

**DATE PRESENTING CLINICAL SIGNS**

3/29/23

ATO in room: - Last week had incident - went under fence, came back full of blood, needed stitches right shoulder and back, 3 teeth hanging, somewhat witnessed by neighbor- 3 big dogs attacked her - went to pleasantville rDVM- anesthesia, dental extractions, xrays, astimax, rabies vaccine, wound repair 1. Rx: augmentin, carprofen, oxycodone - finished all medications on sunday - Plans to follow up 2 days later, bruising - Not eating - Stretching prayer position - concerned for abdominal pain - First injured no bruising, 2nd day started bruising- seems lighter since then - Vomited 1am 3x, last night/ am / afternoon - diarrhea? runny/ soft not normal - Off all medication since sunday - Main concern if something else going on with stomach and pain - Not really drinking

PATIENT

Sofie Dawson

SPECIES

Canine

BREED

Maltese X

SEX

Spayed Female

Current Medications: buprenorphine, ampicillin, maropitant, protonix, Vitamin B12

Lab Results: See attached.

Radiographs: hazy detail; dilated stomach: area of free gas noted in the cranial abdomen?

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

10/21/15

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.

WEIGHT

8.7 Pounds

The right kidney is normal in size (3.65 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

The left kidney is normal in size (3.86 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.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

The right adrenal gland is normal in size (1.51 cm long x 0.58 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Kalwa

The left adrenal gland is normal in size (1.76 cm long x 0.64 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INVOICE

46255

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with a diffusely subjectively hypoechoic echogenicity relative to surrounding tissues. No focal nodules or masses are observed. Splenic vasculature appears normal. **This appearance may be secondary to the brightly enhanced hyperechoic mesenteric fat in the area versus a true splenic change.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses 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 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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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.

Diffusely hyperechoic enhanced mesentery and mesenteric fat is noted throughout the cranial abdomen.

PRIMARY FINDINGS

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Additionally, the spleen has an overall hypoechoic appearance, which again may be being appreciated in contrast to the diffusely hyperechoic mesentery. However, diffuse infiltrative disease including benign extramedullary hematopoiesis or lymphoid hyperplasia as well as infiltrative neoplastic disease such as round cell neoplasia, while considered less likely, must be considered.
- The diffusely enhanced hyperechoic cranial abdomen may be secondary to the reported trauma, especially if the patient was picked up or shaken by a larger dog, resulting in internal as well as the visible external trauma. There is no free fluid or other evidence of a communicating wound, but that cannot be definitively ruled out, especially given the reported concern for some free gas noted radiographically.

