

**DATE PRESENTING CLINICAL SIGNS**

8/16/21

History: Seen by the RDVM for the last month - on and off anorexia, hyporexia, and lethargy. Had an endoscopy to remove grass impaction from his stomach. He ate after the scoping then stopped. Has not eaten for 5 days. No vomiting. Loose stools.

PATIENT

Rocket Hernandez

Assesment: Anorexia. Lethargy.

SPECIES

Canine

Current Medications: Amp/Sulb (Unasyn). Ondansetron 2mg/mL Injection. Entyce soln.

Pantoprazole (Protonix). Maropitant Citrate (Cerenia).

BREED

Beagle

Lab Results: attached

Radiographs: Xray Abdomen 2 View Abnormal gas pattern

SEX

Neutered Male

Date of Previous IntraPet Ultrasound: no previous.

Sedation: not needed.

Stat Report: STAT requested.

AGE

2018

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

25.2 Pounds

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was uniform at 0.87 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.23 cm. The left kidney measured 5.42 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.23 cm x 0.63 cm at the caudal pole and 0.74 cm at the cranial pole. The left adrenal gland measured 2.05 cm x 0.66 cm at the caudal pole and 0.67 cm at the cranial pole.

REFERRING VET

Dr. Saubier

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

INVOICE

24721

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was empty. A portion of jejunum was particularly thickened with early loss of mural detail measuring 0.47 cm in wall thickness. A minor amount of chyme stasis was noted in the portion of affected jejunum, some of which was shadowing. It does not appear obstructive. The material in this region appears to be passively static. Soft stool noted in the colon. Regional periserosal inflammation noted.

Pancreas

The **pancreas** presented heterogeneous parenchymal changes and enhanced surrounding mesentery in the left limb.

