IMAGING PERFORMED BY

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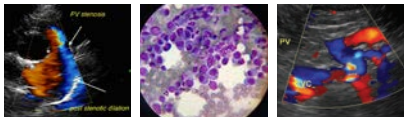

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DATE

11/30/22

PATIENT

Artist Larose

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

11/22/21

WEIGHT

30.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Warm & Fuzzy VC

REFERRING VET

Dr. McKnight

INVOICE

43000

PRESENTING CLINICAL SIGNS

Patient presented for wellness exam but during intake owner stated that patient has been vomiting excessively for the past 7 days and had not had a bowel movement in about 7 days. Patient's appetite has been decreased during this time period and he has not been eating much. Patient did recently get into the trash at home.

Current Medications: None.
Lab Results: CBC- HCT 60.72%. Chem- ALT 136. cPL- normal
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Telazol
Stat Report: Not requested.

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 prostate is large and hyperechoic, measuring 1.9 cm x 2.12 cm. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.15 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.

The right kidney has a normal shape and size (5.23 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 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 0.56 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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. The stomach appears somewhat cranially displaced, and it can be visualized passing dorsally over/through the liver, cranial to the diaphragm. Findings are most consistent with a sliding hiatal hernia.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 0.58 cm. Jejunum wall meausres 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The proximal duodenum has a somewhat corrugated appearance, most consistent with focal enteritis.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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 slightly hyperechoic around the pancreas.

Other

The left testicle is visualized within the scrotum. The right testicle is not visualized within the abdomen.

PRIMARY FINDINGS

- Hypoechoic, prominent pancreas with mild hyperechoic mesentery surrounding – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Cranially displaced stomach with visualization of displacement cranial to the diaphragm – Findings are most consistent with a sliding hiatal hernia.

- Focal duodenal corrugation and mild fluid distention of the bowel – Findings are most consistent with enteritis, possibly secondary to mild pancreatitis.

- One testicle visualized within the scrotum – Findings are most consistent with a unilateral cryptorchid. The abdominal/inguinal testicle is not visualized.

SECONDARY FINDINGS

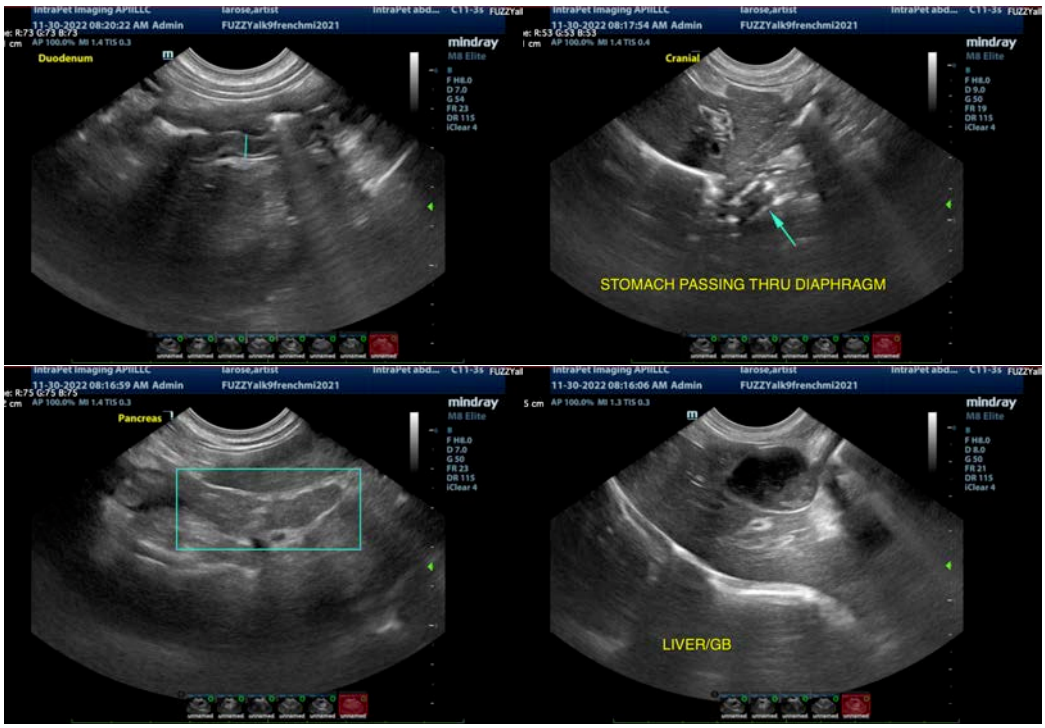
- Large, hyperechoic prostate – Findings are consistent with an intact male dog and early prostatic enlargement.