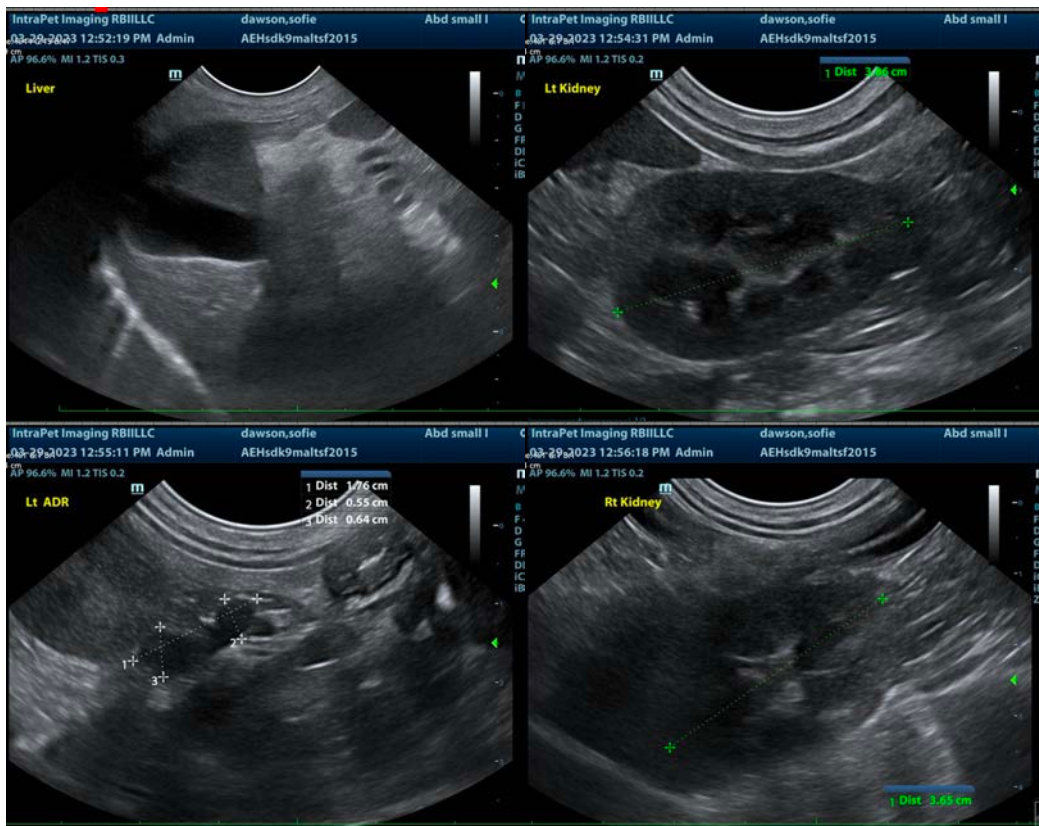
SECONDARY FINDINGS

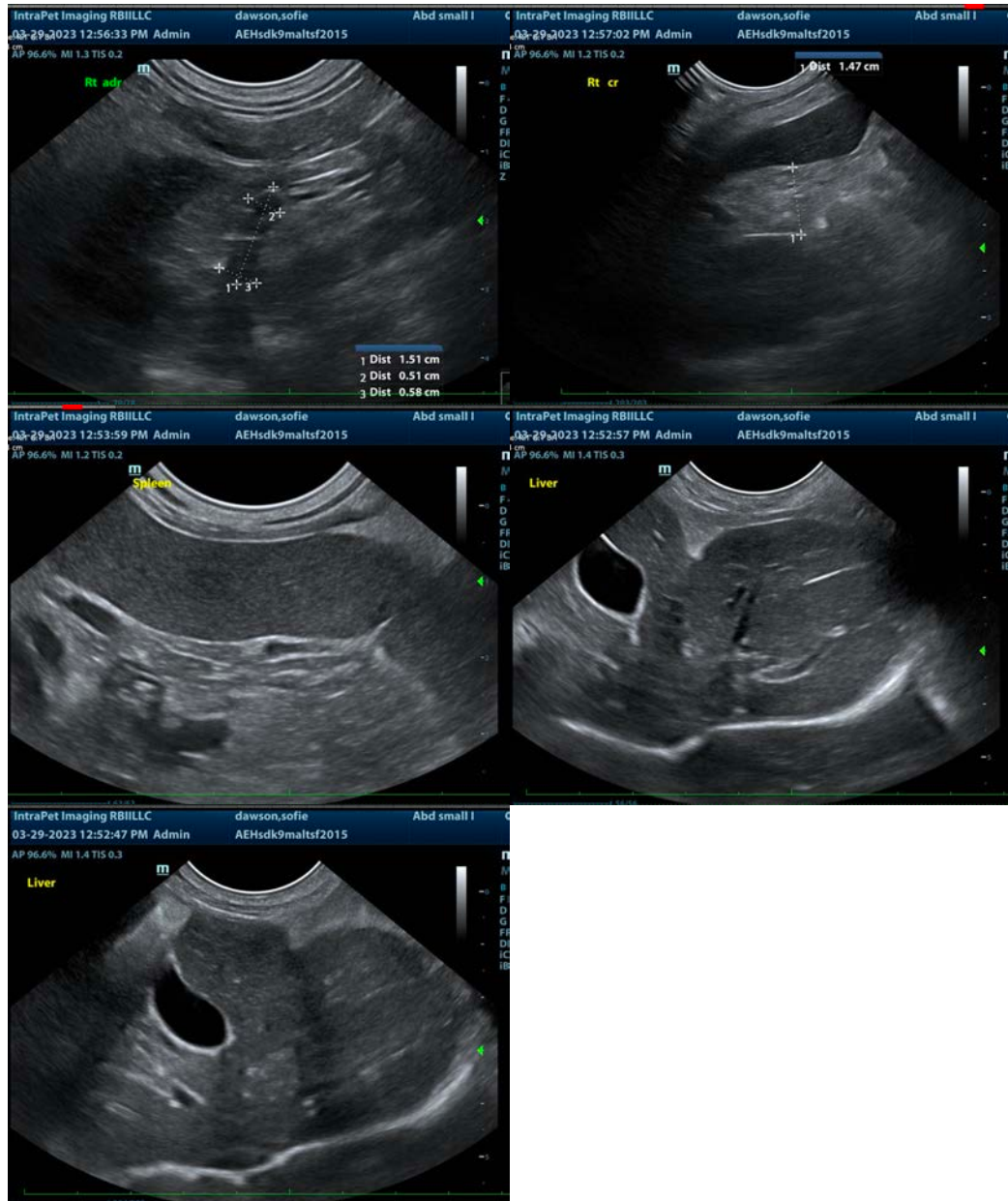
- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reported newly developed gastrointestinal signs could potentially be secondary to medications, especially antibiotics, and recommendations include supportive/symptomatic medical management of antibiotic intolerance, gastroenteritis, etc. in addition to continued main management, given the reported physical exam pain combined with the inflammatory changes noted in the cranial abdomen.

If concern continues for free gas in the abdomen, radiographic monitoring is recommended if not further, more advanced imaging such as an abdominal CT scan or even exploratory surgery of the wounds and/or the abdomen.





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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