

**DATE PRESENTING CLINICAL SIGNS**

10/12/21

Presenting Complaint: Hypersalivation – Drooling; Anorexia.**PATIENT**

Raven Wadsworth

Date: 10-11-2021 **Notes:** For the past 2 days, Raven has not wanted to eat and has just been laying around. Then tonight started to really have hypersalivation and extreme panting. **Assessment:** DDx: heat stroke, pancreatitis, infection, fever, tickborne disease, GDV vs. other. **Plan:** On presentation, did abdominal x-rays and was not bloated. Had a very elevated temperature and was extremely distressed. Not sure if Raven had a fever before or if she worked herself up into a fever. Recommended staying here on IV fluids and actively cooling with bloodwork as well. Owner was ok with plan and approved estimate

SPECIES

Canine

Plan: CBC/Chem 17/Lytes/ 4Dx, IV fluids 2x maintenance, Maropitant 1mg/kg IV SID, Acepromazine 0.03mg/kg IV PRN, Butorphanol 0.3mg/kg IV PRN.

BREED

Newfoundland

Current Medications: Unasyn, Maropitant 1mg/kg IV SID, Acepromazine 0.03mg/kg IV PRN, Butorphanol 0.3mg/kg IV PRN.

Lab Results: Attached separately .

Radiographs: No GDV noted.

SEX

Intact Female

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: IV butorphanol

Stat Report: not requested

AGE

6/23/17

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.

WEIGHT

115.8 Pounds

The left kidney has a normal shape and size (7.41 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,
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(Small Animal Internal
Medicine)

The right kidney has a normal shape and is normal in size (6.74 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.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is normal/borderline small in size measuring 0.64 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.

REFERRING VET

Dr. Silva

The right adrenal gland is normal/borderline small in size measuring 0.62 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.

INVOICE

26223

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.

Gastrointestinal

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.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 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.

Other

Normal uterus visualized.

ULTRASONOGRAPHIC FINDINGS

- Borderline small adrenal glands – recommend screening for Addison's disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan was relatively normal. No lesions were visualized to explain the recent drooling and inappetence. The most common differentials I consider are oral lesions, esophageal lesions, or nausea/gastric lesions. Additionally, anxiety can sometimes be a factor. Recommend thoracic radiographs to evaluate the thoracic cavity and esophagus. Recommend good oral exam, and if symptoms persist, consider upper GI endoscopy to further evaluate the esophagus and stomach. No evidence of foreign material was noted, but correlate with abdominal radiographs, as ultrasound can sometimes be insensitive in picking up some types of 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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