

**DATE PRESENTING CLINICAL SIGNS**

9/5/21

Bloody Diarrhea. Vomiting.

PATIENT

Maui Smith

History: Date: 09-04-2021 Notes: diarrhea, mustard yellow and no form, starting about 1 week ago - still E/D, chx + rice rDVM Monday: rx probiotic rDVM Thurs: metro, i/d (p does not love), Imodium, Kao-pectate --> gave some form to stool rDVM yesterday: BW = normal This AM did not eat. Called rDVM, rx Cerenia, omeprazole, Carafate V+ multiple times white phlegm + possible blood. Today very uncomfortable, stretching out. This afternoon ate a little.

SPECIES

Canine

Current Medications: Maropitant Citrate (Cerenia) 10mg/mL Solution. Ampicillin 125mg/vial Injection. Metronidazole 5mg/mL Injection. Pantoprazole (Protonix) 40mg/vial Injection. Buprenorphine 0.6mg/mL

BREED

Dachshund Mix

Lab Results: attached

Radiographs: some gas bubbles, no obvious obstructive pattern

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: no previous

Sedation: not needed

Stat Report: not requested

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

2010

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 was noted. Ureteral papillae were normal.

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 4.52 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal 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 left adrenal gland measured 1.75 x 0.57 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 1.81 x 0.62 cm at the cranial pole and 0.55 cm at the caudal pole.

REFERRING VET

Dr. Willer

Spleen

The **spleen** revealed subtle, heterogenous parenchymal changes. There was no evidence of capsular expansion. The spleen was normal in size.

INVOICE

91655

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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. Soft stool was noted in the colon. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with minor intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



