**DATE PRESENTING CLINICAL SIGNS**

12/9/21

**PATIENT**

Bella Sopel

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

Spayed Female

**AGE**

6/1/13

**WEIGHT**

77.2 Lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Essex Middle River VC

**REFERRING VET**

Dr. Hicks

**INVOICE**

12886

History: CC- Vomiting in middle of the night since was a puppy, V's a few times a week and if doesn't V will cough/gag; previous on some sensitive stomach foods but not at this time; currently on Blue Blue Buffalo canned, cannot tolerate dry food except for an apple/yogurt treat

PE- P BARH, BCS 6/9; +dental tartar otherwise appears normal today.

Current Medications: Prilosec- unsure, Ondansetron 8mg- 1 tablet q 12-24 hours as needed.

Lab Results: mild neutrophilic; mild increase in eosinophils/lymphocytes (similar to past and treated with Amoxicillin/Panacur (also 2015).

Radiographs: Chest rads 2015, sent to Antech Imaging- Normal.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

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 lumen is moderately distended with mostly 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 presented normal size (6.49 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 presented normal size (6.68 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.

**Adrenal Glands**

The left adrenal gland is normal size (0.58 cm at cranial pole) (0.63 cm at caudal pole) (2.84 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 (0.83 cm at cranial pole) (0.49 cm at caudal pole) (3.55 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 (1.20 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus. 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 moderate amount of echogenic to mineralized mostly gravity dependent 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 mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 or overt infiltrative 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.

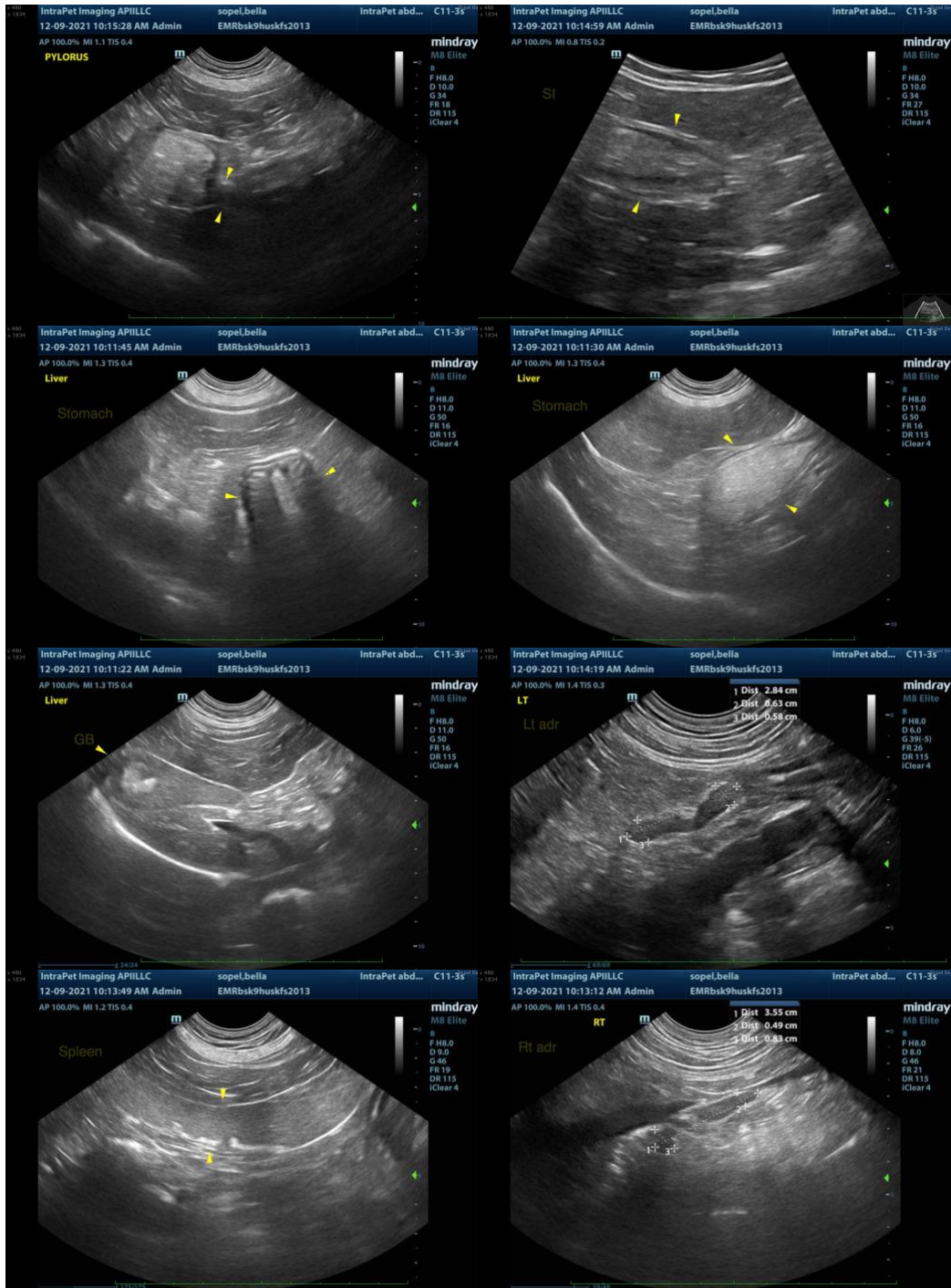
## **ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen

\*An obvious cause for the patients' clinical signs is not identified in the study. Considerations include primary gastrointestinal disease (i.e., food allergy, inflammatory bowel disease, intestinal dysbiosis, motility disorder), low-grade pancreatitis, underlying metabolic issue, other.

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

- The following diagnostics/treatment recommendations can be considered:
  1. Serum cobalamin, folate, PLI and TLI
  2. A fecal evaluation for ova/Giardia
  3. A 6-week limited antigen diet trial to assess for food allergies.
  4. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
  5. Depending on the results of the above diagnostics/therapeutics, endoscopic or surgical gastrointestinal biopsies may be warranted.
  6. Three-view thoracic radiographs should be performed prior to any anesthetic event.



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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