

**DATE PRESENTING CLINICAL SIGNS**

4.27.2023 Patient acts like he wants to he but can't. Two-week duration and is getting worse. Oral exam - NSF  
Abdominal palpation - non painful. Not improving on symptomatic treatment

**PATIENT**

Bruno Ford

Current Medications: Metronidazole 50mg BID, Cerenia 16mg SID

Lab Results: NSF.

Radiographs: Thickened pylorus and small intestines.

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.

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

12/9/2016

**WEIGHT**

8 lbs

**INTERPRETED BY**Jessica Midence,  
DVM, DACVIM  
(SAIM)**HOSPITAL NAME**

Abbey AH

**REFERRING VET**

Kluttz

**INVOICE**

12878

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

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine.

The left kidney is normal in size (3.84 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.99 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal in size (caudal pole 0.38 cm / cranial pole 0.32 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (caudal pole 0.58 cm / cranial pole 0.55 cm) with a normal shape and is normal in appearance and echogenicity.

**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.

**Liver**

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal Tract**

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum all measure normal in thickness. The duodenum also measures normal (0.33 cm) with distinct wall layering. The remainder of the small intestines also measure normal with normal wall layering. While all loops of intestines measured normal, the mucosa appeared subjectively thick overall. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

#### ***Pancreas***

The right pancreas measures thick (up to 1.26 cm), is diffusely hypoechoic and difficult to visualize its borders, given that it is surrounded by hyperechoic fat that blurs the contours of the pancreas. There is no evidence of nodules or cystic lesions. There is no evidence of fluid. The visible pancreatic duct vein is normal.

#### ***Peritoneum***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

### **ULTRASONOGRAPHIC FINDINGS**

#### ***Findings***

- Pancreatitis
- Possible enteritis

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are two-view abdominal radiographs submitted for evaluation. There is loss of detail in the cranial abdomen, and the intestines appear thickened. On this sonographic exam, there is evidence of pancreatitis. Consider ongoing supportive care with gastric protectants (consider adding other antiemetics such as ondansetron) and appetite stimulants, as well as a low-fat diet (such as Royal Canin Gastrointestinal Low-fat canned) which is also novel protein.

While the intestines measure normal overall, the mucosa is subjectively thickened, which would suggest gastroenteritis. Consider similar supportive treatments for acute pancreatitis, a GI panel, and if signs persist, then a diet trial or endoscopic evaluation could be considered.





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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