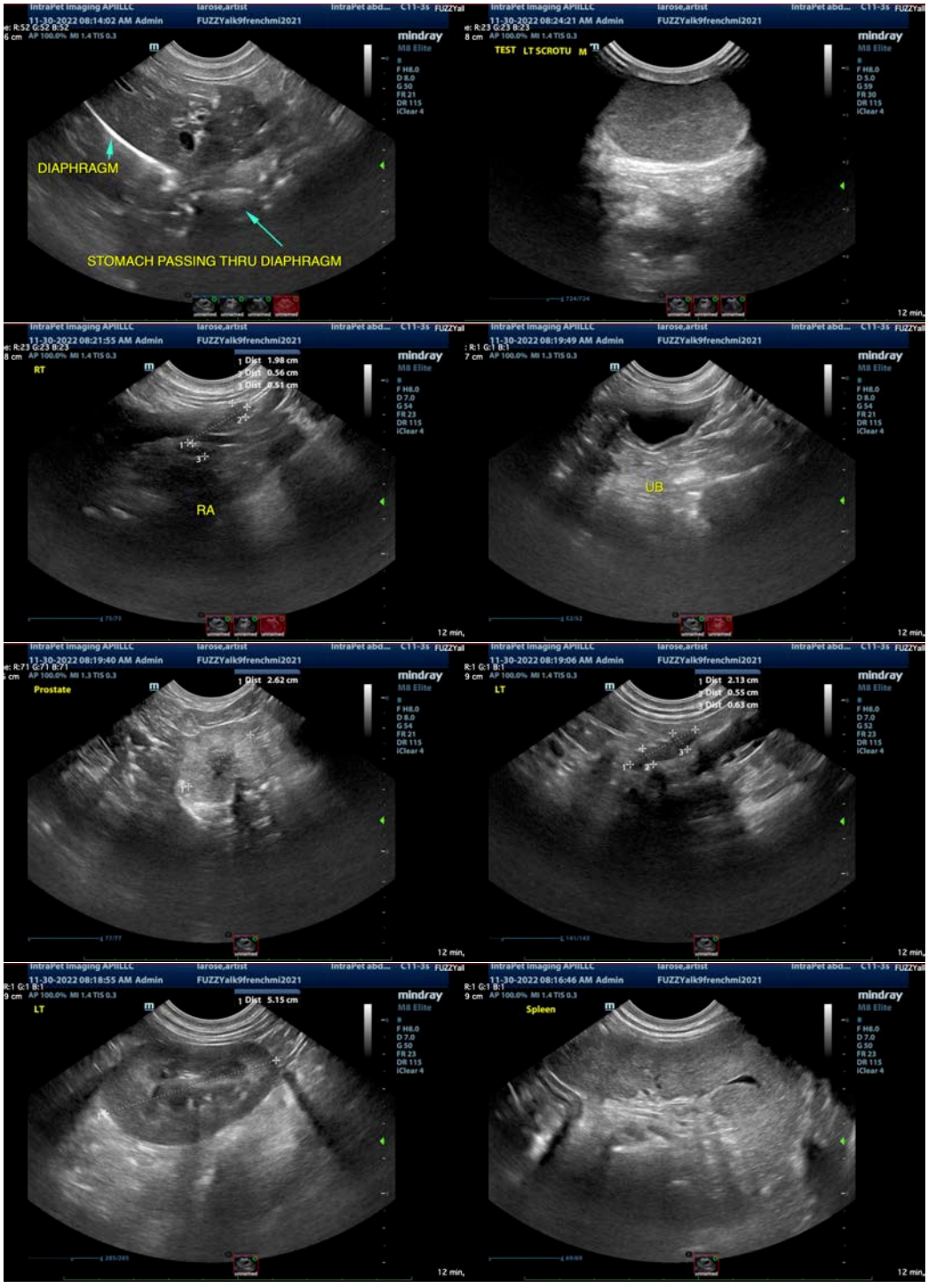
- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is visualized sliding cranially through the diaphragm on today's scan. These findings are most consistent with a sliding hiatal hernia. This can be performed/corroborated with contrast radiography, looking for evidence of the stomach cranial to the diaphragm or contrast fluoroscopy to visualize in motion. Most commonly, these are congenital in Frenchies and can be exacerbated by esophagitis, vomiting, etc. In this individual, I suspect mild pancreatitis, which could be making this more clinical. Additionally, in Frenchies and brachycephalic dogs, there has a been an association with negative pressure due to upper airway syndrome, and an upper airway evaluation for stenotic nares, everted saccules, and an elongated soft palate is recommended, as correction of these abnormalities can greatly improve symptoms, but most are surgically treated (although some remain asymptomatic). Recommend treatment for esophagitis and pancreatitis in the meantime.

There is what appears to be the left testicle within the scrotum with no second testicle visualized. Unfortunately, an abdominal/inguinal testicle was not located. If abdominal surgery is pursued for the sliding hiatal hernia, consider explore, looking for the other testicle as well as close palpation of the inguinal region, looking for an undescended testicle.




DIAPHRAGM
STOMACH PASSING THRU DIAPHRAGM
TEST LT SCROTU M
RT
RA
UB
Prostate
LT
LT
Spleen

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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