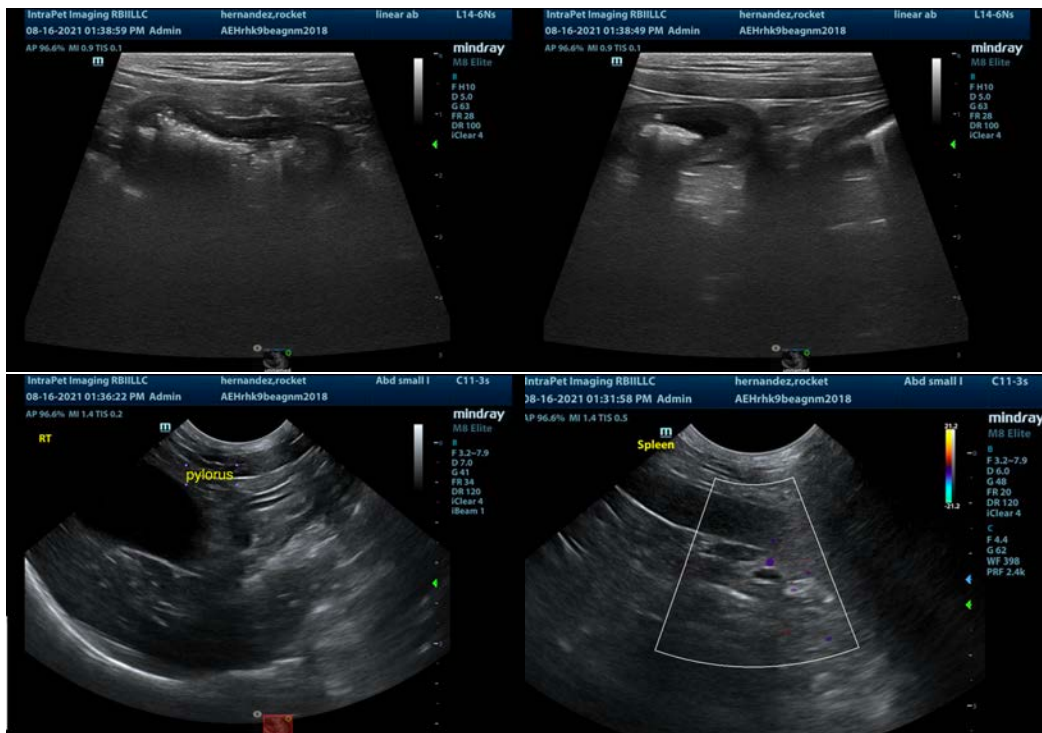
ULTRASONOGRAPHIC FINDINGS

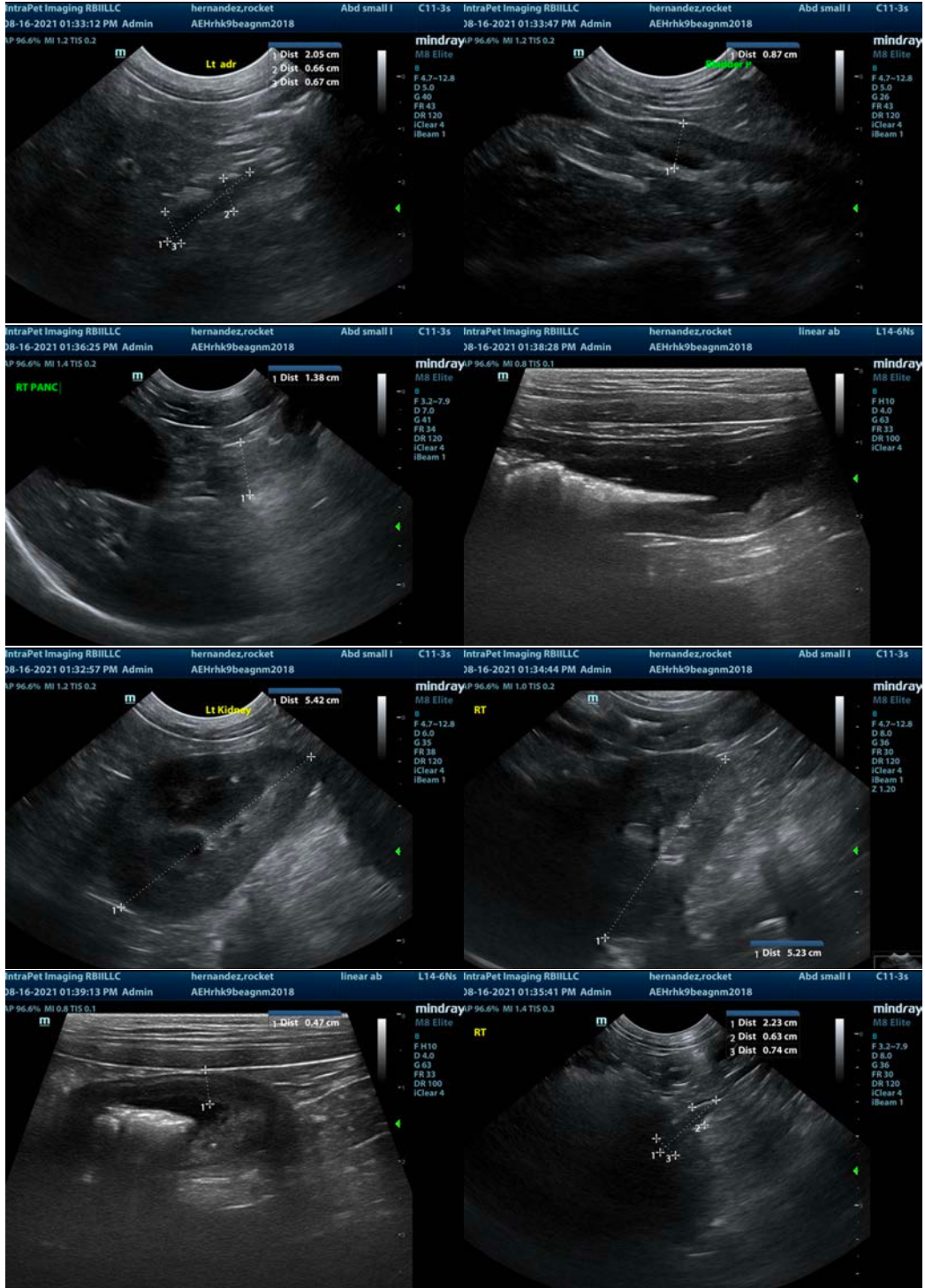
- Thickened jejunum with passive localized stasis – focal enteritis likely, soft foreign matter possible, not overtly obstructive.

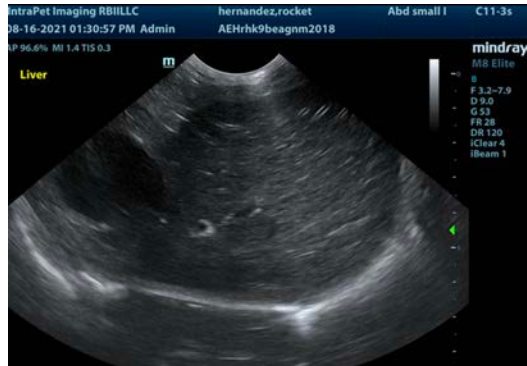
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for potential emerging neoplasia in this patient. However, localized enteritis and potential emerging intestinal necrosis is a concern. This can be treated medically with broad-spectrum antibiotics such as Enrofloxacin/Metronidazole combination, fluid support, GI protectants, and 24-hour NPO protocol. Recheck sonogram in 48-72 hours if the patient is stable.

Alternatively, surgical approach with resection and anastomosis of the portion of affected jejunum could be performed. However, this would be optimized by intraoperative ultrasound to localize the tapering thickness that is associated with this lesion, as the serosa has minimal reactive mesentery around it, and full resection may be difficult to identify from naked surgical eye. No regional lymphadenopathy noted at this time. Medical or surgical approach are both acceptable in this patient. Minor potential for emerging intestinal neoplasia.







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.

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