

**DATE PRESENTING CLINICAL SIGNS**

10/13/22

O notes chronic intermittent history of vomiting and diarrhea for past 2 years. Every few months pet will develop diarrhea and vomiting with blood and have to go to the ER. Radiographs and bloodwork are typically unremarkable and pet responds to symptomatic treatment. Last ER trip was 9/19 and pet started with GI signs again last pm. Exam unremarkable today. Formed stool in colon on exam. Abdomen soft and non-painful.

PATIENT

Liv Szymanski

SPECIES

Canine

Current Medications: Provable- 1 capsule daily, Pepcid AC 5 mg BID, Metamucil 1 tsp SID, I/D diet
 Lab Results: NSF; resting cortisol pending. fecal 12/21 ELISA pos for Giardia and treated with panacur.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Mini Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

3/4/2020

The left kidney has a normal shape and size (3.74 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8.4 Pounds

The right kidney has a normal shape and size (3.66 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.45 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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

The right adrenal gland is normal in size measuring 0.50 cm at the cranial pole, 0.67 cm at the caudal pole, and 1.49 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat irregular in appearance in that there is a subtle hyperechoic nodule towards the cranial mid part of the gland measuring 0.63 cm x 0.56 cm. This does not deviate the shape of the adrenal and there is no evidence of vascular invasion.

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

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.

INVOICE

42046

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 mild and 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. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.25 cm. 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. There is a prominent lymph node at the iliac trifurcation measuring 0.40 cm x 0.75 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined hyperechoic nodule in the cranial third of the right adrenal gland – Left/right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

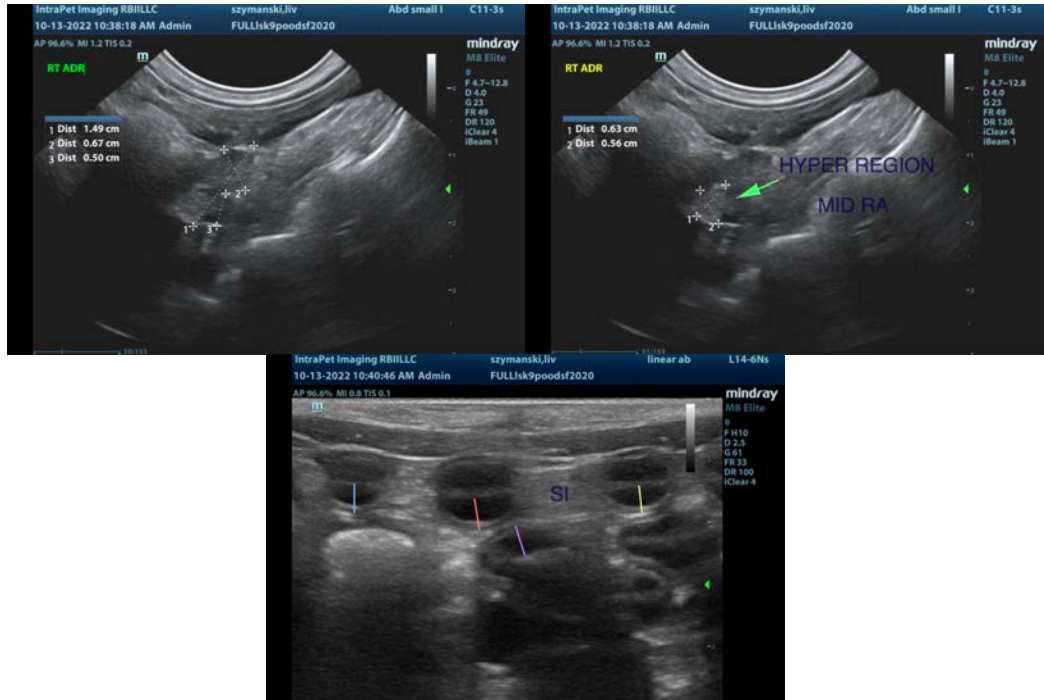
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an ill-defined region in the right adrenal gland. This does not deviate the shape or size of the adrenal, and could very likely be an incidental finding. I suspect it is unrelated to any of the GI signs reported. Recommend a blood pressure evaluation and continued monitoring with ultrasound, as I cannot rule out the possibility of an early neoplastic lesion. Recommend recheck in 2-3 months.

There are no focal lesions visualized associated with the gastrointestinal tract to explain the episodes of vomiting and diarrhea reported. Intermittent GI disease can be frustrating and a challenge to treat. Consider such differentials as dietary indiscretion, food allergy/dietary sensitivity, episodes of pancreatitis (the pancreas looks normal on today's exam), stress colitis, IBD flare ups, etc. Consider the following:

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- If these symptoms are progressing, then consider obtaining GI biopsies.





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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