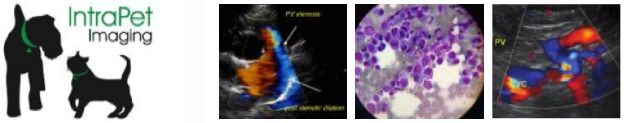
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

7.12.2023

PATIENT

Ace Antonio

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered Male

AGE

6/13/2015

WEIGHT

74.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

13663

PRESENTING CLINICAL SIGNS

On/off vomiting for past 6 months-now more frequent and multiple times per week eating grass, borborygmi.

Current Medications: course of sucralfate and omeprazole-no change, RC GI low fat canned course-no change
Lab Results: SDMA 17 ug/dL 0 – 14, CREA 1.4 mg/dL 0.5 - 1.5, CORTISOL ADD-ON: CORTISOL 2.2 ug/dL 2.0 - 6.0, SPEC cPL ADD-ON: SPEC cPL 33 ug/L 0 – 200, fecal negative
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Butorphanol (10 mg/ml) 1 ml IV.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in size (6.91 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.

Right kidney is normal in size (5.59 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 left adrenal gland is small (flattened contour) (0.42 cm at the cranial pole / 0.48 cm at the caudal pole). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The right adrenal gland is small (flattened contour) (0.54 cm at the caudal pole / 0.51 cm at the caudal pole). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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

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.

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 reverbation 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. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

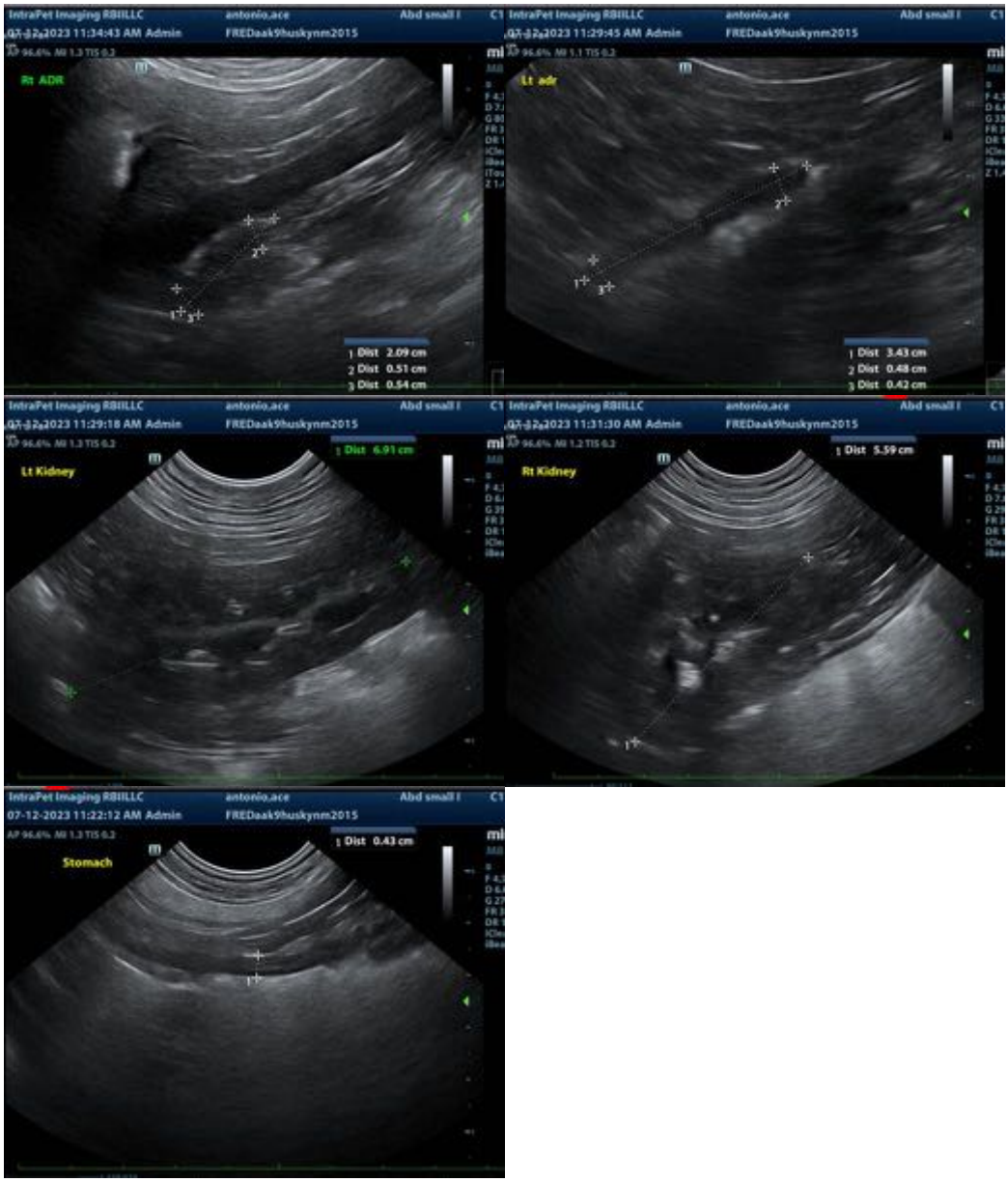
Findings

- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While hypoadrenocorticism is of very low likelihood with a baseline cortisol >2.00, given this patient's proximity to and flat adrenal glands, a full ACTH stimulation test should be considered.

Pending results, further evaluation of gastrointestinal health is recommended, beginning with a fecal exam (if not recently evaluated), as well as 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. In the meantime, empirical deworming with a 5-day course of Panacur is recommended. Additionally, an empirical course of helicobacter therapy could be considered, and if tolerated, transition to a hydrolyzed protein diet could be considered. Some patients respond to one brand or version of hydrolyzed protein diet better than another, so sometimes multiple trials are warranted. Ultimately, if clinical signs persist, further evaluation for biopsies (either endoscopically or surgically) may be indicated.



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
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