

**DATE PRESENTING CLINICAL SIGNS**

8/9/23

On/off GI issues for couple years; vomiting, diarrhea, sometimes hematochezia, lethargy, inappetence, on/off lip smacking/hard swallowing/burping-possible reflux. History of suspected underlying allergic disease, ear infections, pruritus, etc. Was on RC ultamino for years, no eating RC HP diet

PATIENT

Casey Malone

Current Medications: has had metronidazole, cerenia, sucralfate, omeprazole, supportive care, etc on/off in past RC HP diet

SPECIES

Canine

Lab Results: most recent bw was 6/2023. full bw wnl. CORTISOL ADD-ON: CORTISOL 2.0 ug/dL 2.0 - 6.0, SPEC cPL ADD-ON: SPEC cPL 78 ug/L 0 - 200

Date of Previous IntraPet Ultrasound: No previous.

BREED

Goldendoodle

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

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.

AGE

7/11/15

The right kidney is normal in size (6.37 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.

WEIGHT

66.4 Pounds

The left kidney is normal in size (5.88 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.77 cm at the cranial pole and 0.80 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Frederick Road VH

The left adrenal gland is normal in size (0.52 cm at the cranial pole and 0.58 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Beyer

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). A 2.4 cm x 1.6 cm hypo- to anechoic non-capsule disrupting nodule is noted in the mid body. Splenic vasculature appears normal.

INVOICE

44545

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 caudal aspect of the body of the stomach is thick, measuring between 1.2-1.3 cm thick with less distinct but not complete loss of layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. 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. 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.

There is no apparent lymphadenopathy noted in these images.

There is no evidence of heart base or pericardial pathology noted in these images at this time. If cardiac function evaluation is desired a full echocardiogram is recommended.

A mildly prominent uterine stump is noted of unknown clinical significance.

ULTRASONOGRAPHIC FINDINGS

- Focally thick gastric wall – Suggestive of infiltrative disease and could represent a benign process secondary to parasitic or infectious disease, food insensitivity or allergy, other benign inflammatory disease, or less likely infiltrative neoplasia.
- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- The prominent uterine stump is of unknown clinical consequence and should be interpreted in combination with clinical signs or lack thereof.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's borderline low baseline cortisol, if not already evaluated a full ACTH stimulation test is recommended.

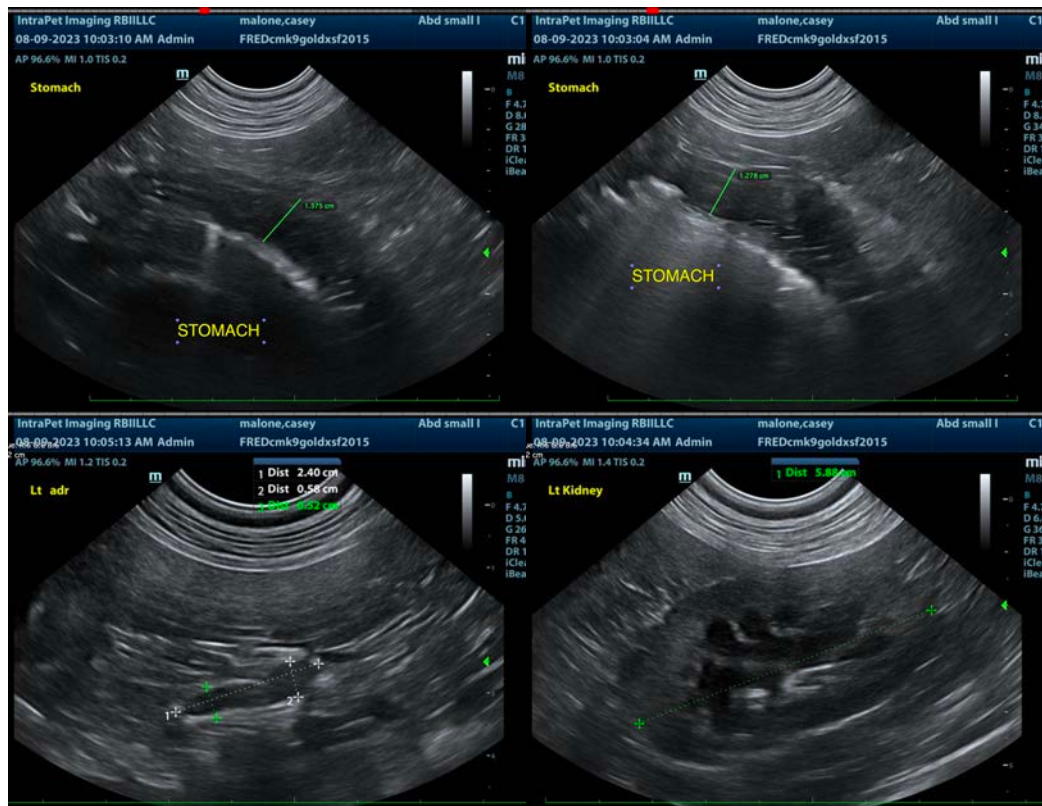
If not recently evaluated, a fecal exam is recommended.

