

PATIENT PRESENTING CLINICAL SIGNS

Danny Sales History: Has been on Cartrophen, Tylosin, Vetmedin, Gabapentin, Cerenia, Aventi GI complete. Ongoing pancreatitis and inappetence with diarrhea.

SPECIES Abnormal PE/Chem/CBC/UA Results: Spec CPLi 559 (8/11/22) Follow up Spec CPLi 552 (9/8/22)
ALP 177(15-160) TGs 6.39(0.23-1.71) Mild lymphopenia, mild thrombocytosis

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Poodle

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 1-2 cm, are normal.

SEX

Neutered Male

The **prostate** is normal in size (0.77 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

18 years

The **left kidney** is normal size (3.63 cm in length); with a slightly irregular shape. The cortex is mildly thickened and heterogenous. There is moderate loss of corticomedullary distinction. Several cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present (0.61 cm) in the longitudinal plane. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

5.9 kg

The **right kidney** is normal size (4.06 cm in length); with a slightly irregular shape. The cortex is mildly thickened and heterogenous. There is poor corticomedullary distinction. Several cortical cysts are seen. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The **left adrenal gland** is mildly enlarged (0.75 cm at cranial pole) (0.69 cm at caudal pole) (1.89 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.

IMAGING PERFORMED BY

Crystal Hill

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

HOSPITAL NAME

Hartzel AH

Spleen

The **spleen** is normal in size (0.87 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Morris

Liver

The **liver** is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 1.14 cm cystic lesion is observed in the region of the right medial lobe. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

11627

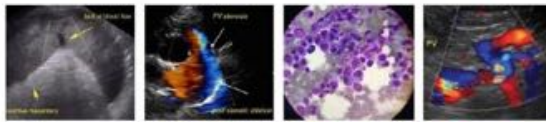
The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A few, small polypoid-like lesions are suspected. A small amount of echogenic debris and mineralized sand +/- tiny choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

9.12.22

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The gastric wall and pylorus are



PATIENT

Danny Sales

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. There is no evidence of an obstructive pattern.

SPECIES

Canine

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.

BREED

Poodle

Free Abdomen

A region of ill-defined reactive mesentery is observed in the caudoventral abdomen. A 0.84 cm mesenteric lymph node is suspected.

SEX

Neutered Male

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. The small, cystic lesion trends toward the benign with a lower possibility of an emerging vascular tumor.

AGE

18 years

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization and cortical cysts.
- The mild left adrenomegaly may be a normal variant for this patient or may represent early hyperplastic change. The right adrenal gland is not definitively visualized.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The suspected mild mesenteric lymphadenopathy is likely reactive.
- The significance of the reactive mesentery in the caudoventral abdomen is unclear but suggests low-grade peritonitis.

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Morris

INVOICE

11627

DATE

9.12.22

- A fecal evaluation for ova and Giardia is recommended.
- Prophylactic deworming with Fenbendazole is also recommended.
- Consider a GI panel including serum cobalamin and folate, TLI and PLI
- Also consider empirical treatment for small intestinal bacterial overgrowth with a 4-week course of Tylosin.
- If the patient was not fasted for the reported lab-work, a 12-hour fast with a repeat triglyceride level is recommended to further assess for hyperlipidemia. If hyperlipidemia is confirmed, a prescription low-dose fat diet is recommended.
- Consider supplementation with a probiotic, as well as a fiber supplement (i.e., Metamucil or Konsyl).
- Ultimately, GI biopsies may be necessary to further evaluate the diarrhea. However, the patient's age and other clinical conditions should be taken into account when weighing anesthetic risks versus procedure benefits.



PATIENT

Danny Sales

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

18 years

WEIGHT

5.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Morris

INVOICE

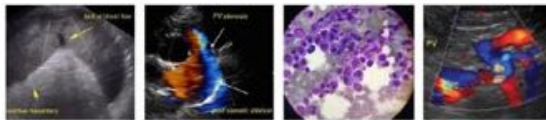
11627

DATE

9.12.22



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.



PATIENT

Danny Sales

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.

SPECIES

Canine

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

BREED

Poodle

SEX

Neutered Male

AGE

18 years

WEIGHT

5.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Morris

INVOICE

11627

DATE

9.12.22