

**DATE PRESENTING CLINICAL SIGNS**

9/30/21

**PATIENT**

History: Weight loss: was 38 pounds 4/2021, 42 pounds 12/2020, and now is 32.2 pounds. Diarrhea, occasional vomiting, on science diet sensitive stomach food. Owner stopped giving rotisserie chicken. Thin, decreased muscle mass, alopecia on tail.

Cody Popomaronis

**SPECIES**

Lab Results: CBC WNL, Vetscreen: Alt 129, ALP 231,  
 Ova and Parasites none seen, Bile Acid 4/7/21 Normal  
 Date of Previous IntraPet Ultrasound: 04/27/2021  
 Sedation: not needed  
 Stat Report: not requested

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

2011

**WEIGHT**

32.2 Pounds

**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.

The prostate is normal in size (1.31 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (5.81 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**

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

The right kidney presented normal size (4.88 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 right adrenal gland is normal size (0.94 cm at cranial pole) (1.01 cm at caudal pole) (2.71 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.

**HOSPITAL NAME**

Jacksonville VH

**REFERRING VET**

Dr. Burk

The left adrenal gland is prominent at the cranial aspect and normal in size at the caudal aspect (0.95 cm at cranial pole) (0.87 cm at caudal pole) (3.19 cm in length). The shape is slightly irregular. The glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**INVOICE**

13386

**Spleen**

The spleen is subjectively normal in size with normal curvilinear peripheral contours. A 1.47 cm x 1.01 cm hypoechoic to heterogeneous nodule is observed at the caudal lateral aspect. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature is normal with no evidence of thrombosis. The spleen measured 1.46 cm.

**Liver**

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. 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 moderate amount of mostly gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

### ***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

### ***Pancreas***

The right pancreatic limb is prominent to enlarged in size with slightly irregular peripheral contours. The parenchyma is hyperechoic to heterogeneous in appearance. No distinct focal lesions are observed. There is no evidence of peripancreatic effusion.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

### ***Free Abdomen***

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

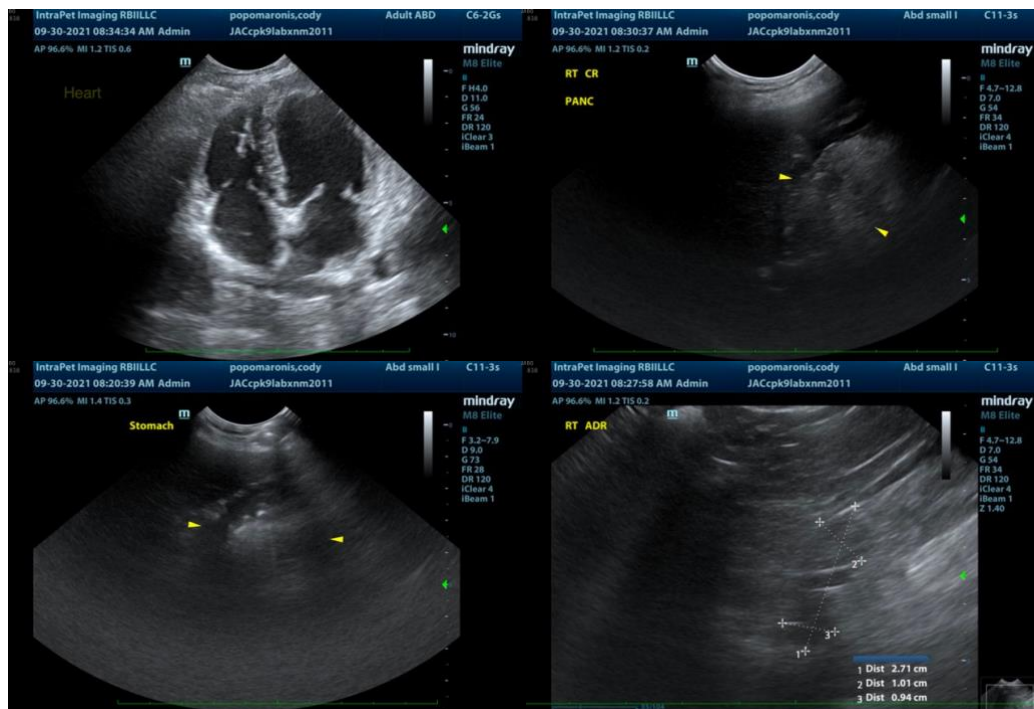
- The pancreatic changes are consistent with pancreatic remodeling/fibrosis +/- active pancreatitis
- The splenic nodule could be consistent with infiltrative neoplasia. Alternatively, a benign focus of extramedullary hematopoiesis, lymphoid hyperplasia or splenitis is possible.

