

**DATE PRESENTING CLINICAL SIGNS**

10/1/21 History: Recent vomiting with blood, seen at Urgent Care. Stomach unusual on radiographs.

PATIENT

Maggie Hesekiel

Current Medications: No current medications.
 Lab Results: Not provided by the veterinarian.
 Radiographs: Stomach unusual.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Sedation not required for scan.
 Stat Report: STAT report not requested by the veterinarian.

SPECIES

Canine

BREED

Shetland Sheepdog

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Spayed Female

The left kidney has a normal shape and size (4.02 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.

AGE

5/29/2009

WEIGHT

16 Pounds

The left kidney has a normal shape and size (3.7 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 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 0.57 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.

HOSPITAL NAME

Timonium AH

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas, but neoplastic lesions cannot be excluded as they are not all associated with vascular structures. The blood flow through the hilus and splenic parenchyma appears normal.

REFERRING VET

Dr. Stephens

INVOICE

13473

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. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and small amounts of gas. It measures at a normal thickness of 0.69 cm, but this is at the high end of normal and subjectively the distinction of gastric wall layering may be mildly diminished. There is no impression of reduced peristaltic activity and no masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is mildly increased. The duodenum measured 0.4 cm. The jejunum measured 0.39 cm, 0.34 cm. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed

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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegally. 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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Subjective mild gastric wall thickening- The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Mild subjective small intestinal wall thickening- The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

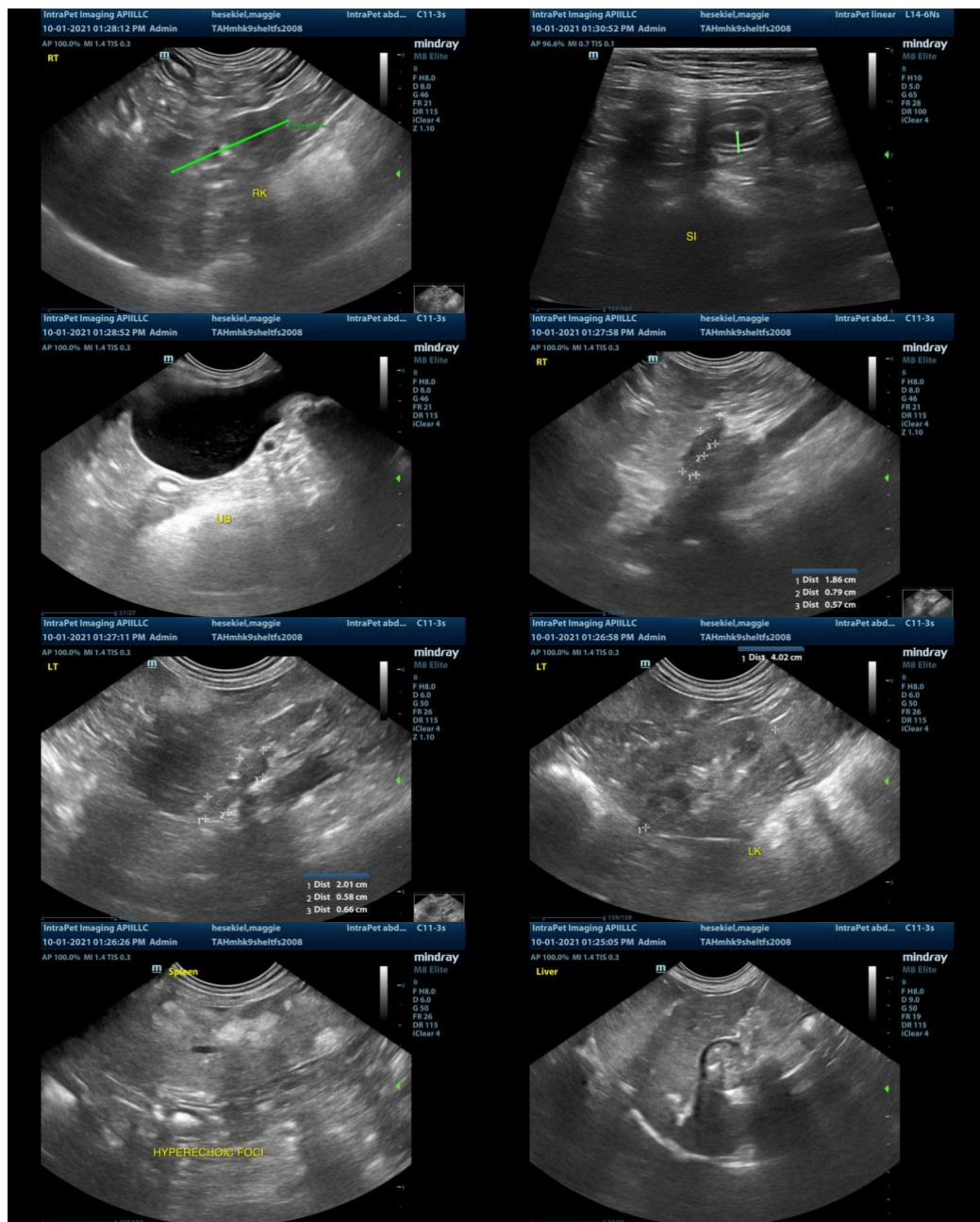
Secondary Findings

- Hyperechoic lesions within the splenic parenchyma- These are likely benign lesions, but a neoplastic process cannot be 100% excluded as a possibility, if concerned, I recommend a fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- No focal lesions were observed on today's scan and the lesions identified are subjective and very mild. Unfortunately, it is difficult to 100% rule out the possibility of foreign material with an ultrasound, so correlate with radiographs and if vomiting continues, serial radiographs +/- ultrasound.
- Based on today's exam I would most strongly consider acute gastritis and recommend symptomatic treatment with antiulcer therapy, provided blood work is normal. If symptoms continue, consider a GI panel to further evaluate for pancreatitis and small intestinal disease (PLI/TLI/cobalamin/folate).

- I recommend a diet trial with a novel protein/hydrolyzed prescription diet.
- I recommend 3 view thorax to evaluate the esophagus and for concurrent intrathoracic disease.
- I recommend symptomatic therapy and close monitoring. If symptoms persist, reevaluate and consider surgery/endoscopy to obtain biopsies and evaluate for foreign material.



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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