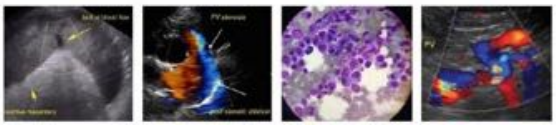




**PATIENT**

Teddy Bear Childs

**SPECIES**

Canine

**BREED**

Bernese Mtn Dog

**SEX**

Intact Male

**AGE**

9 mos

**WEIGHT**

37.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beattie PH Burlington

**REFERRING VET**

Dr. Ruggieri

**INVOICE**

11626

**DATE**

9.12.22

## PRESENTING CLINICAL SIGNS

History: still having diarrhea - liquid, sometimes has accidents while sleeping, no blood occasionally throws up water after drinking lots but not otherwise drinking normal, still eating but less (about half the amount of what P had been eating previously. used to eat about 4 c now is eating 2 c. has slowly been decreasing over time) energy normal meds: metronidazole, Tylosin, and Fortiflora are now done

Abnormal PE/Chem/CBC/UA Results:
MOLECULAR DIAGNOSTICS TEST RESULT UNITS Canine Distemper Virus RealPCR Negative Cryptosporidium spp. RealPCR Negative Giardia spp. RealPCR Negative Salmonella spp. RealPCR Negative Canine Circovirus RealPCR Negative Canine Enteric Coronavirus RealPCR Negative Canine Parvovirus 2 RealPCR Negative Campylobacter jejuni RealPCR Negative Campylobacter coli RealPCR Negative C. difficile Toxin A/B Gene RealPCR Negative C. perfringens Alpha Toxin (CPA) Gene Quant RealPCR Positive C. perfringens Alpha Toxin (CPA) Gene Quantity 75 THOUS/g Fold Difference From Cutoff 0.25 C. perfringens Alpha Toxin (CPA) Gene Interpretation a Low Levels of CPA gene copies present C. perfringens Enterotoxin (CPE) Gene Quant RealPCR Negative C. perfringens CPnetE/F Toxin Gene Quant RealPCR Negative Diarrhea RealPCR Panel Comment: b Ova & Parasites - Sedimentation / Concentration - No ova or parasites seen Giardia Antigen – Negative

## 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 mildly to 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 enlarged (2.69 cm in width) with smooth peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (7.69 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.

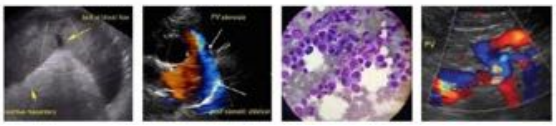
The **right kidney** is normal size (6.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The **left adrenal gland** is normal size (0.40 cm at cranial pole) (0.40 cm at caudal pole) (2.05 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 (1.63 cm at cranial pole) (0.67 cm at caudal pole) (2.20 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*





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The **spleen** is normal in size (1.53 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 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***

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. One to two prominent mesenteric **lymph nodes** are suspected.

***Other***

The **testicles** are subjectively normal in size (the left: 3.93 x 2.03 cm; the right: 3.79 x 1.75 cm) with normal shapes and smooth peripheral contours. The parenchyma is homogenous in both testicles.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

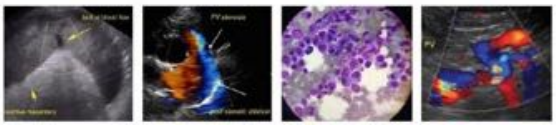
- Unremarkable abdomen. An obvious cause for the patient's clinical signs is not identified in this study. Differentials include primary gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, occult infection), underlying metabolic issue (i.e., exocrine pancreatic insufficiency), other.

### Secondary Findings

- Prostate changes are consistent with a young, intact male.
- The suspected prominent mesenteric lymph nodes are likely reactive.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Despite the negative fecal evaluation, consider prophylactic deworming with Fenbendazole.
- A GI panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M) is recommended.





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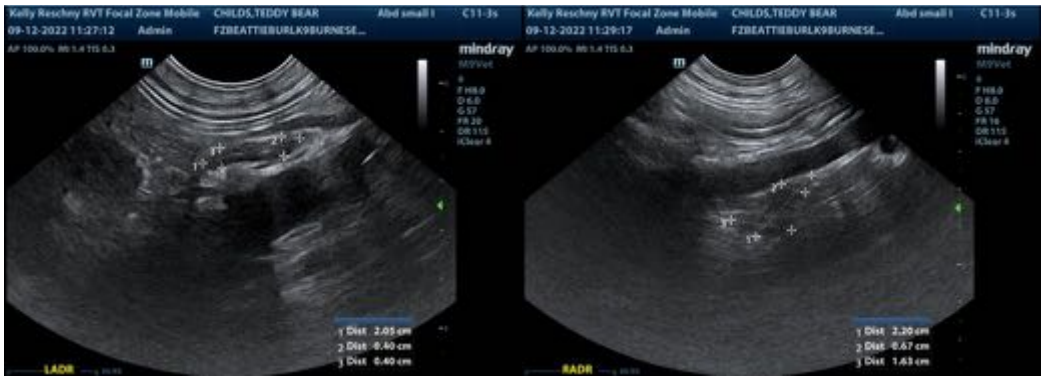
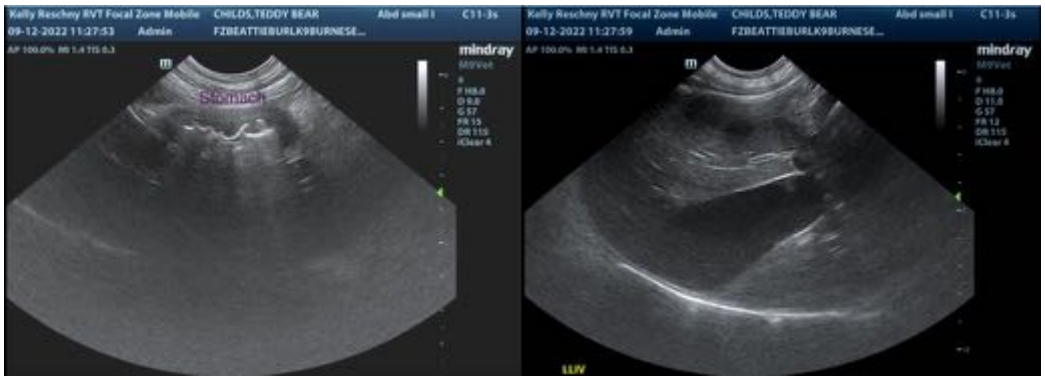
- Also consider a 6-week hydrolyzed protein or limited antigen diet trial.
- Initiation of a fiber supplement (i.e., Metamucil or Konsyl, along with a probiotic may be beneficial
- A resting cortisol level is recommended to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Ultimately, endoscopic or surgical GI biopsies 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.**

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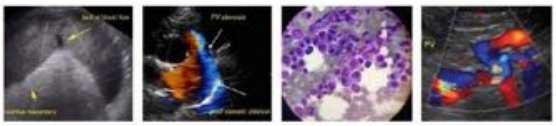

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IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

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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