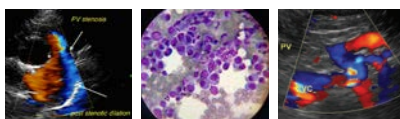


IMAGING PERFORMED BY

IntraPet.com



**SonoPath**

Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**DATE PRESENTING CLINICAL SIGNS**

11/17/21 History: GI Upset, retching, vomiting, weight loss. (Dental Calculus Stable/Persistent/Chronic Enamel Hypoplasia, Stable/Persistent/Chronic Vomiting, Conservative Undergoing Therapy Weight Loss).

**PATIENT**

Roxie Tompkins

Current Medications: recommend starting on the RC GI low fat dry food and giving Pepcid AC or famotidine 20 mg by mouth every 12 hours for 1 week then once daily. I would give this 30 minute prior to feeding a meal.

**SPECIES**

Canine

Lab Results: HCT 59.28, HGB 20.1, RBC 9.47, Creat 1.9, WBC 5.05, ALKP <10.0.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Husky

**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**

7/16/14

The left kidney has a normal shape and size (5.78 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.

**WEIGHT**

42 Pounds

The right kidney has a normal shape and size (5.25 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/borderline small in size measuring 0.46 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**

Andi Parkinson RDMS

The right adrenal gland is normal/borderline small/flat in size measuring 0.51 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**

BPH of Westminster

**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.

**REFERRING VET**

Dr. Jantz-Stephis

**Liver**

The liver is subjectively normal/borderline 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.

**INVOICE**

29869

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. Duodenum wall measured 0.4 cm. Jejunum wall measured 0.34 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, 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.

## **ULTRASONOGRAPHIC FINDINGS**

- Borderline small/flat adrenal glands – This may be normal for this individual. Consider screening for Addison’s disease if clinically appropriate.
- Subjectively small liver - This is likely normal in this deep chested breed, but consider a liver function test if liver disease is in question.

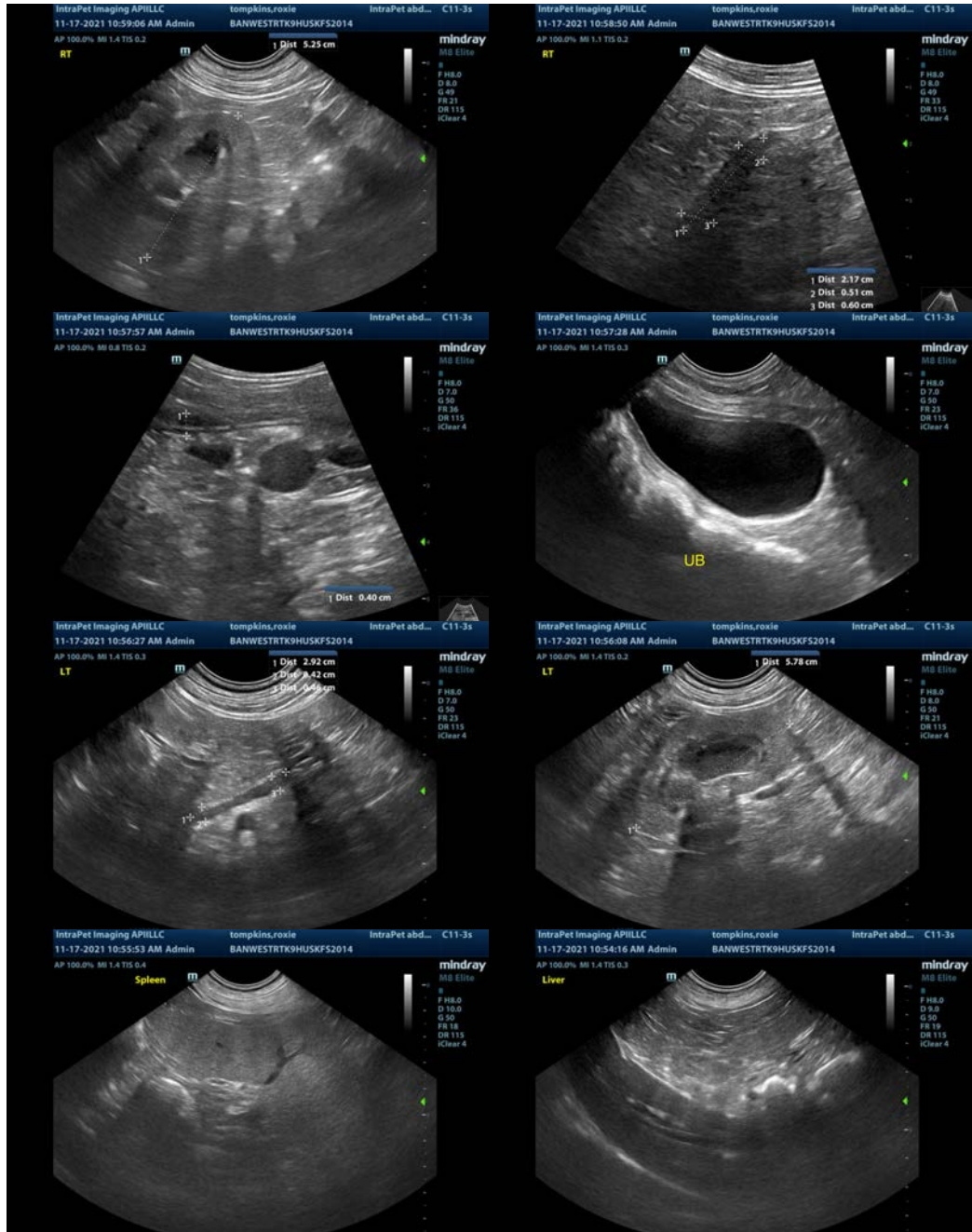
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant lesions were visualized on today’s scan and is likely within normal limits for this individual.

- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, Gi panel (TLI/PLI, folate, cobolamine.)
- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

If metabolic causes seem very unlikely, then consider primary GI disease in addition to esophageal/pharyngeal disease due to the retching noted.

- Consider 3-view thoracic radiographs to look for concurrent intrathoracic disease.
- Consider GI panel to Texas A&M with a quantitative PLI, TLI, cobalamin and folate to further evaluate for pancreatic and small intestinal disease.
- Consider a hydrolyzed protein or novel protein diet in the case of food allergy/IBD.
- If symptoms are persisting, consider upper GI endoscopy to further evaluate the upper GI tract and obtain small intestinal biopsies.



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
 kathleen.sennello@sonopath.com