

**DATE PRESENTING CLINICAL SIGNS**

1/27/22 History: Persistent vomiting bile.

**PATIENT** Lab Results: hypoalbumenemia, lymphocytosis, crystalluria. Attached separately.  
Radiographs: Attached separately.

Phillip Germain Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Oral gabapentin. No further sedation required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Hound X

**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.

**SEX**

Neutered Male

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

**AGE**

12/16/20

The right kidney is normal in size (4.76 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**

29.3 Pounds

The left kidney is normal in size (4.84 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**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The right adrenal gland is normal in size (3.2 cm long x 0.65 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.

**IMAGING PERFORMED BY**

The left adrenal gland is normal in size (3.02 cm long x 0.63 cm at the cranial and 0.71 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Happy Tails VH

**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.

**REFERRING VET**

Dr. Calpeno

**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.

**INVOICE**

35142

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**

Gastric fundic mucosal hypertrophy with hyperechoic mucosa and some mucosal remodeling is noted. There is no loss of mural detail. Layering is normal. There is mild luminal fluid accumulation. An echogenic foci with

strong acoustic shadowing was present within the lumen, which could represent a pill or other small incidental foreign object. There is no evidence of an obstructive pattern.

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**

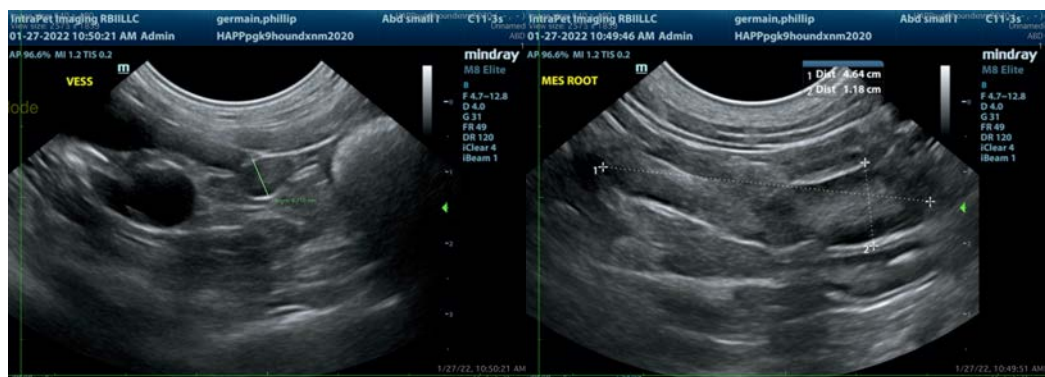
There is no evidence of peritoneal effusion. Mesenteric lymphadenopathy and medial iliac lymphadenopathy are both appreciated in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- Gastritis – Microulceration cannot be ruled out. A luminal object causing strong acoustic shadowing is present, consistent with a pill or an incidental foreign object with no evidence of obstruction/obstructive pattern, believed to be an incidental finding.
- Reactive lymphadenopathy – Consistent with patient’s age +/- reactive inflammatory change.

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

Given the clinical signs and concurrent hypoalbuminemia, recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory. Given the concurrent lymphocytosis, a baseline cortisol is also recommended with a follow up ACTH stimulation test if the baseline cortisol is <2.0. If possible, also given the lymphocytosis, a fine needle aspirate of the mesenteric lymph nodes is recommended if patient’s coagulation status is appropriate. Testing for infectious diseases is also warranted given the lymphocytosis. Further investigation of the object in the stomach could be evaluated via abdominal radiographs, or recheck ultrasound of the stomach if clinical signs persist/progress. In the meantime, management of gastritis/possible bilious vomiting is recommended with antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, and potentially a bedtime snack.





**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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