



**DATE PRESENTING CLINICAL SIGNS**

1/17/23 Presented 1/5 for decreased weight and not eating much for a few weeks. vomit and diarrhea for last few weeks.

**PATIENT**

Spanky Martin Current Medications: 1/5 Cerenia 4 ml SQ Cerenia 60 #2 QD, Metro 500 mg 1 QD x 5. 1/9 Pepcid 10mg, Metronidazole 500 mg BID x 5days, MCT oil 1 tbspn BID. 1/16 Cerenia 160 mg 1/2 PO QD

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

4/14/14

**WEIGHT**

69 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Chadwell AH

**REFERRING VET**

Dr. Gold

**INVOICE**

44275

Lab Results: CPLI Chem and CBC WNL calcium slightly increased  
Radiographs: calcifications in abd sent to radiologist see report.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (6.88 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (7.89 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (3.7 cm long x 0.77 cm at the cranial pole and 0.82 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.78 cm long x 0.74 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Soft/liquid stool present and echogenic mineral/sand debris.

### ***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- Soft stool and granular/sand/mineral debris in the colon – consistent with possible resolving dietary indiscretion.

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

Given this patient's reported mildly increased calcium, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

Hypercalcemia was not present on the provided laboratory results, but if hypercalcemia is present more recently than the included lab results, or has been historically present, and this patient does not have hypoadrenocorticism, then further evaluation of hypercalcemia in the form of a malignancy panel to include PTH, PTHrP, and ionized calcium could be considered.

Alternatively, pending results of the baseline cortisol, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Additionally, a fecal exam is recommended if not recently evaluated, as is a fecal enteropathogen PCR panel to Texas A&M GI Laboratory.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is supportive/symptomatic medical management of gastroenteritis potentially secondary to dietary indiscretion versus other with antiemetics, gastroprotectants, a probiotic such as Visbiome or Provable, and short-term transition (if tolerated) to a bland, easy to digest or potentially low-fat.





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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com