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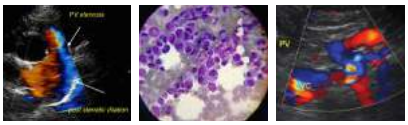

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**DATE**

9/27/21

**PATIENT**

Haley Fox

**SPECIES**

Canine

**BREED**

Border Collie & German Shepherd Mix

**SEX**

Female Spayed

**AGE**

7/23/07

**WEIGHT**

56.4 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Medical Center of Dulaney Valley

**REFERRING VET**

Dr. Chrest

**INVOICE**

11901kk

## PRESENTING CLINICAL SIGNS

History: History of vomiting a few hours after eating; RAD shows possible thickening of the stomach.

Current Medications: Cerenia 16mg currently; 3 and 1/2 SID; starting 9/22/2021.

Lab Results: Not provided by the veterinarian.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Dexdomitor IV.

Stat Report: Not requested.

## 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 is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. 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 (5.93 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. Renal vasculature is normal.

The right kidney is normal size (5.58 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. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is prominent in size (0.67 cm at cranial pole) (1.22 cm at caudal pole) (2.58 cm in length) with a slightly irregular shape. The parenchyma is subtly heterogeneous in appearance with some loss of glandular detail. No distinct focal lesions are observed. The phrenicoabdominal vein and surrounding vasculature appear normal.

The right adrenal gland is prominent at the cranial aspect and normal in size at the caudal pole (0.97 cm at cranial pole) (0.63 cm at caudal pole) (2.38 cm in length) with a slightly irregular shape. 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 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. A small to moderate amount of aggregated, echogenic to mineralized partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly gas-distended. 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 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. 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*

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:**

**An obvious cause for the patient's clinical signs is not identified in this study. Considerations include primary gastrointestinal disease (i.e., inflammatory bowel disease, food allergy), low-grade pancreatitis, underlying metabolic issue, occult esophageal disease, and other.

**Secondary Findings:**

- Urinary bladder debris.
- Minor, age-related renal changes.
- Mild bilateral adrenomegaly.
- Gallbladder debris – incidental.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Baseline lab work including a CBC chemistry panel, urinalysis, and T4 is recommended to assess overall metabolic function. If no obvious abnormalities are seen on baseline lab work, consider a more advanced GI work up including the following:
    a. A fecal evaluation for ova/Giardia
    b. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
    c. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
    d. 6-week hypoallergenic diet trial.
    e. Three-view thoracic radiographs are recommended to assess for occult esophageal disease.

2. Depending on the results of the above diagnostics/therapeutics, 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.

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