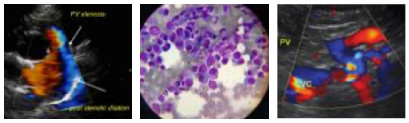
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8.31.2022

PATIENT

Tia Aschenbrenner

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Spayed Female

AGE

3/10/2019

WEIGHT

83.6lbs

INTERPRETED BY

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

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Lucas

INVOICE

11540

PRESENTING CLINICAL SIGNS

Decreased appetite, acid reflux, vomiting.

Current Medications: Pepcid 30mg SID.
Lab Results: Chem 27/Lytes/CBC/T4/UA WNL.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb and Domitor.
Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

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.

The **left kidney** is normal size (7.31 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 (7.05 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 size (0.52 cm at cranial pole) (0.69 cm at caudal pole) (2.85 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 (0.82 cm at cranial pole) (0.63 cm at caudal pole) (2.49 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 (1.72 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are 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.

Other

A uterine stump is visible (0.69 cm in width). No obvious pathology is observed.

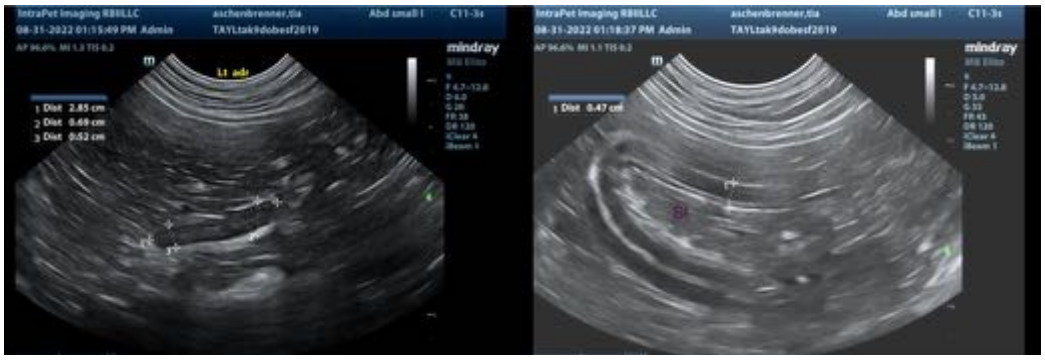
ULTRASONOGRAPHIC FINDINGS

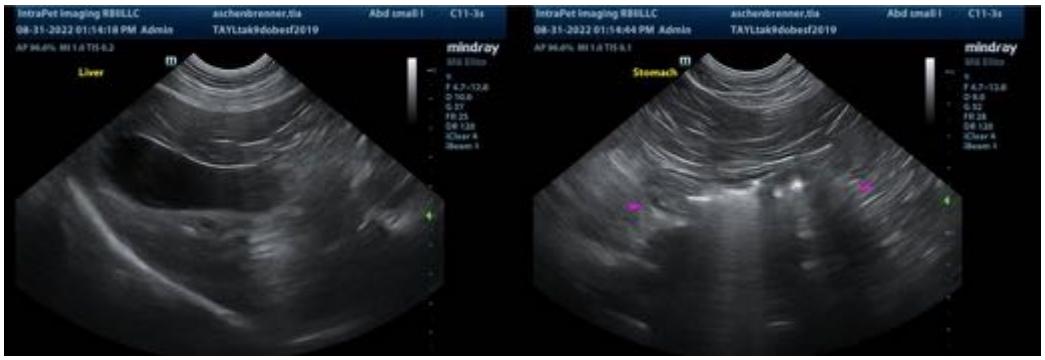
Primary Findings

- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Differentials include primary gastrointestinal disease (i.e., primary motility disorder, bilious vomiting syndrome (if vomiting occurs on an empty stomach), food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease)), underlying metabolic issue (i.e., hypoadrenocorticism), pancreatic disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If the patient is vomiting in the early morning on an empty stomach, consider a small late-night meal as empirical treatment for bilious vomiting syndrome.
2. A fecal evaluation for ova and Giardia is recommended.
3. A malabsorption panel including serum cobalamin and folate, TLI and PLI is also recommended.
4. Consider a resting cortisol level to screen for hypoadrenocorticism.
5. Also consider a 6-week hydrolyzed protein or limited antigen diet trial.
6. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
7. Depending on the results of the above diagnostics, GI biopsies (endoscopic or surgical) may be necessary to get a definitive diagnosis.
8. Consider initiation of a proton pump inhibitor (i.e., omeprazole) in lieu of famotidine, as empirical treatment for gastric reflux.





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)
info@SonoPath.com