

**DATE PRESENTING CLINICAL SIGNS**

9/16/21

History: Persistent chronic diarrhea that waxes and wanes from loose to liquid for the past month. Stools have had excess mucus and have been an orange to yellow color. Over the last week stools have contained some frank blood. Cookie has been on a bland diet for 2 weeks and has tried medical management with metronidazole, B12 and Provable, along with a negative fecal sample.

PATIENT

Cookie Smith

Current Medications: No current medications.

SPECIES

Canine

Lab Results: Attached separately.

Radiographs: Not provided by the veterinarian.

BREED

German Shepherd Mix

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

SEX

Female Spayed

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

8/29/10

Urinary System

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 and the visible portion of the proximal urethra are normal.

WEIGHT

50.8 lbs.

The left kidney is normal size (6.98 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

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 Medicine)

The right kidney is normal size (7.27 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.

HOSPITAL NAME

Everhart Veterinary
 Center

Adrenal Glands

The left adrenal gland is normal size (0.74 cm at cranial pole) (0.72 cm at caudal pole) (2.92 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.

REFERRING VET

The right adrenal gland is normal size (0.74 cm at cranial pole) (0.71 cm at caudal pole) (3.89 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.

INVOICE

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Spleen

The spleen is normal in size (1.98 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.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. A 1.66 cm

anechoic cyst is observed deep on the right side adjacent to the diaphragm. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen, some of which is gravity-dependent, and some of which is stranding. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction is normal. The wall of the descending colon is borderline thickened (up to 0.34 cm) with retention of the normal layering pattern. There is no evidence of obstruction.

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 lymph nodes are observed in the mid-abdominal cavity, the largest measuring 1.45 cm in length.

Other

A uterine stump is visible (0.56 cm in width). No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The colonic wall changes are most consistent with an inflammatory process with a low possibility of infiltrative neoplasia.

**An obvious cause for the patient's clinical signs is not identified in this study. However, microscopic gastrointestinal or pancreatic disease or an underlying metabolic issue are considerations.

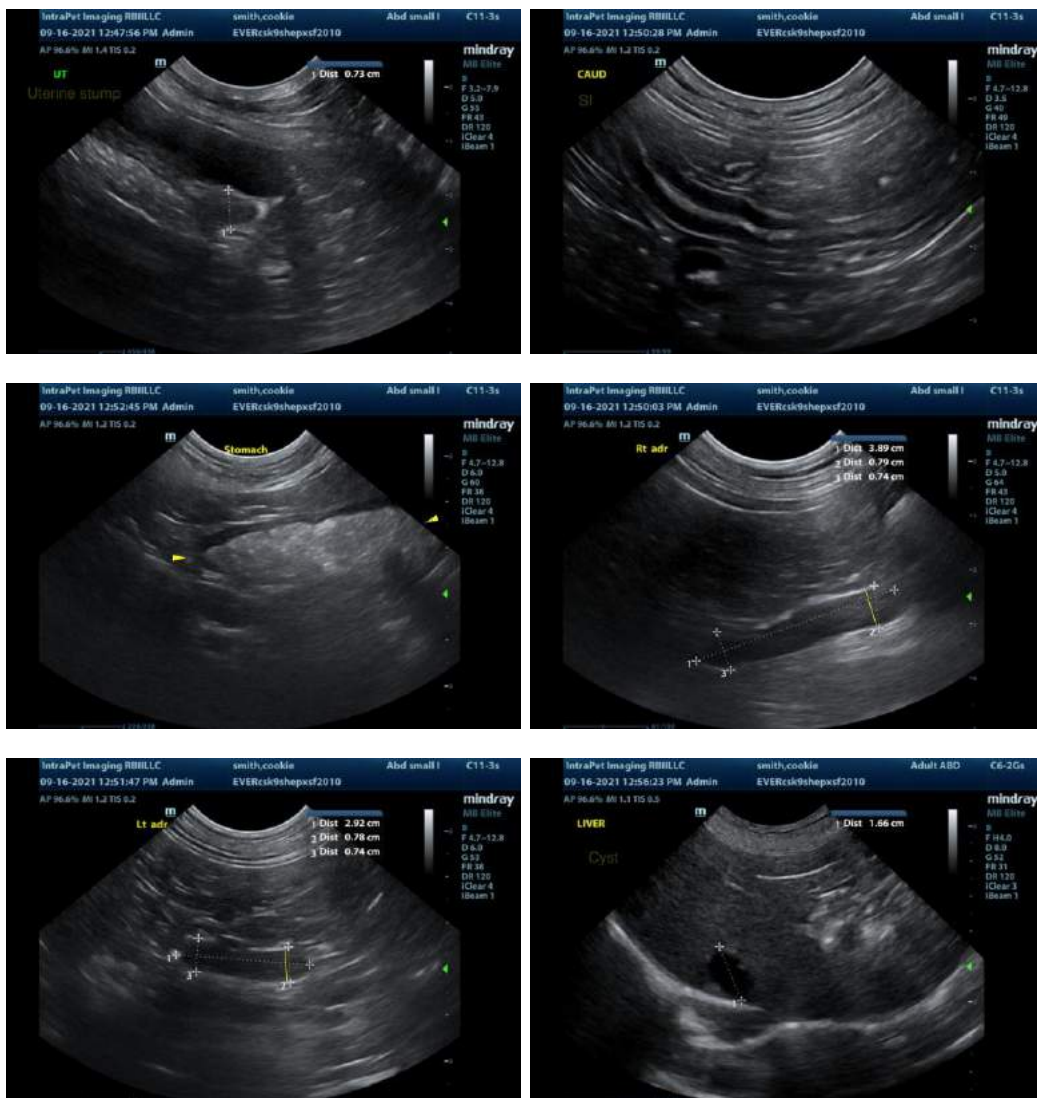
Secondary Findings:

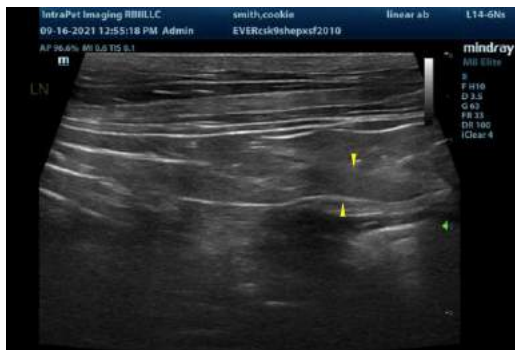
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Hepatic cyst – incidental.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Uterine stump – incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following diagnostics/treatment recommendations can be considered:

1. Serum cobalamin, folate, PLI and TLI
2. Despite the negative fecal evaluation, prophylactic deworming with Fenbendazole at 50 mg/kg once a day for 5 days is recommended. Repeat above protocol in 3 weeks.
3. A 6-week limited antigen diet trial to assess for food allergies.
4. Consider a 4-week course of Tylosin at 15-20 mg/kg by mouth every 12 hours as empirical treatment for small intestinal bacterial overgrowth.
5. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
6. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.





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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