



PATIENT PRESENTING CLINICAL SIGNS

Oakley Darbeau

History: Oakley is here for workup to evaluate GI symptoms. Daily vomit x 1-2 months, mornings and will not eat breakfast at first, progressed to vomiting after meals and not wanting to eat. No improvement with omeprazole but did resolve when on trial of cerenia but recurred when stopped. Bloodwork reveals mild eosinophilia only, and last fecal done was 4/22 all negative. On monthly HWP. Sending another fecal today. Sedated Oakley with 0.3ml dexdom/0.3ml torb IM for radiographs and drew blood for GI panel (will send once we get us result back). Radiographs of abdomen are unremarkable. Abdomen ultrasound 17point SDEP performed and sending to Sonopath for review. Reversal with 0.2ml atipamezole IM.

SPECIES

Canine

BREED

Mini Labradoodle

Abnormal PE/Chem/CBC/UA Results: Eosinophilia, 2.58 K/uL (0.06-1.23)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

AGE

1 year

What is thought to be **prostate** measure is normal in size (0.79 cm in width) with a normal shape and smooth peripheral contours. The parenchyma is homogenous. No distinct focal lesions are observed. No focal lesions are observed. The prostatic urethra is not overtly dilated.

WEIGHT

28.8 lbs

The **left kidney** is normal size (4.56 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.

The **right kidney** is normal size (4.99 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,
DVM, Diplomate
ACVIM (*Small Animal
Internal Medicine*)

Adrenal Glands

The caudal pole of the **left adrenal gland** is well visualized and is normal size (0.50 cm in width); with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Susan Lincoski VMD

The caudal pole of the **right adrenal gland** is well visualized and is normal size (0.59 cm in width); with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

University Dr VH

Spleen

The **spleen** is normal in size (1.62 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

Susan Lincoski VMD

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

11341

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.

DATE

8.4.22

Gastrointestinal

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 appears patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.36 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio and thickening of the submucosal layer in most 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

There is no obvious evidence of free fluid. A few prominent mesenteric **lymph nodes** are visualized, the largest measuring 1.24 cm in length.

ULTRASONOGRAPHIC FINDINGS

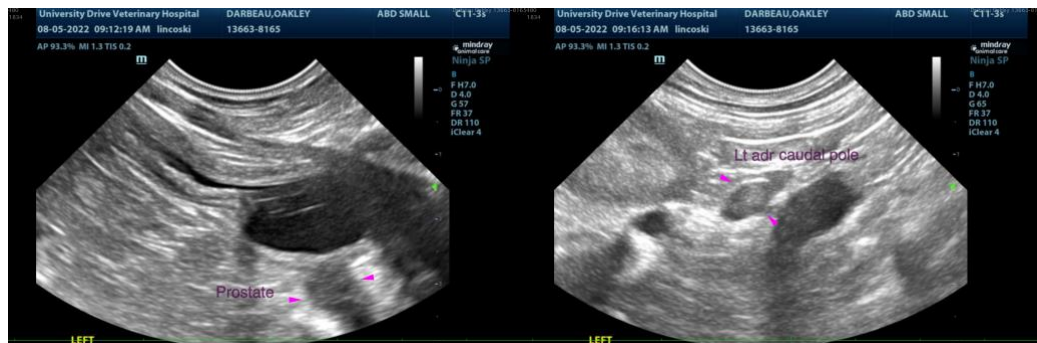
Primary Findings

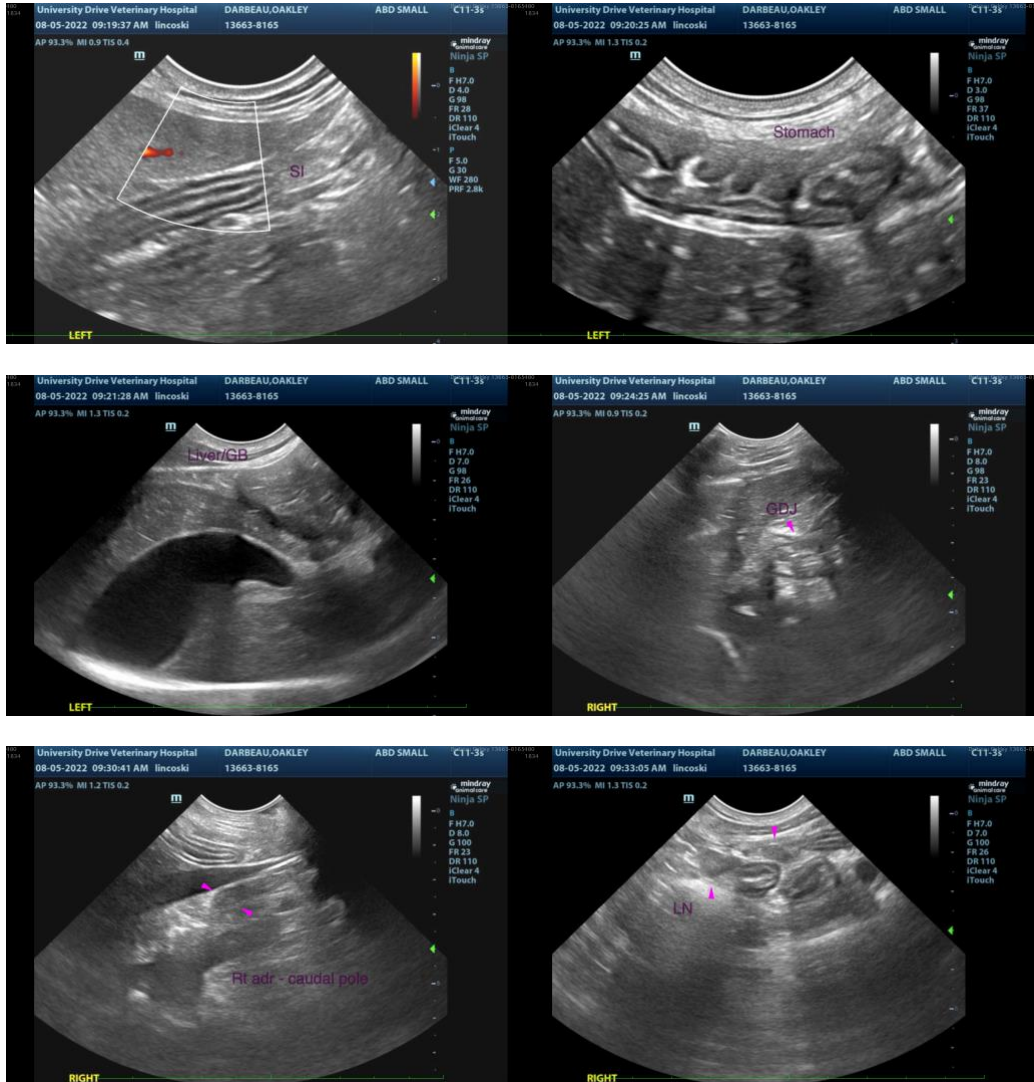
- The small intestinal wall changes are suggestive of inflammatory bowel disease.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider the following diagnostic/treatment options:

1. Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole
2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI, is recommended.
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
4. 6-week limited antigen diet trial
5. Ultimately, GI biopsies (i.e., endoscopic, or surgical) may be necessary to get a definitive diagnosis.





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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