

**DATE**

5/20/22

**PRESENTING CLINICAL SIGNS**

5/4/22: Presented for inappetence. Started vomiting 4/27. Does eat things she shouldn't. PE: wnl. Bloodwork and abdominal radiographs wnl. Treated for gastroenteritis with SQ fluids, cerenia, famotidine. 5/7/22: P still not eating after appt on 05/04/2022. Having diarrhea. no vomiting. will take treats but not interested in wet/soft foods as much. Tried giving I/D pate. PE: wnl. Continued cerenia. Sent home omeprazole, entyce, proviable, metronidazole. 5/12/22: O said P was previously sick with V/D ( Start of may) and has been told at the recent dr visits to try chicken and rice, then ID. Main concern is P seems to get tired of eating a particular food then bored of it and stops eating. No recent V/D. Last V episode was last Tuesday and D was last Sat went to daycare today and O said the day care called and said they ate all her food today because they added fish oil. O was a little upset and concerned if that might be the cause of her stomach upset. Diarrhea resolved. Only has responded well to cerenia. P foamed at the mouth and disliked entice. PE: wnl

**PATIENT**

Kona Triantafillou-Sunners

**SPECIES**

Canine

**BREED**

Miniature Goldendoodle

**SEX**

Spayed Female

Dispensed cerenia to continue until transitioning to salmon diet.  
Current Medications: Cerenia 60mg tablets: 1/2 tab PO SID since 5/12.

Lab Results: 5/4/22: CBC/Chem: Normal bloodwork. CPLI is normal no signs of Pancreatitis

Radiographs: Xray abdomen Stomach mucosa is inflamed but no signs of a FB. The bowel has sporadic areas of gas but not excessively dilated and no FB seen

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor/Torb.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS

**AGE**

6/5/21

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

**WEIGHT**

30.5 lbs

Left kidney is normal in size (4.92 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM

Right kidney is normal in size (5.44 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**HOSPITAL NAME**

Timonium AH

**Adrenal Glands**

Left adrenal gland is flat/smaller than expected in size (2.8 cm long, 0.34 cm at cranial pole and 0.37 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is flat/smaller than expected in size (2.26 cm long, 0.33 cm at cranial pole and 0.41 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**REFERRING VET**

Dr. Falkowski

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**INVOICE**

30605

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

### ***Gastrointestinal***

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

### ***Pancreas***

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

### ***Free Abdomen***

Mild, hypoechoic mesenteric lymphadenopathy is noted.

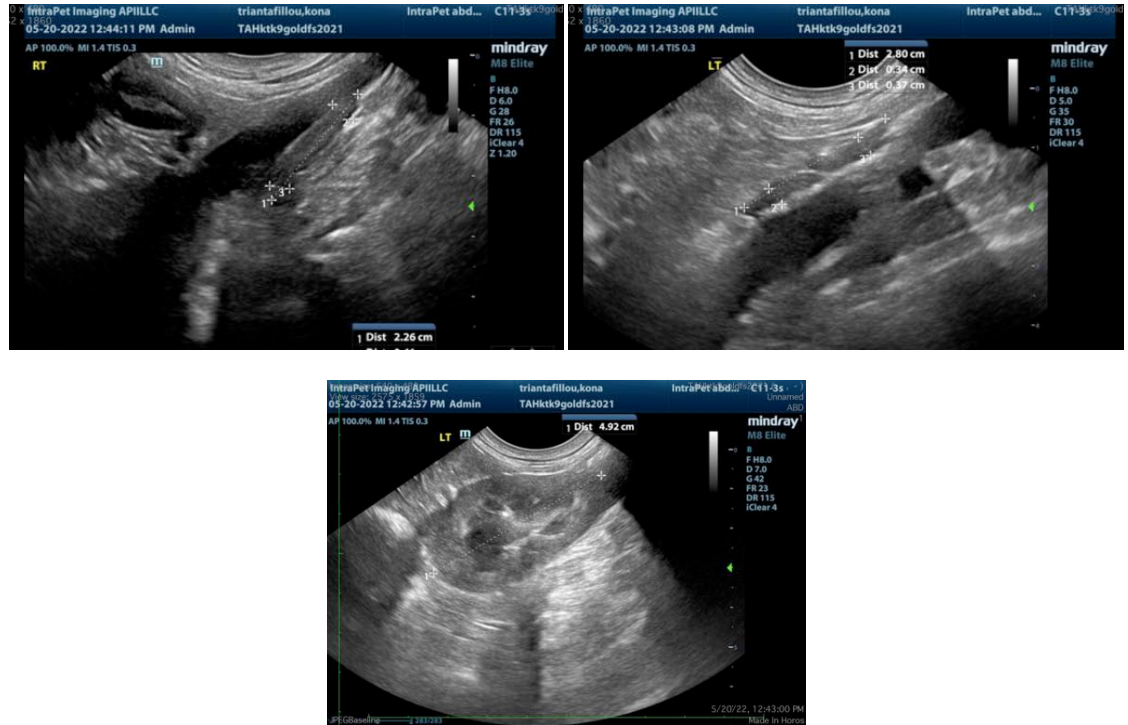
## **ULTRASONOGRAPHIC FINDINGS**

- Bilaterally flat/small adrenal glands, concerning for hypoadrenocorticism. Normal variant is possible, but considered less likely given the patient's signalment, clinical signs, etc.
- Most likely reactive mesenteric lymphadenopathy. Infiltrative neoplasia cannot be ruled out, but is considered much less likely.

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

Recommendations for this patient include an ACTH stimulation test. If the ACTH stimulation test is not diagnostic for hypoadrenocorticism then the next step is to consider a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory +/- FNA of the enlarged mesenteric lymph nodes if possible and if the patient's coagulation status is appropriate.





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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com