

**DATE PRESENTING CLINICAL SIGNS**

9/22/21

Intermittent persistent vomiting for the last three months. 7/12, 8/6, 9/10. 6 pound weight loss. No diarrhea. Taking OTC Famotidine 50mg q 24 hours since July.

**PATIENT**

Bernadette Kennedy

Current Medications: Famotidine 50mg SID, Simparica Trio.

Lab Results: Senior profile with reflex UPC and add on Cortisol levels were all unremarkable on 9/10. SDMA mildly elevated, creatinine upper limits of normal at 1.5. CBC normal, UPC normal, USG 1.053, inactive sediment. T4 normal. Baseline cortisol normal.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

**BREED**

English Mastiff

**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 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.

**AGE**

5/30/2020

The left kidney is normal size (7.87 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.

**WEIGHT**

110 lbs.

The right kidney is normal size (5.45 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 (0.56 cm at cranial pole) (0.61 cm at caudal pole) (2.78 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) (0.73 cm at caudal pole) (3.01 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.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Taylorsville VC

**REFERRING VET**

Dr. Earp

**Spleen**

The spleen is normal in size (2.00 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.

**INVOICE**

12244

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal to moderately thickened (up to 1.03 cm) with a normal layering pattern. The mesentery effacing the serosal surface in this

region is hyperechoic. 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. The submucosal layer appears mildly thickened in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

### ***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***

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

## **ULTRASONOGRAPHIC FINDINGS**

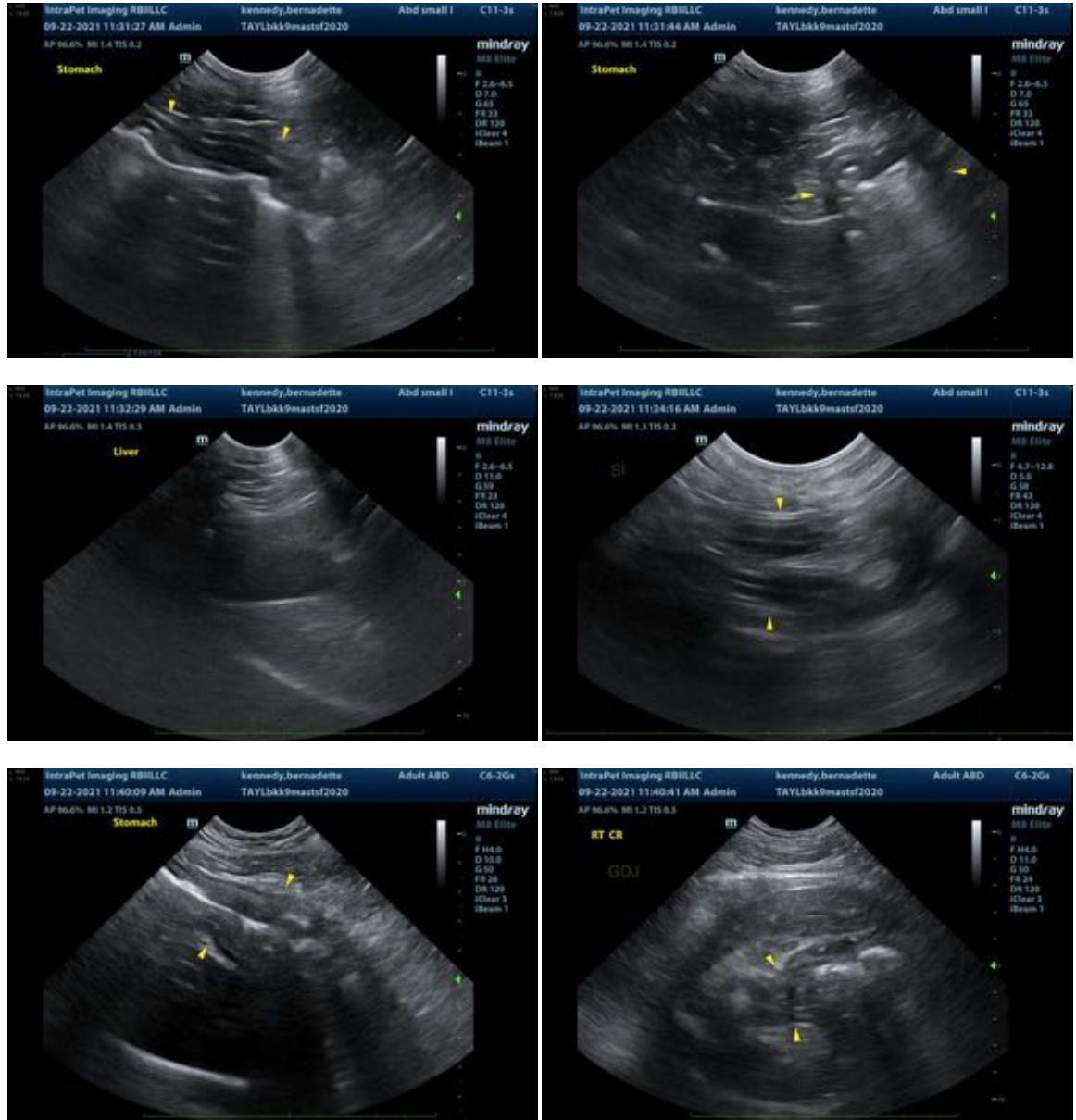
The gastric wall changes are most consistent with an inflammatory process with a lower potential for emerging neoplasia. Regional peritonitis is present.

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

Consider the following diagnostic/treatment options:

1. Three-view thoracic radiographs to assess for occult esophageal disease.
2. Fecal evaluation for ova and giardia.
3. Serum cobalamin, folate, PLI and TLI
4. A 6-week limited antigen diet trial to assess for food allergies
5. 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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