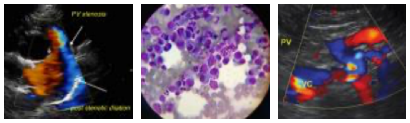
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9.22.2022

PATIENT

Wilson Mills

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6/7/2018

WEIGHT

69lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Dr. Sims

INVOICE

11679

PRESENTING CLINICAL SIGNS

Pt has had intermittent anorexia over the past 3-4 months. Recently was in ER for anorexia/lethargy of 48-hour duration. Pt was dehydrated and slightly tender to abdominal palpation. Radiographs and bloodwork were unremarkable. O would like AUS to further evaluate abdomen. Patient does have dietary sensitivities and is on Ultamino but occasionally gets table food as a treat.

Current Medications: None listed.
Lab Results: See attached.
Radiographs: Mild gas in small intestine, no blockages or masses noted
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 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 region of the **prostate** is not visualized due to its pelvic location.

The **left kidney** is normal size (6.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (6.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is normal size (0.51 cm at cranial pole) (0.53 cm at caudal pole) (2.48 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 (0.49 cm at caudal pole) (3.09 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

The **spleen** is normal in size (1.52 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 mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is suspected to be 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.

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. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

The presence of ingesta within the gastric lumen despite fasting could suggest delayed gastric emptying. The remainder of the abdomen is unremarkable. An obvious cause for the patient's clinical signs is not identified in this study. Differentials include microscopic gastrointestinal disease (i.e., primary motility disorder, food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue (i.e., hypoadrenocorticism), mild chronic pancreatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

1. Resting cortisol level to screen for hypoadrenocorticism
2. A fecal evaluation for ova and Giardia is recommended
3. GI panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M).
4. Thoracic radiographs to assess for occult disease in the chest
5. Due to the possibility of a primary GI motility disorder, consider empirical treatment with a promotility agent (i.e., metoclopramide). If no improvement in the patient's clinical signs is seen within 5-7 days of initiating therapy, the medication should be discontinued.
6. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) 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.

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