

**DATE**

11/5/21

PRESENTING CLINICAL SIGNS

History: Vomiting, Diarrhea, Gums Pale/White, & Bleeding From Anus.

Date: 11-03-2021 Notes: diarrhea, then straining, tonight straight blood vomiting several times no known ingestions -- could have

gotten something in yard last month did have an abscess—healed.

Current Medications: Provable Kit - Feline/Small Dog, Pantoprazole (Protonix) 40mg/vial Injection (Per mL),

Buprenorphine 0.6mg/mL, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL)

Lab Results: Attached

SPECIES

Radiographs: Abdomen 2 View- stomach empty gas in cecum

No obvious mass/fb.

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required for scan.

Stat Report: Not requested.

BREED

Shih Tzu Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

Neutered male

AGE

2014

The prostate is normal in size (0.51 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

21.9 lbs

The left kidney has a normal shape and size (4.49 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)

The right kidney has a normal shape and size (4.5 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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Adrenal Glands

The left adrenal gland is normal in size measuring 0.6 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.

HOSPITAL NAME

Animal Emergency Hospital

The right adrenal gland is normal in size measuring 0.66 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.

REFERRING VET

Dr. King

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

92910

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 gallbladder 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 (0.38 cm) and the jejunum measured as normal (2.27 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 mildly increased thickness. The colon wall measured 0.26 cm. Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The findings are consistent with mild colonic wall thickening, but intact wall layering persists.

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

PRIMARY FINDINGS:

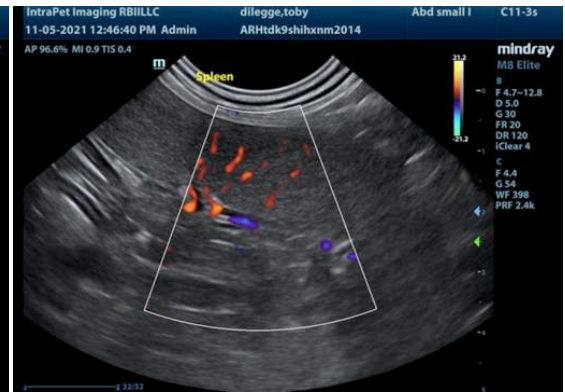
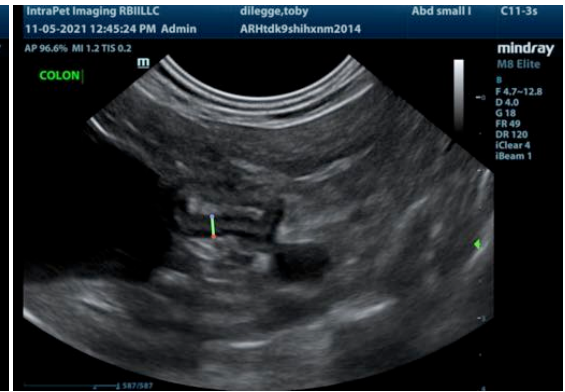
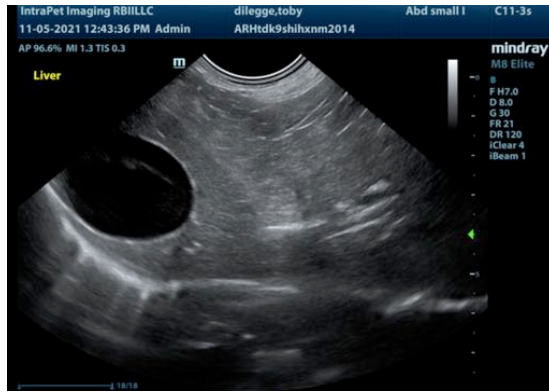
- Subjectively thickened colonic wall. Differentials include inflammation, infection and less likely neoplasia.

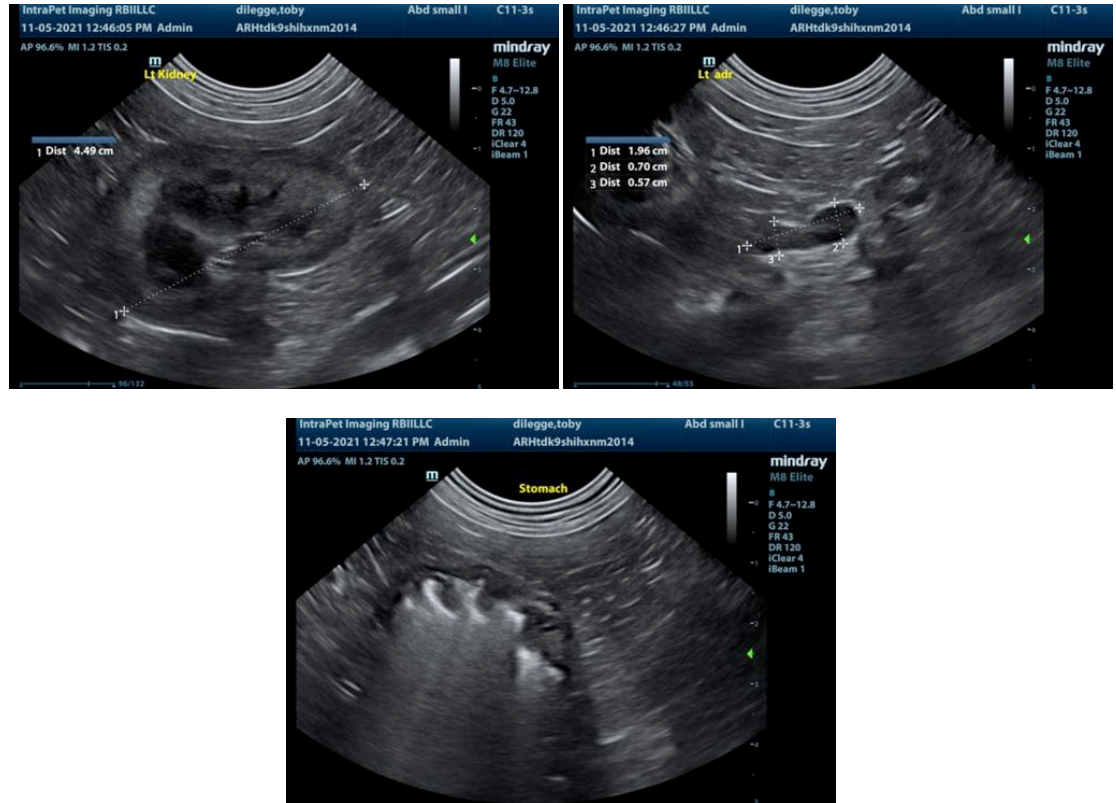
SECONDARY FINDINGS:

- Mildly echogenic urine in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were observed on today's scan. Hopefully this is a case of hemorrhagic gastroenteritis and supportive care will help resolve the issue. There was mild colonic wall layering, but no mass effects or loss of layering. Additionally, there is a small amount of debris in the dependent portion of the urinary tract. This could be normal for this individual. I recommend urinalysis and culture to further evaluate. If this patient is not improving as would be expected with therapy then consider reevaluation of imaging and labs. Consider a GI panel and ACTH stimulation test.





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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