

**DATE PRESENTING CLINICAL SIGNS**

9/1/2021

History: Hyporexic. Losing weight. Increased lipase.

**PATIENT**

Rex Brown

Current Medications: Fluoxetine 40mg SID, Apoquel 16mg SID. HP food

Lab Results: Increased Lipase. CBC normal. Chemistry panel shows elevated lipase and cPL. USG 1.022, no proteinuria, T4 normal.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Buprenorphine and Acepromazine administered prior to sca

Stat Report: STAT report not requested by the veterinarian.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male, neutered

**AGE**

8/7/2011

**WEIGHT**

67.4 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Frederick Road VH

**REFERRING VET**

Dr. Zakai

**INVOICE**

11998

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

\*The severe gastric dilation obscures visualization of a portion of the cranial 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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.02 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.

The right kidney is normal size (7.59 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.59 cm at cranial pole) (0.60 cm at caudal pole) (2.34 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 (0.71 cm at cranial pole) (0.60 cm at caudal pole) (2.59 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 (1.48 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. A small amount of echogenic debris is suspended within the lumen. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is severely distended with gas and a small amount of fluid. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely gas distended. 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***

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

### ***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:**

- Gas-distended gastrointestinal tract.

### **Secondary Findings:**

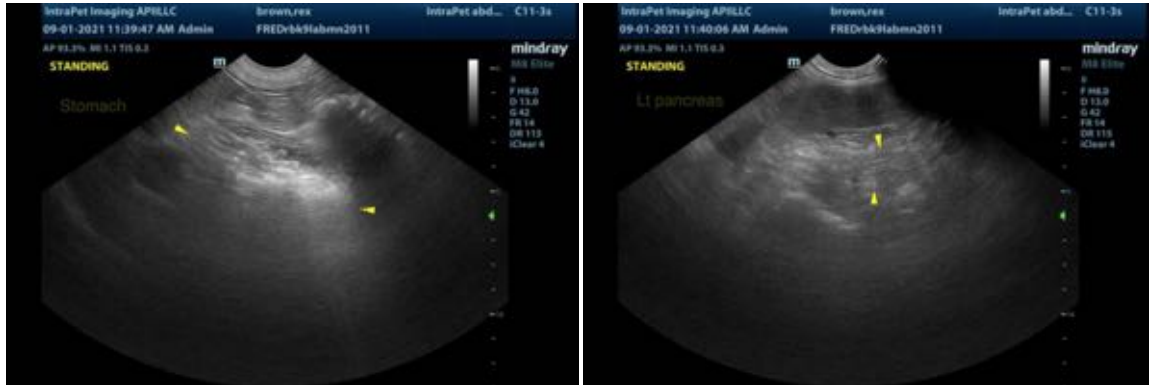
- Minor bilateral age-related renal pathology.

\*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, occult neoplasia, other.

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

- Three-view thoracic radiographs are recommended to assess for occult neoplasia.
- Consider a malabsorption panel to further assess for microscopic gastrointestinal and pancreatic disease.
- An abdominal CT scan may be useful in detecting smaller abdominal lesions that are not visible sonographically due to bowel gas.
- A thorough neurologic examination is recommended as brain tumors sometimes present with weight loss as the sole clinical sign.
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.





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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