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 Medicine)

The right adrenal gland is normal size (0.59 cm at cranial pole) (0.60 cm at caudal pole) (2.41 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

Charm City

Spleen

The spleen is normal in size (1.94 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. Karbonik

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 moderate amount of gravity dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

13897

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 visible/prominent mesenteric lymph nodes are seen, the largest measuring 2.27 cm in length.

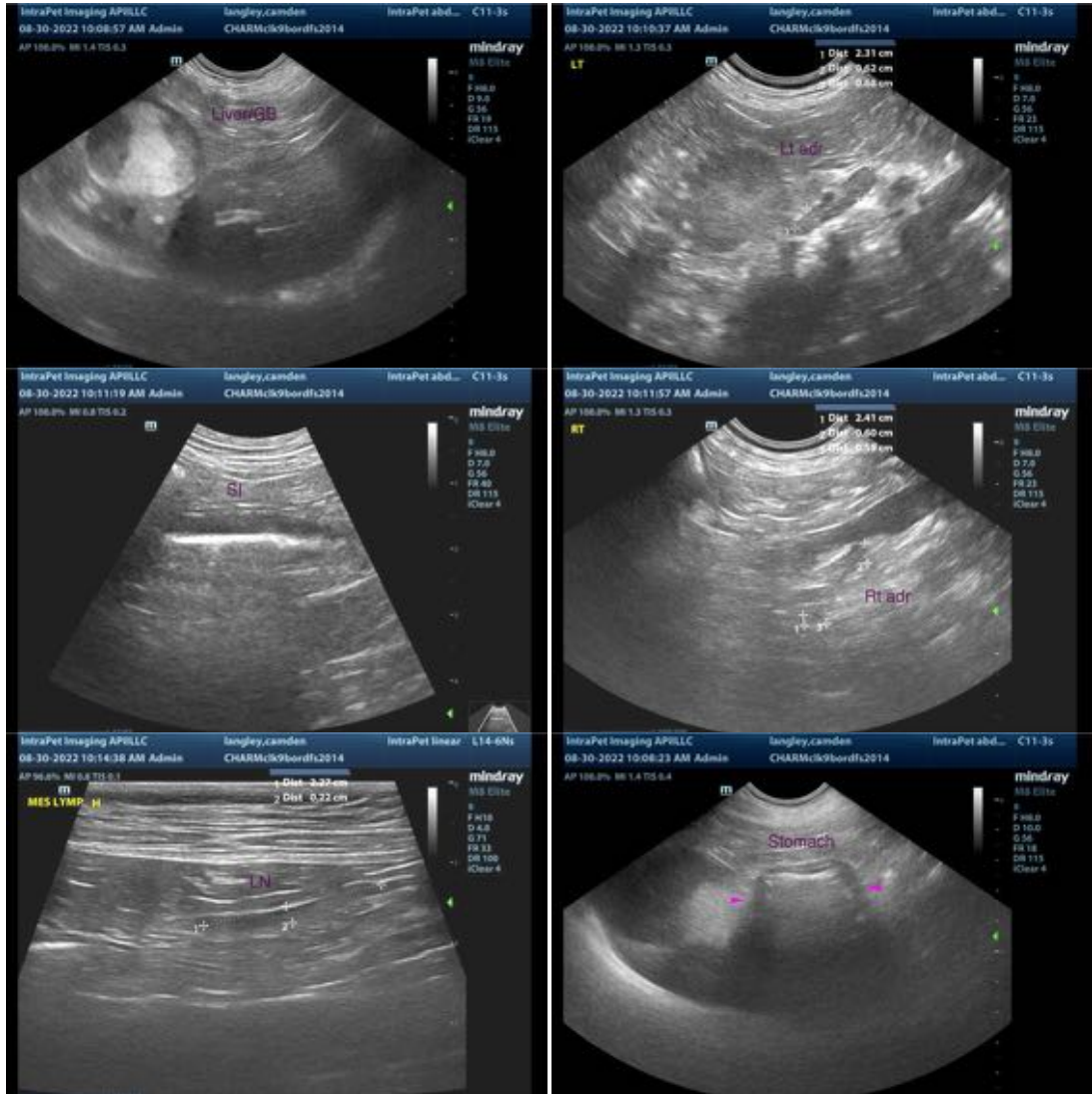
ULTRASONOGRAPHIC FINDINGS

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

*An obvious cause for the patient's chronic intermittent diarrhea is not identified in this study. Differentials include gastrointestinal disease (i.e., inflammatory bowel disease, food allergy, infectious/parasitic), underlying metabolic issue (i.e., hypoadrenocorticism), pancreatic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluations, consider prophylactic deworming with Fenbendazole.
- Resting cortisol is recommended to screen for hypoadrenocorticism.
- Consider a malabsorption panel including serum cobalamin, folate, TLI and PLI to evaluate for maldigestion/malabsorption and underlying pancreatic disease.
- 6-week novel protein diet trial was recommended to assess for food allergies.
- Consider supplementation with a probiotic with a high colony count (i.e., Visbiome or Provable Forte) along with empirical treatment for small intestinal bacterial overgrowth (i.e., 4-week course of Tylosin).
- If the patient does not respond to the above medical recommendations and diagnostics are inconclusive, consider endoscopic or surgical gastrointestinal biopsies.



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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