

**DATE**

8/8/21

PRESENTING CLINICAL SIGNS

Lethargic, Not Eating, Vomiting.
 08-07-2021: Was here 2 days ago for vomiting. No BW run.
 Current Medications: Amoxicillin, Ondansetron, Gabapentin.
 Lab Results: IDEXX In House Catalyst CHEM 17, Lytes, CBC
 IDEXX In House Catalyst CHEM 17, Lytes.
 Dehydrated; elevated amylase; possible pancreatitis PCV/TS.
 Radiographs: No obvious obstruction.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: not needed
 Stat Report: not requested

PATIENT

Kendal Mayo

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

8/7/13

WEIGHT

127 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are 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 in size (8.76 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 in size (7.2 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.78 cm at cranial pole) (0.74 cm at caudal pole) (2.98 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

The right adrenal gland is normal in size (0.86 cm at cranial pole) (0.69 cm at caudal pole) (3.29 cm in length); normal shape; homogenous parenchyma. The phrenic vasculature, glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal.

HOSPITAL NAME

Animal Emergency
 Hospital

Spleen

The spleen is normal in size with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal. The spleen measured 2.32 cm at the hilus.

REFERRING VET

Dr. Martinoli

INVOICE

91042

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 gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric wall is normal to mildly thickened and measured up to 0.73 cm with retention of the normal layering pattern. The gastric lumen is not distended. 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 or overt infiltrative 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

PRIMARY FINDINGS:

- The gastric wall changes are most consistent with gastritis with a lower possibility of emerging neoplasia.

SECONDARY FINDINGS:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

*An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal or pancreatic disease, underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult esophageal disease.
- A fecal evaluation for ova/Giardia. Supportive care for acute gastroenteritis is recommended.
- If clinical signs do not improve with supportive care, consider further work-up:
 1. Malabsorption panel
 2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
 3. 6- week hypoallergenic diet trial
 4. +/- 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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