

**DATE**

2/7/22

PRESENTING CLINICAL SIGNS

History: History of intermittent vomiting, especially when anxious. Recent hematemesis treated supportively with Cerenia. Las two lab works checks have show significant elevation of PSL and new mild ALKP elevation. Advise senior screen and assessment of GI organs.

PATIENT

Mya Fisher

Current Medications: Cerenia 60mg 1 tablet every 48-72 hours.

Lab Results: 8/7/2021: PSL 533. 1/14/2022: ALKP 261, PSL 303. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

SPECIES

Canine

BREED

Labrador Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

SEX

Spayed Female

Left kidney is normal in size (5.98 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

AGE

8/1/08

Right kidney is normal in size (5.93 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. Non-obstructive areas of mineralization/nephroliths are noted, primarily in the diverticular of the kidney.

WEIGHT

47.8 lbs

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

Left adrenal gland is normal in size (2.85 cm long x 0.58 at cranial pole and 0.78 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (2.81 cm long x 0.92 cm at cranial pole and 0.73 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

HOSPITAL NAME

Everhart VH

Spleen

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Notarangelo

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

INVOICE

95848

Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall and pyloric outflow tract are partially inhibited by gas.

The small intestines are normal in wall thickness and layering. However, the muscularis layer is thick relative to the mucosal layer, which is consistent with infiltrative disease such as inflammatory bowel disease or less likely infiltrative neoplasia such as lymphoma. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. However, the right limb appears mildly hyperechoic to the surrounding tissue. There is no evidence of peripancreatic inflammation.

Free Abdomen

Lymph nodes are normal with no observed enlargement.

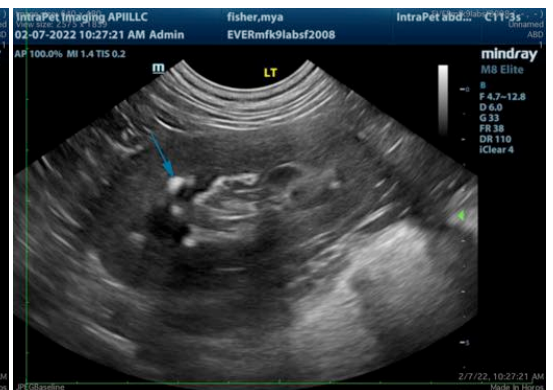
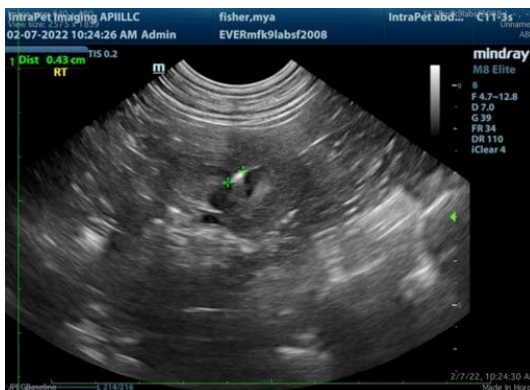
ULTRASONOGRAPHIC FINDINGS

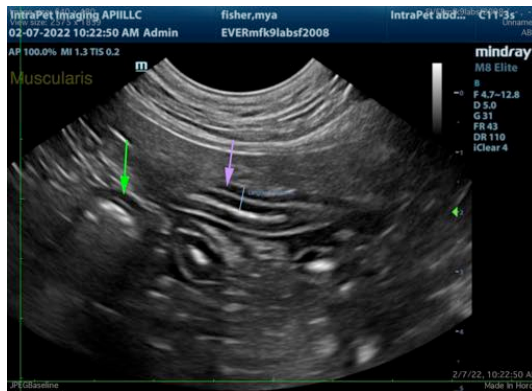
PRIMARY FINDINGS:

- Non-obstructive nephrolithiasis.
- Full visualization of the gastric wall is partially inhibited by gas.
- Thickened muscularis layer in the small intestines.
- Mildly hyperechoic right pancreas. This is consistent with chronic pancreatitis versus normal patient variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of the gastrointestinal tract and pancreas. Given the recent reported hematemesis other recommendations include empirical deworming with a 5 day course of Pancur as well as medical management of gastritis/microulceration with antacids +/- Sucralfate +/- antiemetics if still required to control clinical signs. A transition to either a bland, easy to digest diet or if that doesn't help control clinical signs a novel or hydrolyzed protein diet may also help alleviate clinical signs if gastrointestinal wall muscularis thickening is secondary to food allergy/IBD. If the clinical signs persist recommendations include gastroscopy to further evaluate the gastric mucosa followed by biopsies of the stomach and small bowel.





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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