

**DATE PRESENTING CLINICAL SIGNS**

6/20/23 Extremely lethargic, inappetent, abdominal pain, 4 lbs weight loss. temp - 101
6% dehydrated. Hospitalization and further imaging were declined twice. Had an initial good response to Cerenia, but is now back to original symptoms.

PATIENT

Bella Ratajczak

Current Medications: cerenia 160 mg, 1/2 tab PO QD past 6 days.

Lab Results: WBC mildly elevated with stress response. K - mildly decreased

SPECIES

Radiographs: area behind stomach/cranial abdomen on lateral view very indistinct and mottled appearance.

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic/Valium.

BREED

Stat Report: Declined at this time.

Imaging Performed By: Stephanie Warga RDCS, RVT.

Siberian Husky

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Spayed Female

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

10/26/12

The right kidney is normal in size (6.72 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

78 Pounds

The left kidney is normal in size (6.35 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 (2.85 cm long x 0.70 cm at the cranial pole and 0.59 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Chadwell AH

The left adrenal gland is normal in size (3.05 cm long x 0.60 cm at the cranial pole and 0.68 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Schaupp

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.

INVOICE

43309

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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. 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. However, in the cranial abdomen there is a markedly corrugated/hyperperistaltic appearing duodenum.

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 difficult to fully visualize, given the marked degree of enhanced hyperechoic mesentery and fat throughout the cranial abdomen as well as echogenic appearing free fluid.

Free Abdomen

There is a large amount of very echogenic appearing free fluid and diffusely clumped hyperechoic mesentery and mesenteric fat.

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.

ULTRASONOGRAPHIC FINDINGS

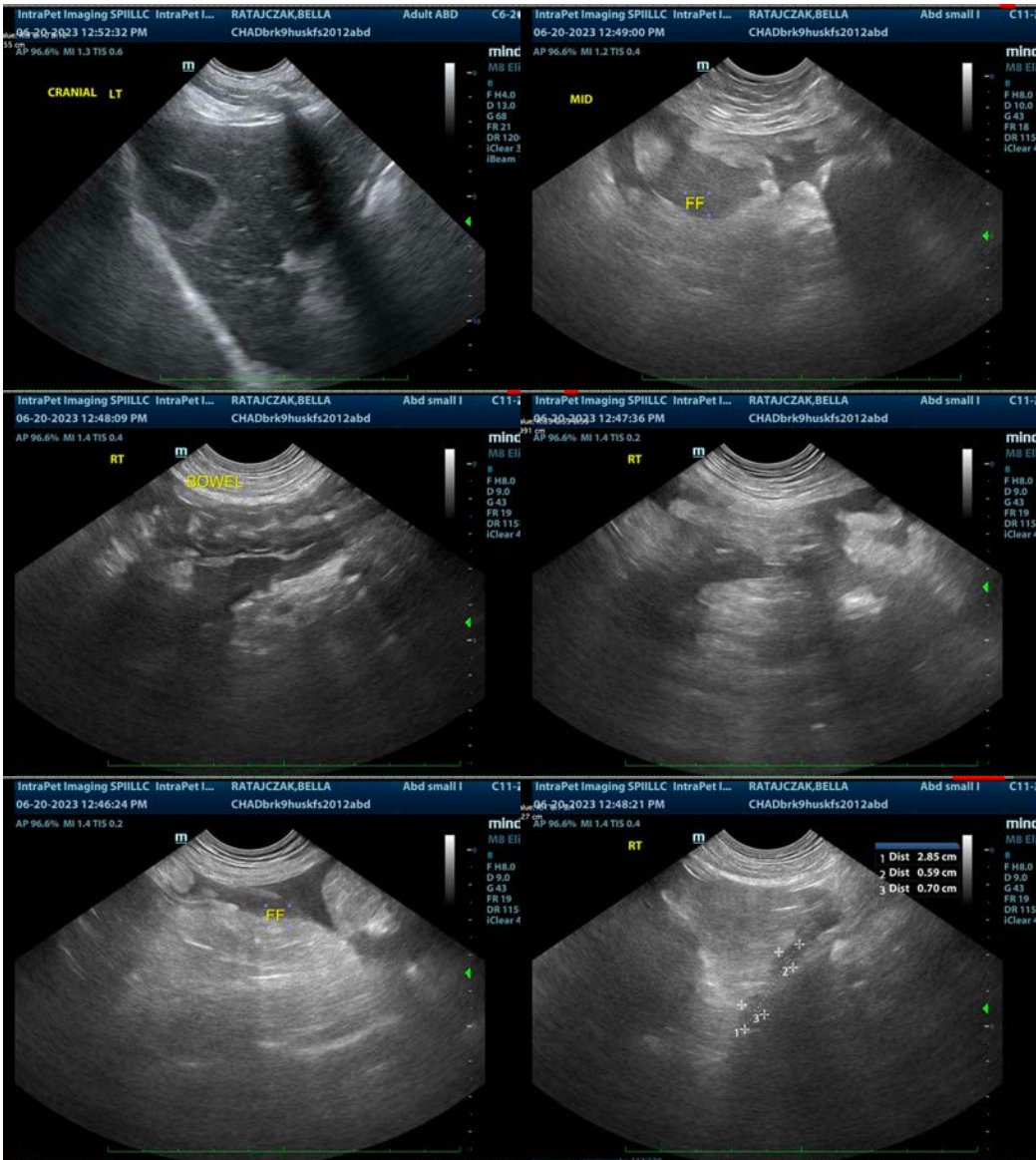
- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Mild gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary 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.
- The echogenic appearing free fluid, enhanced hyperechoic mesentery and mesenteric fat as well as the corrugated hyperperistaltic duodenum are all suggestive of inflammation/peritonitis, which could be secondary to pancreatitis versus focal gastroenteritis versus other. Given the echogenic appearance of the free fluid, a neoplastic effusion as is seen with carcinomatosis, etc. is also possible.

