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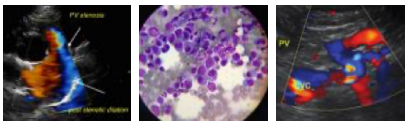
IntraPet.com



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DATE

9/9/21

PATIENT

Lily Miner Jr.

SPECIES

Canine

BREED

Labrador

SEX

Female, spayed

AGE

2011

INTERPRETED BY

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

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. Betta

INVOICE

12051

PRESENTING CLINICAL SIGNS

Diarrhea started about 3 weeks ago. Then decreased appetite about 10 days ago and now completely inappetant for about 3-4 days. Weight loss of about 6 lbs in 1 month.

PE: dehydrated and underweight. slightly dull on exam but otherwise nsf.

Current Medications: cerenia 40mg SID probiotic once daily panacur once daily x 5d

Lab Results: (9/2): nsf .

Radiographs: chest and abdominal xrays (9/2): poss material in stomach but no obvious abnormalities or masses noted .

U/S (9/2): liver appeared hypoechoic with distended gallbladder but no obvious mucocele seen.

Date of Previous IntraPet Ultrasound: no previous.
Sedation: declined
Stat Report: STAT 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 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 left kidney is normal size (6.14 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.

The right kidney is normal size (6.63 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. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.85 cm at cranial pole) (0.72 cm at caudal pole) (2.66 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 (0.89 cm at cranial pole) (0.67 cm at caudal pole) (2.67 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 (2.09 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 distended. The wall is normal in thickness. A small amount of suspended, echogenic debris 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 not 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. The lumen of the descending colon contains liquid fecal material. 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

- Gallbladder debris, non-mucocele.
- Liquid fecal material.
- The trace right pyelectasia may be secondary to fluid therapy (if applicable), age-related remodeling, pyelonephritis, other. Correlation with clinical findings is recommended.

*An obvious cause for the patient's clinical signs is not identified in this study. Given the borderline low albumin in a dehydrated patient, a protein-losing enteropathy is a consideration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova/Giardia
- Consider a fecal PCR, infectious disease panel.
- Serum cobalamin, folate, PLI and TLI
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
- Ultimately, endoscopic or surgical gastrointestinal biopsies may be necessary to get a definitive diagnosis.
- To look for other causes of a borderline low albumin, consider the following:
    1. UPC
    2. Pre- and post-prandial serum bile acids

- Given the patient's age, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.

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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