

**DATE PRESENTING CLINICAL SIGNS**

8/15/23

Was here Friday and Saturday for GI issues. Was doing well, so was discharged, but hasn't eaten much since he came home. Owner offering baby food, boiled chicken drumsticks. Drank some water this morning, then owner could hear tummy grumbling. Owner found a few drops of blood on bathroom rug. Owner gave meds and tried to syringe in some rice cereal. Around 8:30 this morning, he vomited blood. Has been laying around a lot since picked up on Saturday night.

**PATIENT**

Gucci Shumway

**SPECIES**

Canine

Current Medications: Ondansetron, Cerenia, Metronidazole, Protonix.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Imaging Performed By: Rachel Brillhart, RDMS.

Italian Greyhound

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

Neutered Male

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

11/23/21

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

**WEIGHT**

13.6 Pounds

The left kidney has a normal shape and size (4.18 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The right kidney has a normal shape and size (4.18 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**REFERRING VET**

Dr. Goessling

The right adrenal gland is normal in size measuring 0.46 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**INVOICE**

44655

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

### ***Liver***

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There is an occasional area of small intestine that appears somewhat corrugated.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent lymph nodes at the mesenteric root. An example measures 0.75 cm x 1.66 cm, and 0.69 cm. The omentum is generally of normal echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Occasional areas of small intestinal bowel corrugation – Findings are most consistent with enteritis.
- Prominent lymph nodes at the mesenteric root – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

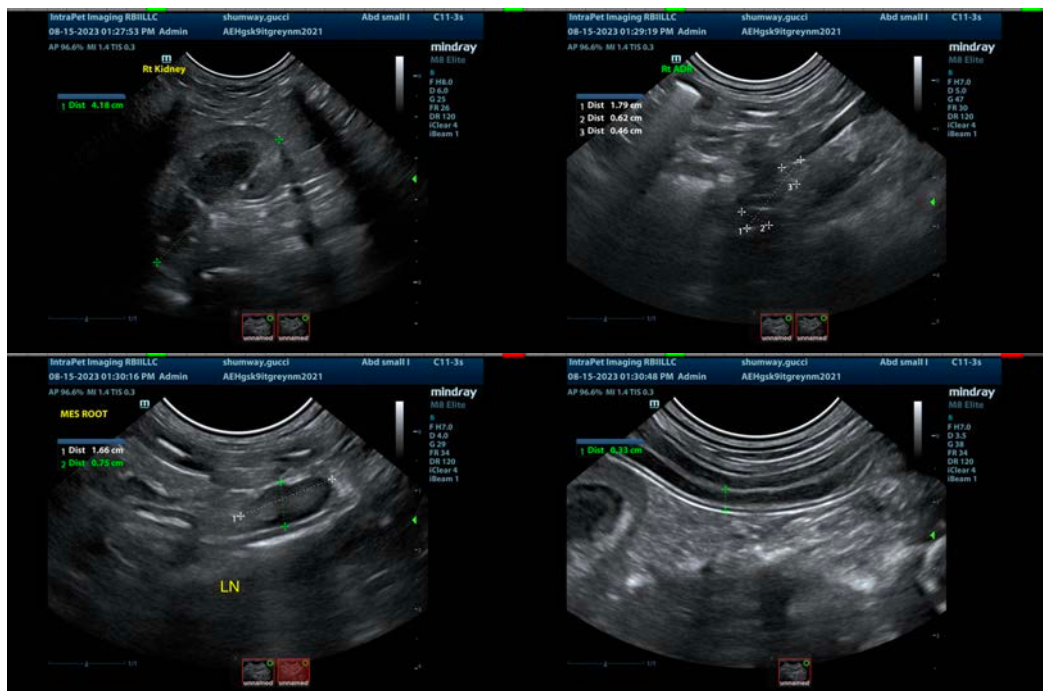
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

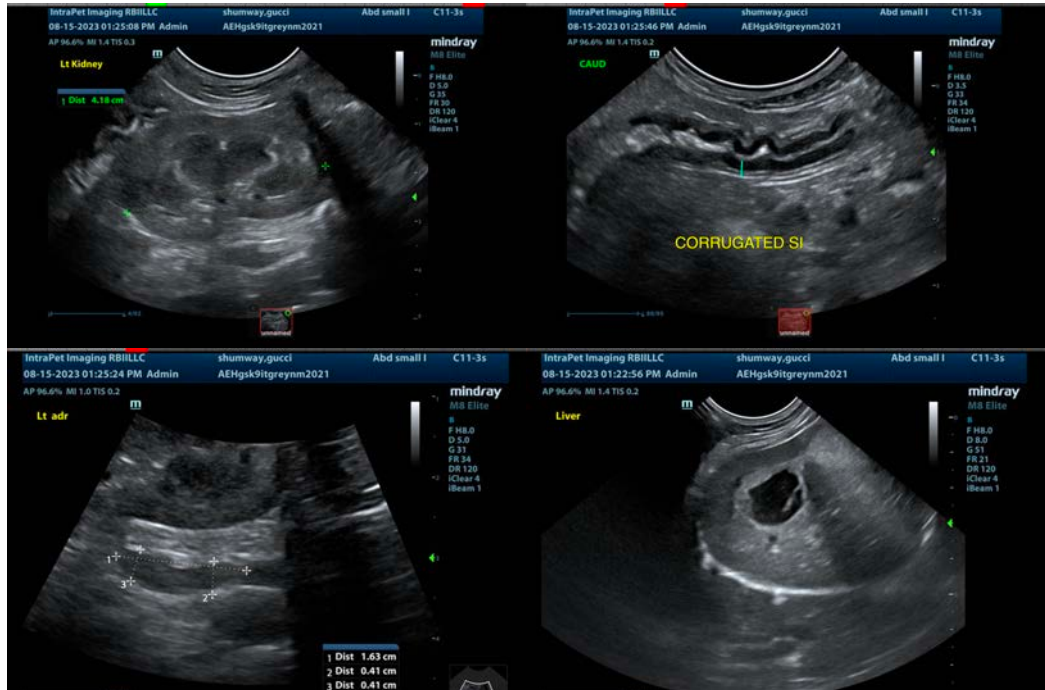
No focal bowel lesions are visualized, but there are some areas of corrugation most consistent with inflammation/enteritis. No evidence of an obstructive pattern is observed. Unfortunately, the abscess of these lesions does not rule out the possibility of ingested foreign material, etc., but makes it much less likely.

The changes observed associated with the pancreas and the gallbladder are relatively mild and likely incidental at this time. Continued monitoring is warranted.

My primary suspicion would be acute hemorrhagic diarrhea syndrome, although other differentials such as severe gastric ulceration, GI parasitism, etc. are possible. Recommend continued symptomatic therapy for severe hemorrhagic gastroenteritis. If symptoms are not improving, further evaluation such as upper GI endoscopy may need to be considered.

The lymph nodes at the mesenteric root are prominent. A fine needle aspirate of a mesenteric lymph node could be considered if there is a failure to respond to symptomatic therapy.





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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