

**DATE PRESENTING CLINICAL SIGNS**

2/1/22

History: Diarrhea, Vomiting, pacing for about 12 hours. No history of dietary indiscretion. Abdomen somewhat distended, non-painful. stool liquid, light in color with some blood. Vomiting undigested food then bile.

**PATIENT**

Pepper Zanfardino

Current Medications: IV Lactated ringers, Cerenia, Ampicillin, Pepcid since hospitalization 1/31/2022.  
Lab Results: SNAP cpl abnormal, ALP 964.

**SPECIES**

Canine

Radiographs: Hepatomegaly on radiographs, rugal folds obvious?  
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**BREED**

Cocker Spaniel

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**Urinary System**

The urinary bladder is over 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**

2/3/13

The right kidney is normal in size (6.49), 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**

37 Pounds

The left kidney is normal in size (6.03 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 (2.68 cm long x 1.4 cm at the cranial and pole 0.82 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

The left adrenal gland is normal in size (3.12 cm long x 0.71 cm at the cranial pole and 0.73 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Chadwell AH

**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. Malick

**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**

35349

The gallbladder is moderately distended with anechoic bile and gravity dependent echogenic sediment. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### ***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, 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 pancreas is diffusely prominent with normal shape and slightly coarse echotexture, and is hypoechoic to surrounding tissue. Mildly reactive hyperechoic mesentery is present. No free fluid is noted.

### ***Free Abdomen***

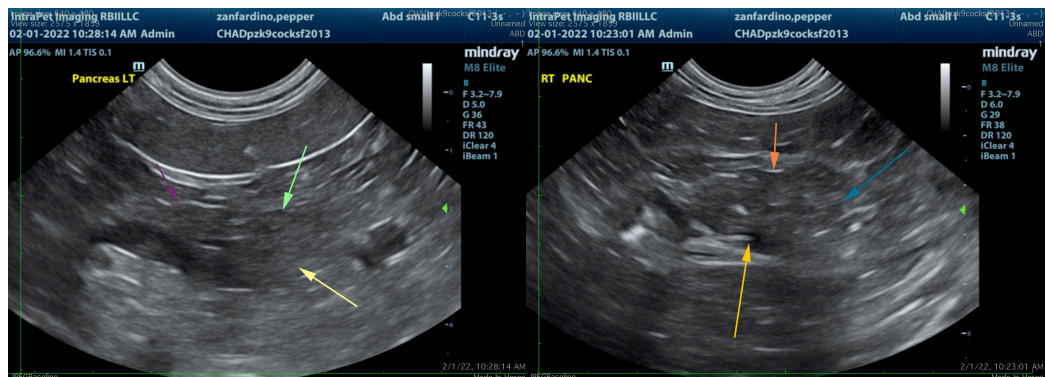
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

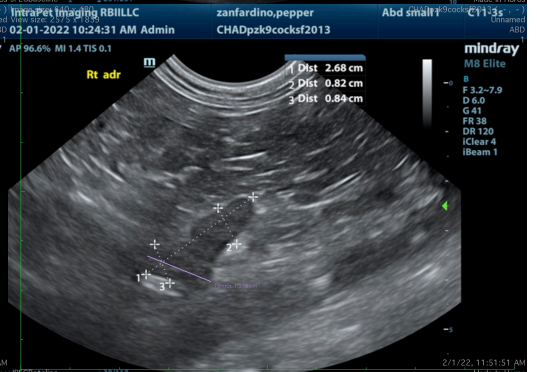
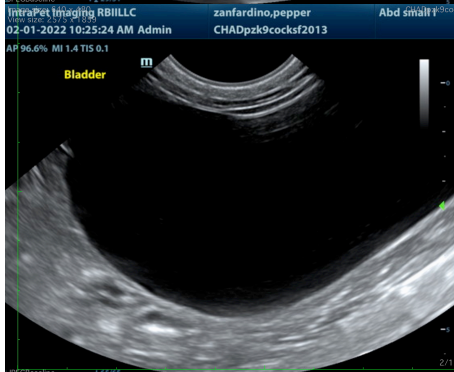
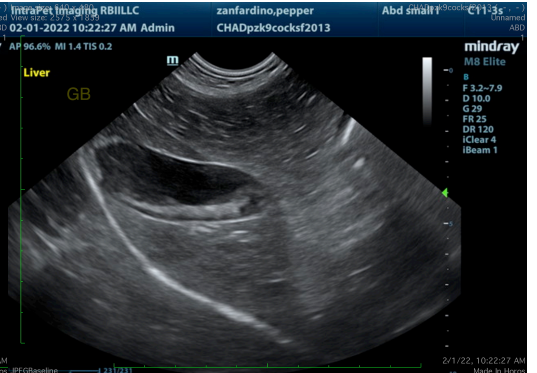
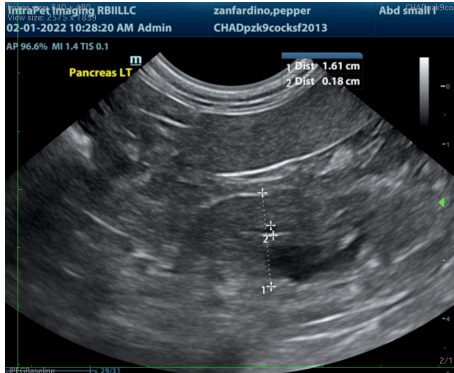
## **ULTRASONOGRAPHIC FINDINGS**

- Mild acute or resolving pancreatitis
- Gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Overdistended urinary bladder - consistent with patient being on IV fluids.

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

Recommendations include supportive medical management of pancreatitis/gastroenteritis with antiemetics, gastroprotectants, probiotic (given the reported diarrhea) +/- an appetite stimulant if necessary, combined with pain management if indicated and broad-spectrum antibiotics. Empirical deworming with a 5-day course of Panacur is also recommended given the reported hematochezia. If clinical signs do not resolve with supportive care, recheck imaging +/- gastrointestinal malabsorption panel to further assess the GI tract and pancreas may be warranted.





**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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