



PATIENT

Lizzie Melendez

SPECIES

Canine

BREED

Poodle X

SEX

Intact Female

AGE

8 Years

WEIGHT

12.1 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jose

HOSPITAL NAME

Elmhurst Animal
Emergency Hospital

REFERRING VET

Dr. Suci

INVOICE

35114

DATE

1/26/22

PRESENTING CLINICAL SIGNS

Hx of vomiting , yesterday in this am, history of similar episode 1 month ago, Tx by the family vet, she has a history of hypothyroidism, RX levothyroxine 0.05mg SID, weight loss, hx of Atopy, normal activity level. RX: Famotidine 10 mg 1/4 tab po BID.

Abnormal PE/Chem/CBC/UA Results: Very thick small intestine on abdominal palpation, weigh loss, 5% dehydrated, 12/24/2021 Done at the family Vet CBC: Unremarkable. Chem: Unremarkable. UA: Not performed. Resting Cortisol: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (3.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.94 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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.

The right adrenal gland is normal in size measuring 0.34 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.

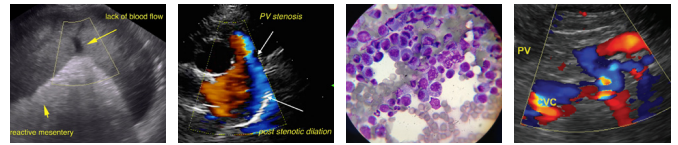
Spleen

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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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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.

SPECIES

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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 measured 0.35 cm. Jejunum wall measured 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

SEX

Intact Female

Pancreas

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

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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Other

A structure most consistent with the uterine body is visualized at the level of the urinary bladder and appears normal.

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ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the reported vomiting is not visualized. Unfortunately, there are many causes for vomiting that cannot be definitively diagnosed by ultrasound alone.

- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate for possible underlying pancreatic disease (none observed) or small intestinal disease.
- Recommend current bloodwork if the patient has declined in the last 3 days.
- Correlate findings with abdominal radiographs, as ultrasound can be insensitive in picking up some types of foreign material.
- If metabolic disease is thought unlikely, consider such differentials as dietary indiscretion, dietary intolerance, GI parasites, IBD, and less likely intestinal neoplasia.
- Recommend symptomatic therapy for gastroenteritis and consider changing to a novel protein/hydrolyzed protein prescription diet.
- If symptoms persist, and pancreatic levels are normal, then consider obtaining GI biopsies.

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There is no significant evidence of a pyometra on today's scan, but continued monitoring is warranted in this intact female dog. If GI biopsies are pursued, consider spay at the same time.

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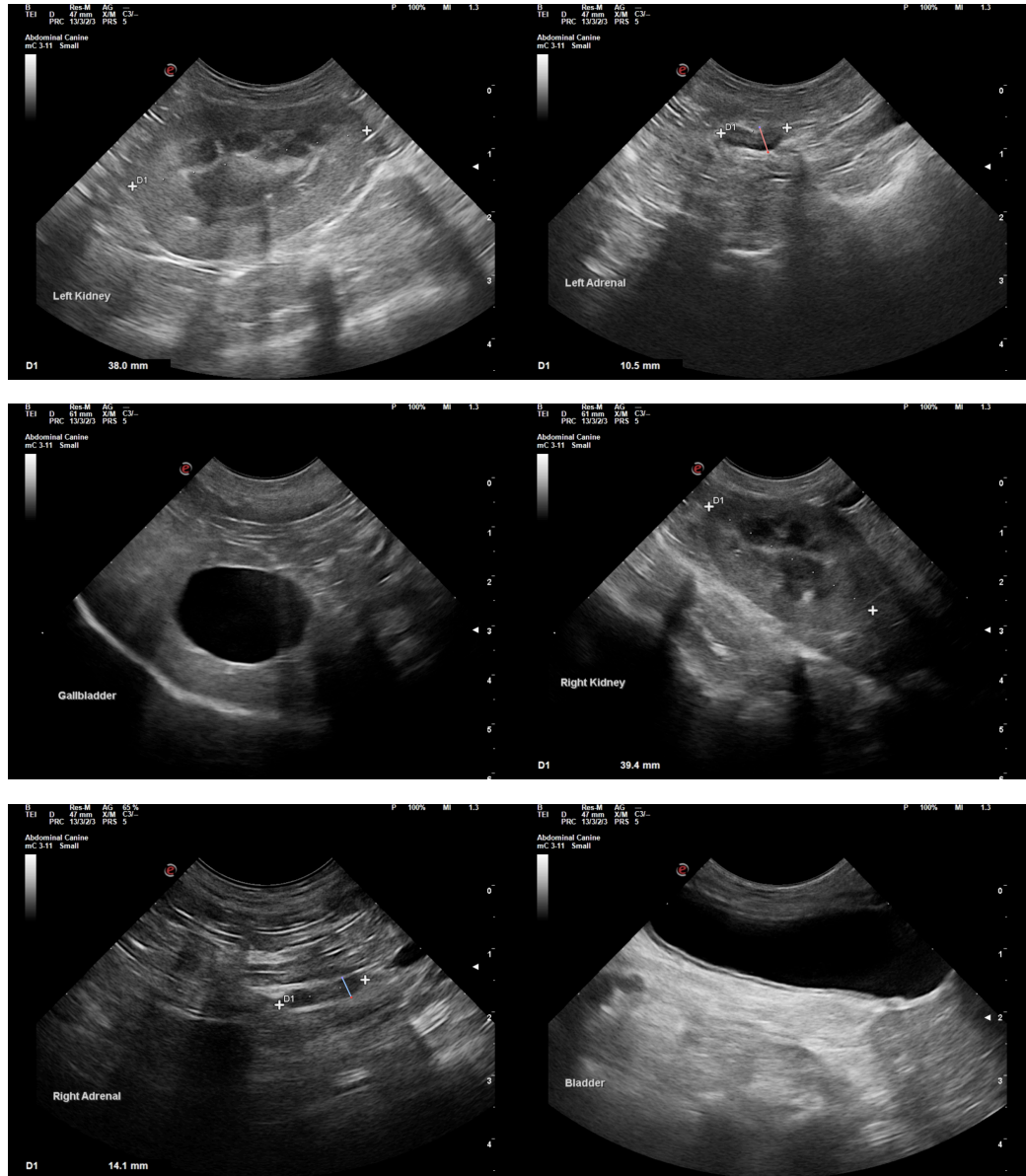
Dr. Suci

