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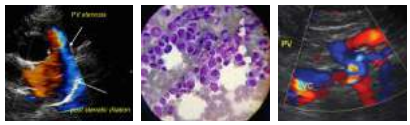

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DATE

9/21/21

PATIENT

Echo McCurry

SPECIES

Canine

BREED

Beagle Mix

SEX

Female Spayed

AGE

2010

WEIGHT

46.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Care Center

REFERRING VET

INVOICE

11869kk

PRESENTING CLINICAL SIGNS

History of chronic vomiting. Had been doing well on i/d diet then vomiting reoccurred. Hypothyroid.

Current Medications: Levothyroxine 0.5 mg -- 1 tablet BID, Pepcid 10 mg-- 1 tablet BID.

Lab Results & Radiographs: Attached.

Date of Previous IntraPet Ultrasound: No previous

Sedation: Sedation not necessary.

Stat Report: Not indicated.

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 mostly 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 size (5.96 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 (5.53 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 in length (0.21 cm at cranial pole) (0.24 cm at caudal pole) (1.74 cm in length) with a small/flattened contour. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The caudal pole of the right adrenal gland is visualized and is small in size (0.18 cm in width) with a flattened contour. Medullar echogenicity and detail are normal. Surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.34 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. There are prominent vascular markings with no evidence of congestion. Intrahepatic biliary tracts are normal. 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 in the region of the fundus is normal in thickness with a normal layering pattern. The gastric lumen is not distended. In the region of the pyloric antrum, the wall is thickened, up to 1.57 cm, and

irregular with a prominent muscularis layer. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent, elongated mesenteric lymph nodes are visualized with the largest measuring 2.54 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pyloric antral changes could be consistent with inflammation, hypertrophy, or emerging neoplasia. The remaining bowel pattern is consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The flattened left and right adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Baseline lab work including a CBC chemistry panel, urinalysis, and T4 is recommended.
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. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
4. A fecal evaluation for ova/Giardia
5. A 6-week limited antigen diet trial to assess for food allergies
6. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
7. Three-view thoracic radiographs should be performed prior to any anesthetic event.


IntraPet Imaging APIILLC
mccurry,echo
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ACCemk9mixfs2010
mindray
Liver
Stomach


IntraPet Imaging APIILLC
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RT
Rt adr - caudal
Dist 0.18 cm


IntraPet Imaging APIILLC
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IntraPet Imaging APIILLC
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Cranial RT
Pylorus


IntraPet Imaging APIILLC
mccurry,echo
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mindray
Liver


IntraPet Imaging APIILLC
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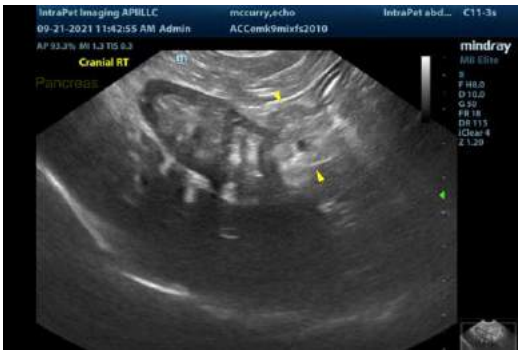
ACCemk9mixfs2010
mindray
Liver
Pylorus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09-21-2021 11:42:55 AM Admin
ACCemk9mixfs2010
mindray
Cranial RT
Pancreas

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.

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