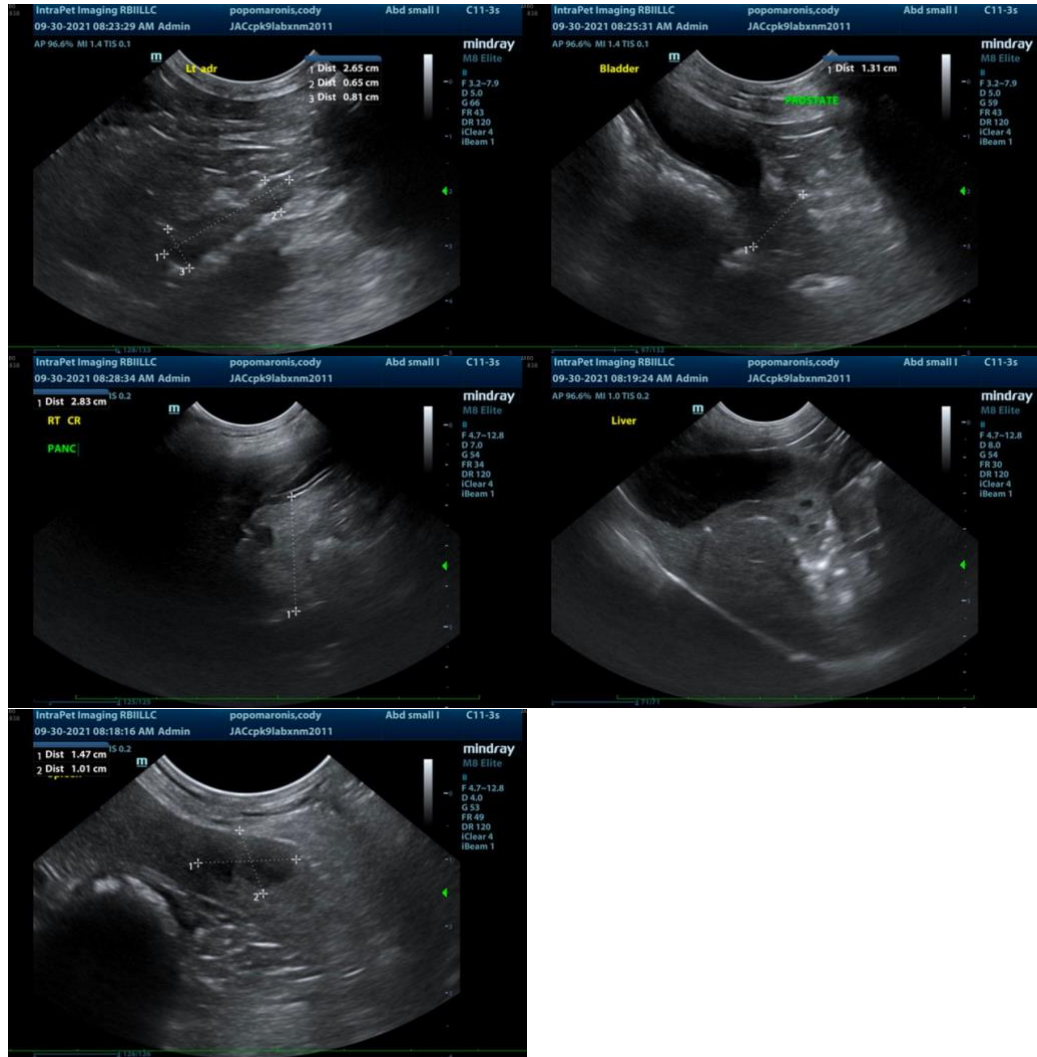
### **Secondary Findings**

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely (changes similar to the previous scan).
- Gallbladder debris, non-mucocele (changes similar to the previous scan)
- Mild bilateral adrenomegaly ( changes are similar to the previous scan)

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

- Three view thoracic radiographs are recommended to assess for occult neoplasia.
- Consider a fine needle aspirate of the splenic nodule (if clotting status is appropriate). A 25-gauge needle should be used.
- Other diagnostics to consider for further evaluation of the patients' GI signs include the following:
  1. Malabsorption panel
  2. Fecal evaluation for ova/giardia
  3. A 6-week limited antigen diet trial to assess for food allergies
  4. Endoscopic or surgical gastrointestinal biopsies. If surgical biopsies are pursued, pancreatic and liver biopsies should also be considered.





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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