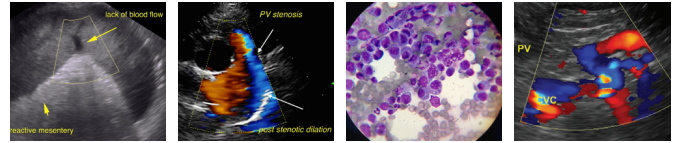
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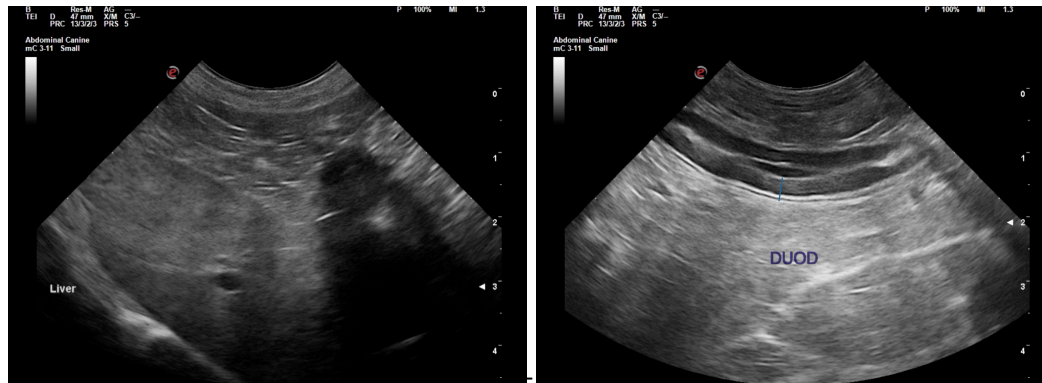
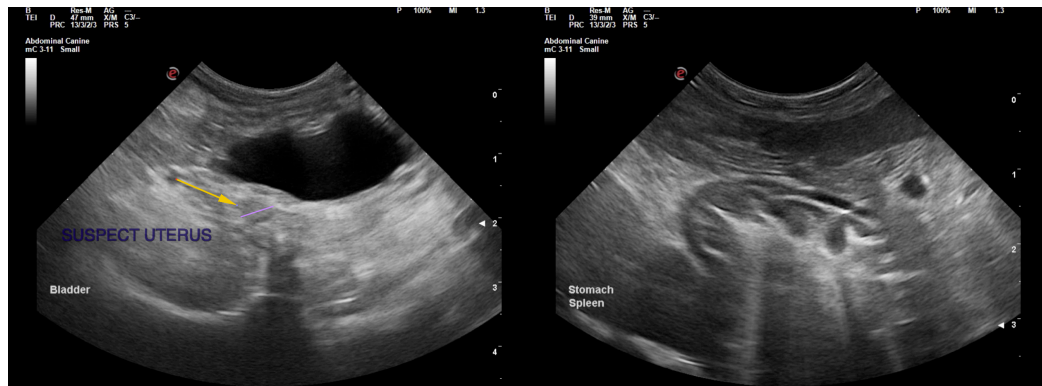
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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