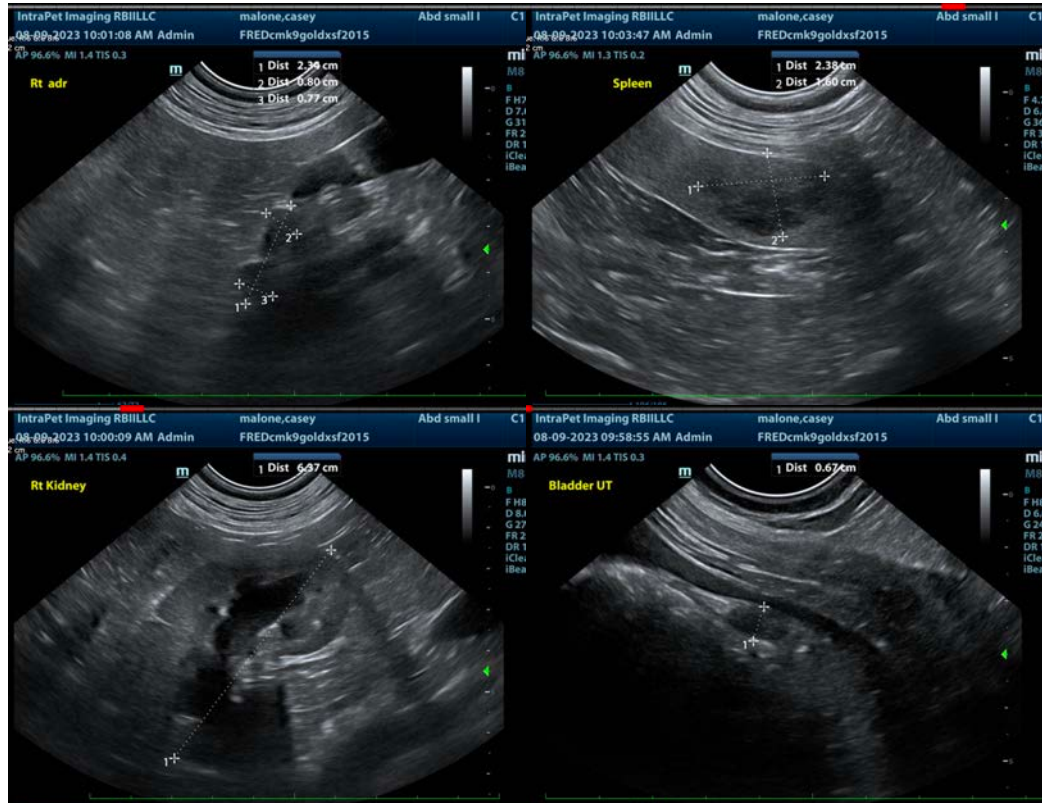
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Please contact lab for recommendations on how long to discontinue antibiotics prior to obtaining a stool sample for PCR analysis.

Pending results, ultimately tissue sampling may be necessary for a definitive diagnosis and could be considered in the form of a fine needle aspirate of the stomach if patient's coagulation status is appropriate, or potentially upper GI gastroscopy/endoscopy for further visual evaluation as well as biopsies of both the stomach and proximal small bowel.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as is an empirical course of helicobacter therapy in addition to supportive/symptomatic medical management already in place.





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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