**DATE PRESENTING CLINICAL SIGNS**

6/29/2023

Hyporexia since flu vac given 6/13/23. Had vomited shortly after vaccination but none since. Seen 6/23/23 for work-up with NSF. Pet continues to have decreased appetite on cerenia and entyce. History of chronic diarrhea and giardiasis managed by Nexus in February/March; diarrhea has since resolved.

PATIENT

Kiwi Perez

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

Current Medications: ENTYCE 30MG/ML 10 ML. 6/23/2023, Cerenia 16mg tablet 6/23/2023, Cerenia Injection 10mg/mL 6/23/2023, Pro-Pectalin Tablets 4/26/2023, Cerenia Injection 10mg/ml 4/26/2023 Diazepam 5mg/ml Injection 4/24/2023, Trazodone HCL 50mg Tablet 4/24/2023, Gabapentin 50mg/ml oral per ml 4/24/2023, Ketamine Injection 100mg/ml 4/24/2023, Carprofen Injection 50mg/ml 4/24/2023 Carprofen 25mg Tablet 4/24/2023, Buprenorphine 0.5mg/ml (per ml) 4/24/2023, Metronidazole Tablet 250mg 3/8/2023, Panacur 20lbs per Packet 3/8/2023, Provable Forte Cat/Small Dog 3/8/2023, Tylosin Powder per gram 2/28/2023, Amoxicillin Liquid 250mg/5ml 30ml Bottle 2/14/2023, Panacur 10lbs per Packet 2/13/2023, Metronidazole Oral Solution 100mg/ml 2/13/2023, Nexgard Single Dose 10-24lbs 2/10/2023, Interceptor Plus 8-25lbs single dose 2/10/2023, Strongid Liquid 50mg/ml per ml 1/26/2023 Fortiflora Canine Box 1/26/2023

Lab Results: NSF 6/23/23.

Radiographs: NSF 6/23/23.

Date of Previous IntraPet Ultrasound: No previous.

AGE

8/17/2022

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.

WEIGHT

13.19lbs

The right kidney is normal in size (3.91 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 (4.17 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.

INTERPRETED BY

Eric Lindquist,
DMV
DABVP, Cert.
IVUSS

Adrenal Glands

The right adrenal gland is normal in size (cranial 0.55 cm, caudal 0.5 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (cranial 0.29 cm, caudal 0.42 cm), shape, and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Everhart
Veterinary
Hospital

REFERRING VET

Dr. Notarangelo

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.

INVOICE

10297

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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction or foreign material. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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.

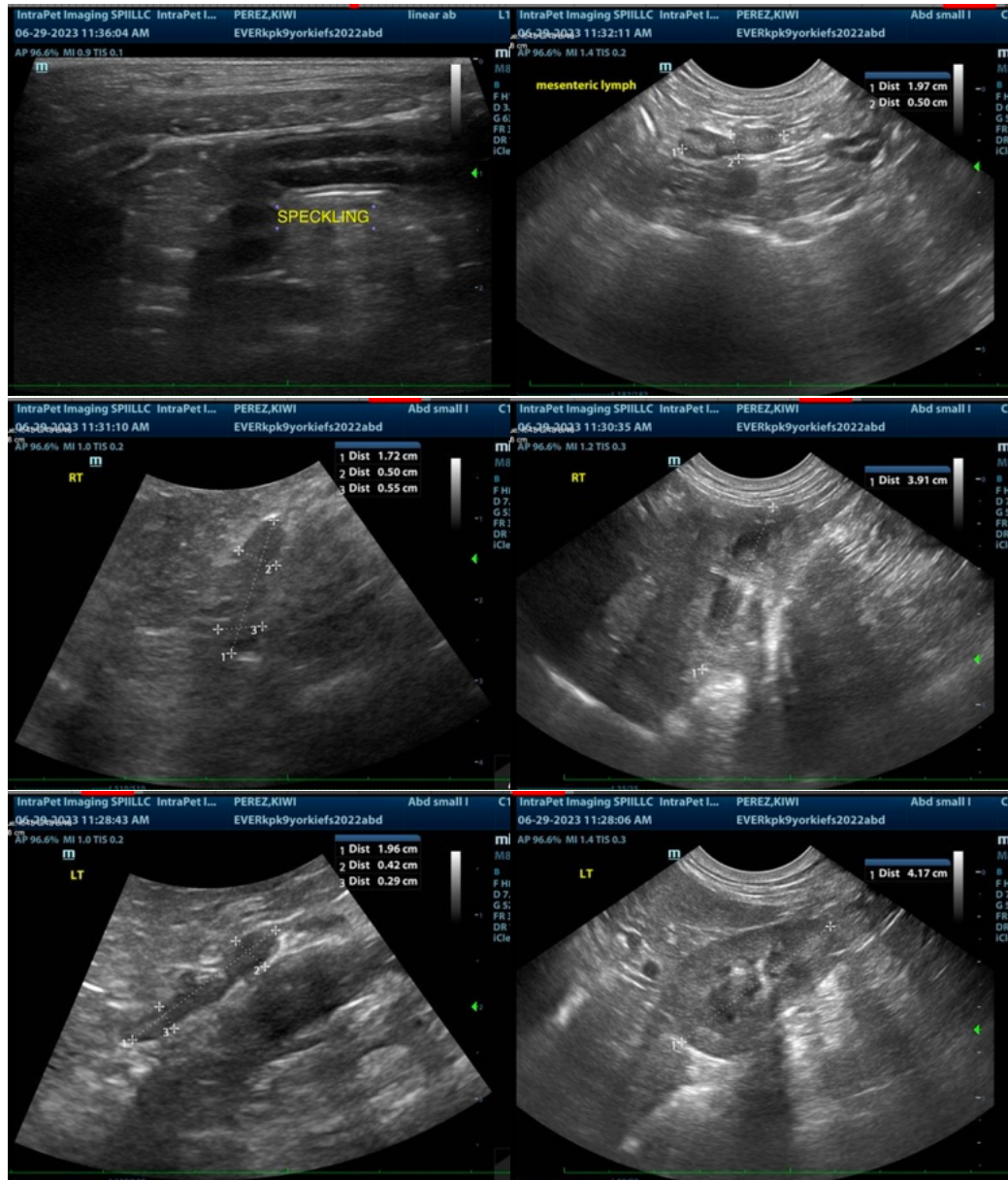
The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Very subtle/mild mucosal speckling** – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely. This finding may be partially normal patient variant given young age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism. A fecal exam is recommended as is 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. There is no ultrasonographically visible evidence or suspicion of portosystemic shunt, however one cannot be definitively ruled out. Given patient breed additional diagnostic considerations could include bile acids.



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.

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