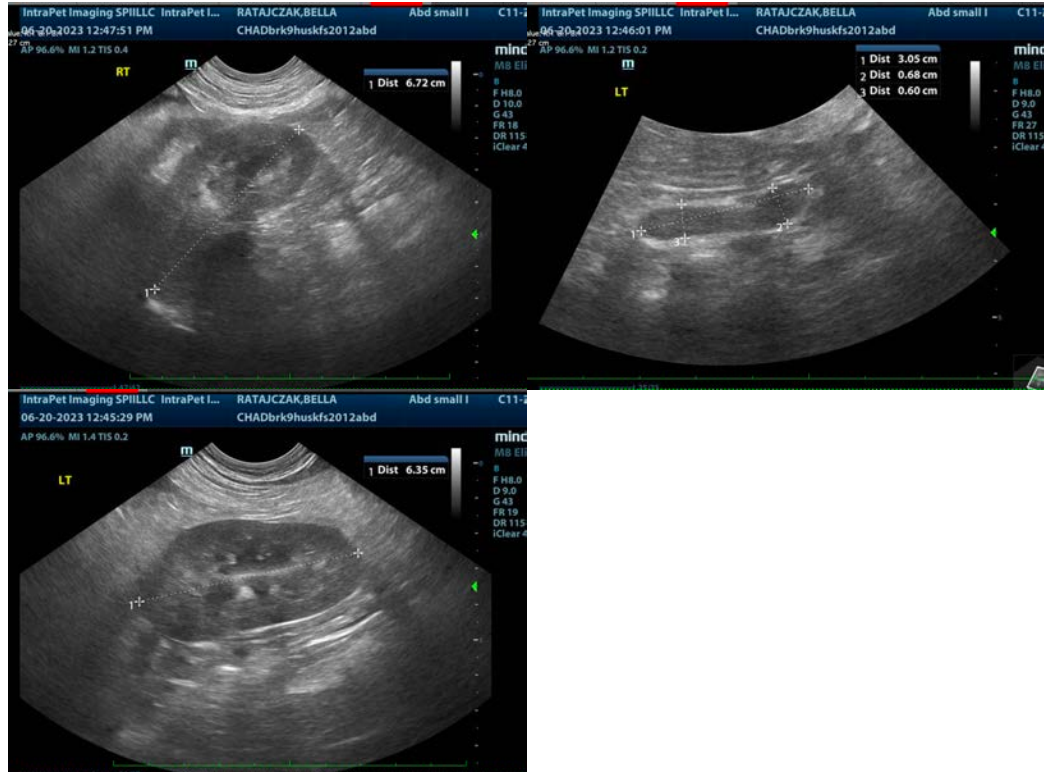
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported visual appearance of the free fluid sampled, the first recommendation is to look for evidence/rule in/out a septic abdomen via cytology of the free fluid +/- culture and sensitivity if indicated based on cytology results.

In the meantime, supportive/symptomatic medical management of possible emerging pancreatitis versus other underlying causes of gastroenteritis/peritonitis should be considered in the form of antiemetics, gastroprotectants, appetite stimulants, or nutritional support as needed, pain management given this

patient's marked degree of pain, broad-spectrum antibiotics, fluid therapy, etc. Recheck/monitoring of the abdomen via ultrasound may be helpful pending results and patient progression.





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.

Beth Johnson, DVM, DACVIM
info@sonopath.com